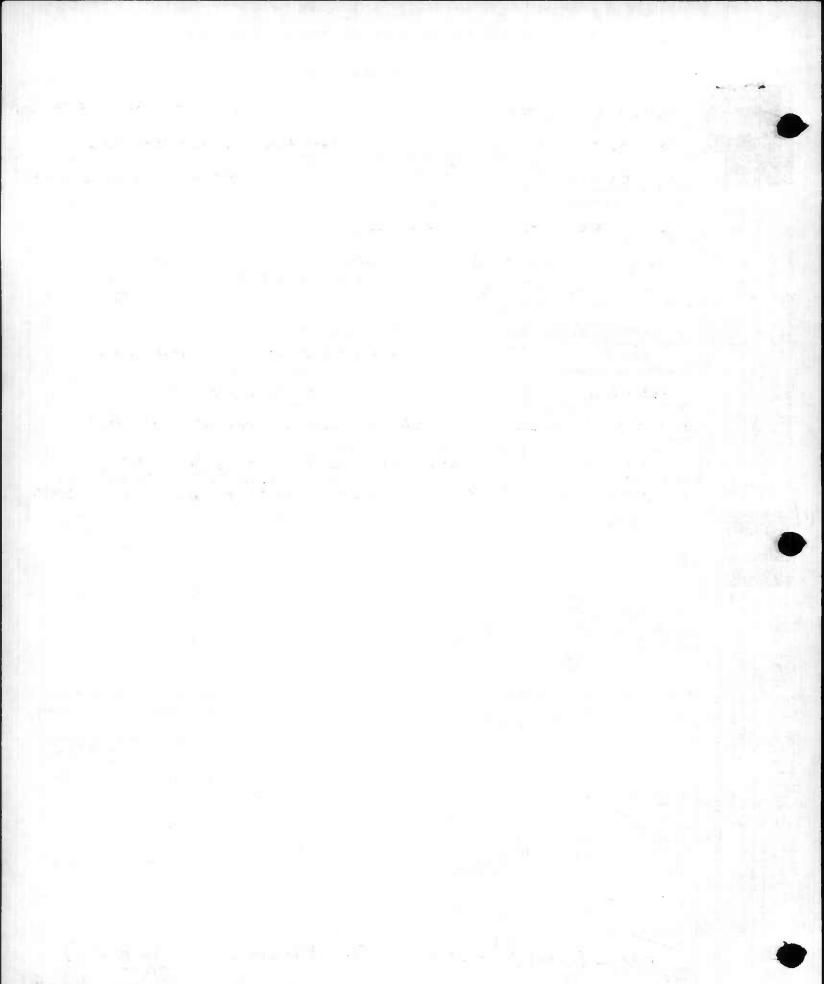
				State of Maryla		tificate of		ı	Reg. No.	J	001	
	Physic	ian	Decedent's Name (First, Middle, Last	,				2. Dete of Dea Month	Dey	Yeer	3. Time of Death	
	/Medi		Elizabeth		Jones			Decembe		97	1:52 am	
J.	Examir	ner	4e. Facility Neme (If not Institution, give	street end number)			4b. City, Town, or Lo	cation of Deeth	4c. County	of Deeth		
		П	Harford Memorial	Hospital			Havre de	Grace	Har	ford		
	Funeral		Sociei Security Number 6. Se	X 7. Age (In yi	rs. lest birthdey)	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Dete of Birti (Month, De)	Year)	9. Birthpl	lace (State or Foreign try)	רוו
	Director		213-38-6321	JM ZAJF	87 Yrs.	1		Aug. 23	3, 1910	New J	Jersey	
	pu »		Usual Residence of Decedent 10e. State 10b. County	100	City, Town or Loc	nation				14	od to de Obello in	
	sho	1			•					10	0d. Inside City Limits	
	Ne M	Director	Maryland Harfo	rd	Aberde	1						_
	ith to	Dir	10e. Street end Number			10f. Zip Code	004		10g. Citizen of V		iry?	
	ath v	rai	116 Paradise Ro				001		U.S.			
Maryland 21215-0020	a within 72 hours effer death with the Meryland ilene. Then "natural", or items 23a or 28s-f show the Medical Examiner must be notified at the Medical Examiner.	by Funeral	11. Merital Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedent Ever In Armed Forces? 1 Yes 2 No It Yes, Give Year or Dates:		Ves Decedent of I Yes, specify Cub	Hispanic Orlgin? (Spen, Mexican, Puerto Specify:	Specify:				
0	2 hou		15. Decedent's Edu	cation	16e. Deced	ent's Usual Occup	pation		16b. Kind of Bu			_
212	C 2 4	Completed	(Specify only highest grad	e completed)	(Give I	kind of work done OO NOT use retire	during most of work	ing				
217	filed within Hyglene. Ither then "	E	Elementary/Secondary (0-12)	College (1-4or 5+)	Teach	er			School			
b	be filed tal Hygi d other event,	BeC	17. Father's Name (First, Middle, Last)				18. Mother's Nem	e (First, Middle,	Meiden Sumam	e)		
la	0 2 0	To B	Simeon Dutcher				Elizab	eth Smit	th			
ary	d 2 should be th end Mental 7 Is marked o traumatic eve	-	19a. Informant's Name/Relationship (T)	/pe, Print)	19b. Mallin	g Address (Street	and Number or Run	el Route Numbe	r, City or Town,	Stete, Zip	Code)	-
	Der Z		Samuel P. Jones (Smuse)	116	Daradi so	Road, Ab	erdeen	Marylar	nd 2	1001	
re,	266		20a. Method of Disposition	20b	. Pleca of Dispos	sition (Neme of setory or other ple	noda, in	Dete	20c. Location -			
9	ege ento		1 ☐ Buriel 2 ☐ €remetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	removal from Stete		ris & Co		12/8/97	West Ch	acto	r DA	
altimore,	permit. Peges 1 Depertment of H Important: If its eny Injury or ott		21. Signeture of Funerel Service Licens			Name end Addre	-	12/0/9/	West a	ies ce.	L, IA	_
Ba	Depemination of the popular in the p		W AL A	0	T	arring-C	argo Fune Maryland	ral Home	PAA.			
			23a. Part1. Enter the disease, or compi ehock, or heart failure. List only or	bargo						-	Approximate	
68760,	Physician physician end by physician end by physician end as the burlet-freneit	Aedicai Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	Due to	o (or as e consequence of or as a consequence of or a consequence of or a consequence of or a consequence of or as a consequence of or a consequence or a consequence of or a consequence of or a consequence of or a consequence or a consequence of or a consequence or a conse	uence of):						
Box	death certified attending	ian/M		d								_
	death	0 1	Part II. Other eignificant conditions cor	ntributing to death but not r	resulting in the un	deriving cause di	ven in Pert I	23b. Did t	obacco use cor	tribute to	the cause of death	17
0	by th	Physi	anniati	n n n n n n n n n	10	denying dadae gi	voit art off.	1 🗆 1	1/		pably 4 Unknow	
S, D	igned be det	ру Р	minimi	1 Precom	orna	-			23110	0_,,,,,		***
ğ	- "0		mcte Manci	ζ'					an autopsy		re eutopsy findings	
00	73 00	Completed	O Street Rote)					perio	med?	cor	nilable prior to inpletion of cause death?	
æ	0 - 6	E	denession	0				101	es 20 No		Yes 2□No	
of Vital Record			25. Was case referred to medical				00 Div. 1D			1	7 195 21 190	
>		o Be	exeminer?	lospital:	Π ED (0	off post Ot	26. Place of Deet		111	10 11		
	F Eis	1: To	27. Manper of Death	1 2 Inpatient 2 28a. Dete of Injury	☐ ER/Outpatient				ence 6 Other)	_
Division	Attending Phinders of death.	tior	Neturel 5 Pending Investigation	(Month, Dey Year)		28c. Inju Wo M 1	rk?]Yes 2 □ No		,,			
S	death.	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Plece of Injury - At	t home farm stre		- 122	28f. Location /S	itreet and Numb	er or Rura	Route Number	
S	after death Director: / d in by the	Certification:	4 Homicide determined		City or Tou		0. 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Hospital 24 hours : Funeral i stely filled		29e. Cartifier 1 Cartifying Phys	elclan: To the best of my k	nowledge deeth	occurred at the ti	me date and place	and due to the	rausals) and ma	nnor so et	atod	_
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	(Check only 2 Medical Examinations)	ner: On the basis of exami end manner stated.	inetion and/or inv	estigation, in my	opinion, deeth occur	ed at the time,	date and place,	and due to	the cause(s)	
	within 2 To the comple	Me	29b. Signeture end title of certifies			29c. Licen	se number		29d. Date signed	i (Month, L	Day, Year)	-
	->-0		Have Va	n(Tu		0.5	37364		Decern	Ger	8, 1997	una»
7	0	-	30 Name and address of passes who	moleted course of death (to	lam (22) /T 1	Orint)	1 /- 1.				- 1	
	(10)		30. Neme and address of person who co	CAA C. A	Col (Type, I	24 1	arylan	igl.				
	Cha	10	31. Date filed (Month, Dey, Year)	32. Registrar's Sig	neture	7	- X					
	Sta	ıe	404	07 61: 64	0.4	all						

DHMH 16 Rev 6/95

Inte, Elizabeth Bi



Per Doct Amended	gr	28a.&28c. P.G.C. 12-	State of Marylan			of Health and of Death		giene 7	390	102
See Jan	j Jan	1. Decedant's Nama (First, Middla, Last)					2. Data of Dee Month		Yaer 3.	. Tima of Death
Physic / /Med			HNSON				12		97	9:00 a.m
Exami	ner	4a. Facility Nama (If not institution, giva st					or Location of Death	4c. County		
		7018 Greig Crt. Apt 5. Social Security Number 6. Sex	7. Aga (In yrs.	lest hirthday)	If Undar 1		asant, Md			The state of the s
Funeral Director			м 2पूर 93				Irs. 8. Dete of Birtle lin. (Month, De)			County, NC
5-0020 The Maryland hatring the Maryland hatrist, or thems 23s or 28s-f show here Examine must be notified as		10a. Stata 10b. County	10c. Cit	y, Town or Lo	ocation				10d. I	Inside City Limits
Mar Mar	ctor	Md. Prince Geo	rge	Seat E	leasan	t				1 ☐ Yas 2 ☐ No
رات به م 22	Director	10e. Street and Number			10f. Zip Co	oda		log. Citizan of	What Country?	
23s		7018 Greig Crt. A			20743			USA		
ter de	Funerai	11. Marital Stetus 12 1 □ Navar Married 2 □ Marriad	 Wes Decedant Evar in U Armed Forcas? 1 ☐ Yas 2 ☑ No 	,S. 13.	Was Decedan If Yas, specify	t of Hispenic Origin? Cuban, Mexican, Pu	(Specify Yes or No- erto Rican, atc.)	14. Rac Bla	ce - American II ck, Whita, atc.	ndian,
ons af	by	3 ☼ Widowed 4 □ Divorced	If Yas, Giva Year or Datas:		1□ Yas 2₺	No Specify:		Specify	y: Black	3
21215-0020 4 within 72 hours after deeth with the Marylan plene. r than "natural", or terms 23s or 28s-f show the Moores Examinar must be notified as	ted	15. Decedant's Educa		16a. Dece	dant's Usual C	ccupation		16b. Kind of B	usinass/Industr	ry
within ene.	Completed	(Specify only highast grade Elamantary/Secondary (0-12)	Collega (1-4or 5+)			lona during most of a etired)			n.1	
Maryland 21215-0020 d 2 should be filed within 72 hours of the and Mentel Hygiene. T'ls marked other than "natural", or traumatic event, the Marical Exam.	Co	5th		D	omesti	c Enginee			Plummin	S
yland ould be filed Mentel Hyg arked othe ettic event,	Be	17. Father's Nama (First, Middle, Last)					lama (First, Middla,		na)	
aryla should nd Mer marke	2	Eddie Perry 19a. Informant's Name/Ralationship (Type	e Print)	19b Mailir	na Addraes /S		etta Robii Rural Routa Numbe		State Zin Coo	dal
re, Marylc s 1 end 2 should f Haalth end Mer tem 27 is marke other traumatic		Edna Wilson / Daugh				treet SE	Washing		20020	
of Haalth		20a. Mathod of Disposition	20b. F	Placa of Dispo	sition (Nama matory or othe	of	Dete		City or Town,	
Baltimore, N permit. Pages 1 end Department of Haalth Important: If them 27 any Injury or other u page.		1 ☐ Burial 2 ☐ Cramation 3 ☐ Rei 4 ☐ Donation 5 ☐ Other (Specify)	moval from Stete		on Nat		12/12/97	Suitlan	d.Md.	
Baltimore, pemit. Pages 1 et Department of Haa Important: if item; any Injury or othe once.		21. Signeture of Junarai Service Licensee					obert G. N	lason F	uneral	Home
o 82 E 8 8		Well of CO	111		1661	Good Hope	Rd. SE V	Vashing	ton, DC	20020
b. Box 68760, death certificete be axecuted was a set the burial-transit ad for use as the burial-transit	dicai Examiner	Immadiata Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Disease or injury that initieted avants	CAD Dua to (o	or as a consecutive of the conse	ASC (to ean august):	ARRE	Disci	92.P		
hat the death certifice edby the ettending phe deteched for use as the	Physician/Med	rasulting in daath) Last							1	
os deat the ett hed fo	sicia	Part II. Other eignificant conditions contr	ibuting to death but not res	ulting in the u	nderlying caus	a given in Part I.	23b. Did to	obacco use co	ntribute to the	cause of death?
ords, P.O. requires that the ceen signed by the hould be deteched	by Phy	Emphys	emr.				101	2010	3 Probabl	y 4⊡Unknown
28 8	Completed	-0					24e. Was a perfor	in autopsy med?	availab	utopsy findings bla prior to ation of causa h?
f Vital Ri ysician: The L is certificate ha director, page	Con						1 🗆 Y	as 20No	1 □ Ya	s 2₽10
VITAL ician: The	Be	25. Was casa rafarred to medical axaminar?	spital:			28. Piaca of I	Death (Check only or	na)		
Of VITA Physician: rthis certific	. To	1 ☐ Yas 2 ☐ No	1 LI Inpatient 2 LI	ER/Outpatier 28b. Time of		4 LI NUISIN	Homa 5⊟ Rasid		er (Specify)	
dling It.	tion	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastigation	28a. Date of Injury (Month, Day Year)	Injury	M 200.	Injury at Work? 1 ☐ Yas 2 ☐ NO.	200. Dascrice II	ow injury occur	160	
UNISION I or Attending after death. Director: Afte	ertification:	3 Sulcida 6 Could not be datarminad	28a. Place of Injury - At he building, etc. (Specific	fice	28f. Location (S City or Tow	treet and Numb n, Stata)	per or Rural Ro	uta Number,		
To the Hospital or Attending Physicial 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifier (Check only one) 12 Certifying Physic 2 Medical Examine	clan: To the best of my knors: On the basis of examinal and manner stated.	na tima, data and pia my opinion, daath o	ca, and due to tha occurred at tha tima, d	ausa(s) and me ata and placa,	ennar as stated end dua to tha	I. causa(s)		
To th To th	M	29b. Signatura and title of certifiar	1.4	2	9d. Data signe	d (Month, Day,	Year)			
		The CIN	16/100		D	9196.	m-	15	2/1-10	7)
		30. Name and addrass of person who com	plated causa of death (Item	23a) (Type,	Print)	n 11-	11.	SEA	7	
		Cronce 17.1	16 ville	mo	311	40Hisci	/ Kd 7.	PICA	HANT,	MV >07/-3
Sta Regist		31. Data filed (Month, Day, Year)	32 Registrar's Signa	ture						



	1
Physician	
/Medical	-
Examiner	48

Decedent's Name (First, Middle, Last) **MARANDA**

SABRINA

JENNINGS

Certificate of Death

2. Date of Death Month

3. Time of Death

/Medic	a
Examin	e

a. Facility Name (If not institution, give street end number) INTERSTATE 495 and FORRESTVILLE ROAD 4b. City, Town, or Location of Death

DECEMBER 2,1997 03:25 AM 4c. County of Death

Funeral

with the Maryland

filed within 72 hours efter

Mental I Is marked

Mem 27

Department of Information If the any Injury or of orice.

Physician /Medical

Examine

Maryland 21215-0020

Baltimore,

Box 68760, certificate be

o

۵

Records,

Division of Vital or Attending Physician:

The law requires that the douth

23a or 28a-f show

items ;

10

"natural"

than

other 1

577-98-3728 Usual Rasidence of Decedant

7. Age (In yrs. last birthdey) 1 □ M 2 T F Yrs.

26

FORRESTVILLE If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min

DC

20019

PRINCE GEORGES 9. Birthplace (State or Foreign

Director

Funeral

þ

Completed

Be

0

Physician/Medical

by

Completed

Be

10

Certification:

Medical

917

ò

the signed by t

this

After 1

6

death.

To the Hospital or Attendi within 24 hours after death To the Funeral Director: A

10a. State 10b. County

10c. City, Town or Location

5-8-1971

WASH.,

10d. Inaida City Limits

1 Yes 2 □ No

Medical Examiner must be notified at Director

WASHINGTON, 10f. Zip Code

10g. Citizen of What Country?

10e, Street and Number

11 Marital Status

103 58th PLACE, NE Was Decedent Ever in U,S. Armed Forces? 1 Never Married 2 Married 1 ☐ Yes 2 X No If Yes, Giva X

 Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 ☐ Yes 2 No Specify:

U.S.A. Race - American Indian, Black, Whita, etc. Specify: BLACK

3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education
(Specify only highest grade completed)

Year or Dates

16a, Dacedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry

Elementary/Secondary (0-12) 12th

ROOSEVELT

College (1-4or 5+)

DANCER

N/A

17. Father's Nama (First, Middle, Last)

JENNINGS

DARLENE

ARMWOOD

19a. Informant's Name/Ralationship (Type, Print)

19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda)

20a. Method of Disposition

DARLENE A. JENNINGS-MOTHER 103 58th PLACE, NE WASHINGTON, DC 20b. Place of Disposition (Neme of cemetery, crametory or other piece)

18. Mothar's Name (First, Middle, Maidan Sumeme)

20c. Locetion - City or Town, State

Approximate Interval Betwi Onsat and Death

1 X Burial 2 ☐ Cremation 3 ☐ Removai from 4 ☐ Donation 5 ☐ Other (Specify)

HARMONY MEMORIAL PARK12-9-97

LANDOVER, MD

22. Name and Address of Facility TAYLOR'S

FUNERAL HOME 1722 NORTH CAPITOL ST., t enter the mode of dying, such as cardiac or respiratory arrest,

WASH.DC 20001 NW

23a. Part1. Entar the disease, or complications that shock, or heart fallure. List only one cause on mediate Cause (Final

disease or condition resulting in death)

Sequentially list conditions, if any, laading to immediate ceuse. Enter Underlying Cause (Disaasa or injury that Initiated evants resulting in death) Last

Dua to (or as a consequence of):

the death. Do not e

Due to (or as a consequence of)

23b. Did tobacco usa contributa to the cause of death? 2 No 3 Probably 4 ☐ Unknown

24a. Was an autopsy performed?

24b. Wera autopsy findings available prior to completion of ceuse of death?

26. Placa of Death (Check only ona)

2 \ No

25. Was cesa raferred to medicel axaminer? 1⊠ Yes 2□ No 27. Mannar of Death

5 Pending invastigation 2/77 6 Could not be determined

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of

28c. Injury at Work? 1 Yes

Other: 4 Nursing Home 5 Residence 8 Nother (Specify) SCENE 280 Dascribe how injury occurred emountooccides!

4 Homiclde

1. Natural

2 Accident 3 ☐ Suicide

28e. Place of In Place of Injury - At home, farm, straat, factory, office building, atc. (Specify)

28f. Location (Streat the Number or Rural Route Nu + Forestville -Bud

29a. Certifie

HIGHWAY

Rood Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signy

OCME

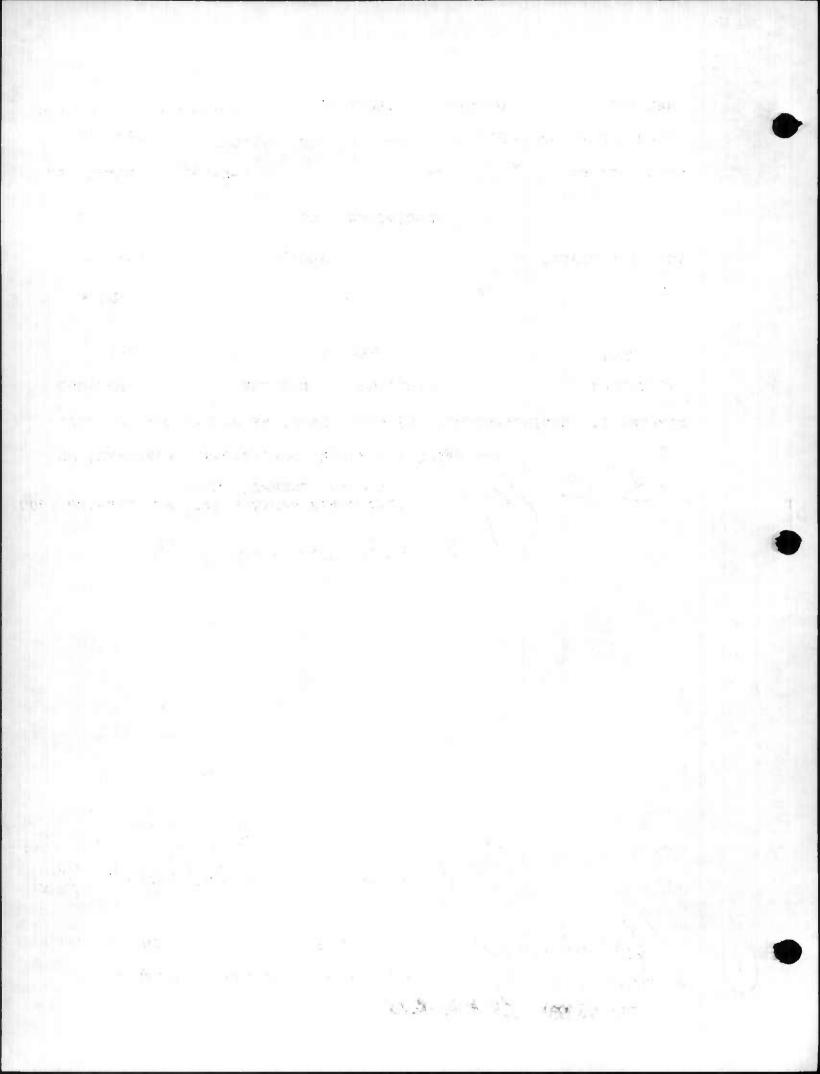
29c. License number

29d. Date signed (Month, Dey, Year) DECEMBER 02, 1997

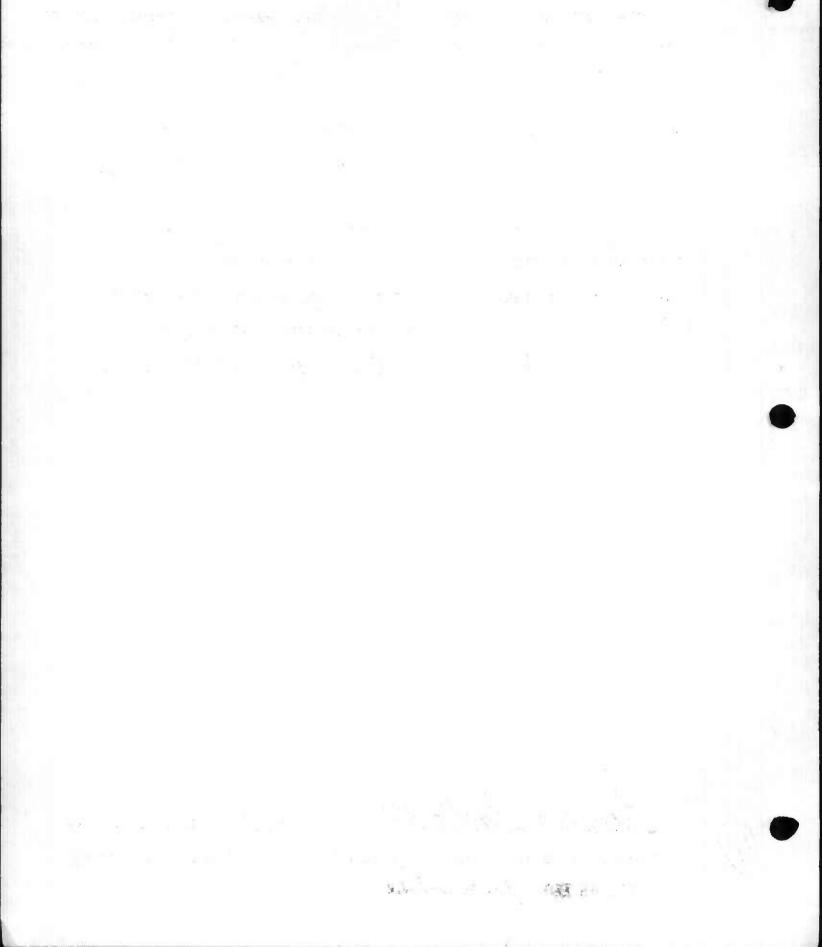
d cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Yaar) DEC 08 199 32 Registrar's Signature



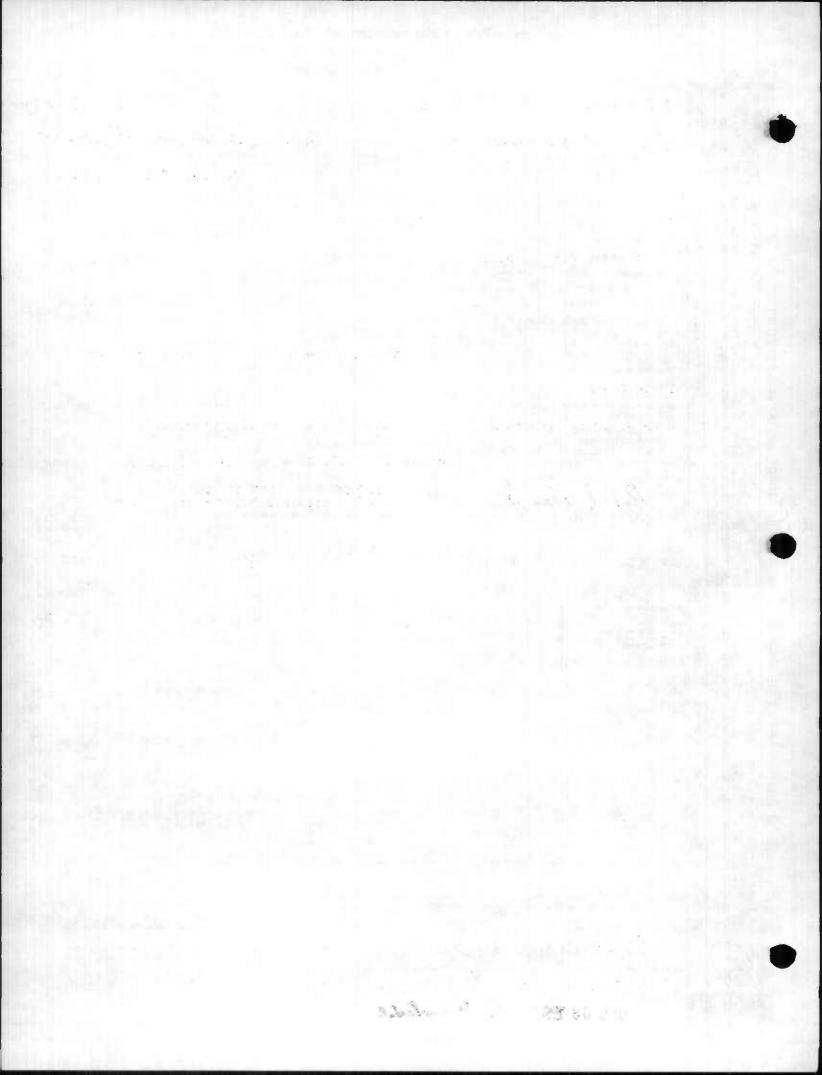


					State of	viai yiai i		tificate o	f Death		Reg. No.	30	annr
	Physici	an	1. Decedent'a Name (First, Mid	de, Lasi			M = 1			2. Dete of De Month	ath Dev	Year	3. Time of Death
d	/Medic	_	RONALD			ACKSO	N			DEC.	4, 19		7:54PM
	Examir	er	4e. Facility Neme (If not Instituti						4b. City, Town, or	Location of Deet	4c. County	of Deeth	
L			MALCOM GROW				to and the first polar and	If Under 1 Yes	CAMP SPF				EORGES
	Funeral Director		5. Social Security Number 577-80-4937 Usual Residence of Decedent	6. Se	X 2□ F	36	last birthdey) Yrs.	Months Dey		FEBRUA	th XY 28,19	61 Cour	NASHINGTON
	death with the Maryland ms 23a or 28a-f show r mant be notified at	or	10a. State 10b. Coun	у			y, Town or Lo					1	0d. Inside City Limits X□ Yes 2□ No
	28a-	rect	10e. Street and Number			WZ	ASHINGT	10f. Zip Code			10g. Citizen of V	What Cour	
	ath with	Funeral Director	4801 MEADE ST.	N.I				2001	9		USA	•	
Maryland 21215-0020	or its	þ	11. Marital Status 1 X Never Married 2 Ma 3 Widowed 4 Divorce		12. Wes Decede Armed Force 1 Yes 2 If Yes, Give Yeer or Date	es? XNo		Vas Decedent of Yes, specify Ci	f Hispanic Origin? (uban, Mexicen, Pue o Specify:	Specify Yes or No rto Rican, etc.)		e - Americ ck, White, BLA	etc.
5-0	72 hours	Completed	15. Decede (Specify only high	nt's Edu	cation le completed)		16a. Deced	lent's Usual Occ kind of work dor	upation ne during most of wo	orking	16b. Kind of Bi	usiness/In	dustry
121	s within jiene. r then	mpl	Elementery/Secondary (0-12)		College (1-4	or 5+)				35	IIATD C	ADE	
d 2	Hygid the the	S	17. Fether's Name (First, Middle	Last)	4		COSP	1ETOLOGI		me (First, Middle	HAIR C		
an	d is b	o Be	EUGENE ODEWAY		KSON					MARIE MUI		,	
ary	d 2 should be th and Mental 7 is marked fraumatic ev	T ₀	19a. Informent's Name/Reletion				19b. Mallin	g Address (Stre	et end Number or R			Stete, Zip	Code)
	alth a 27 is		DORIS JACKSON	/ MO	OTHER		6703	WESTON	AVE. CAPI	TOL HEI	GHTS MD	2074	3
altimore,	permit. Pages 1 and 2 Department of Health s Important: If item 27 is eny Injury or other tra		20e. Method of Disposition 1Ã Buriai 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (lace of Dispo emetery, cren	sition (Neme of netory or other p MEMORIA	lace)	Date 2-10-97	20c. Location -	City or To	
Balt			21. Signeture of Funeral Service	Licens	AND				PER S. POF			200	20
			23a. Part1. Enter the discase, shock, or heart failure. L.	or complete only of	lca ons thet cau ne cause on eac	sed the deet h line.	h. Do not ente	er the mode of d	ylng, such es cardia	c or respiratory a	rrest,		Approximate Interval Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		. CARD	1	Onset end Deeth						
	sit 8d	lner			PULM		HYPE	uence of): CRTENSI			2-4 YEARS		
90,	ificata be axecuted g physician and as the bunal-transit	I Examiner											SINCE BIRTH
Box 68760,	certifi ding	n/Medical	Ceuse (Disease or Injury that initieted events resulting in death) Lest Due to (or as e consequence of):										
	death a attar	sicia	Part II. Other significant condit	lons cor	ntributing to deati	but not res	ultina In the ur	nderlying cause	given in Pert I.	23b. Dld	tobacco use co	ntribute te	the cause of death?
, P.O.	that the done of the done of detached	by Physician/M								1 🗆	Yes 2 No	3 🗆 Pro	bably 4 Unknown
Records,	law requires that tha de as been signed by tha 2 should be detached	Completed b	1044							24e. Wes	en eutopsy ormed?	ev	ere eutopsy findings eileble prior to mpletion of cause death?
	sicion: The law certificate has b lirector, page 2 s	Con								10	Yes 2 No	10	☐Yes 2☐ No
/ita	ysiclen: is certific director,	Be	25. Was case referred to medic examiner?	-						ath (Check only	one)		
of Vital	> 0 0	2	1 Yes 2 No	1	lospital:	- 40	ER/Outpatien	T 3LI DOA		Home 5 ☐ Resi		(·)	y)
L C	ding F h. Aftar funar	lon	27. Menner of Deeth 1 Natural 5 □ Pend		28a. Date of I (Month,	Dey Year)	28b. Time of Injury	28c. In W		28d. Describe	how Injury occur	red	
Division	To the Hospital or Attending Phi within 24 hours after death. To the Funeral Director: After thi complately filled in by the funeral	Certification:	3 Suicide 6 Could	not be nined	28e. Place of building,	Injury - At ho etc. (Specify	ome, ferm, stri	eet, fectory, offic	Yes 2 No	28f. Location (City or To	Street end Numb wn, Stete)	er or Aure	of Route Number,
	Hospital		29a. Certifler Certify	na Dhu	alalan. To the he	at of our kan	uladas dasti		Almon Idoto and also				
	e Hos 24 ho Fun de Fun	edical	(Check only one)	Exami	ner: On the basis	of exemine	tion end/or Inv	estigetion, in my	time, date end plec opinion, deeth occ	e, and due to the urred et the time,	dete and place,	and due to	tated. the ceuse(s)
	To the To the compla	M	29b. Signature and title of certific	10	h	to	, AK	1	nse number		29d. Date signe		
	(6)		30. Name and address of person					Print)	14 (D.C.		DECEMBE		
	0		OSWALDO CAS 31. Dete filed (Month, Dey, Yea.		32, Regi	strar's Signa	ture		C, N.W., V	VASHINGTO	ON, D.C.	200	59
	Sta Registra		DEC 08			Muelsa	Radal	?					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 5 copies 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** OMEC 06.08 Am NATALLE 1997 05 /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** SPAING Silver HOSPITAL MON GOMERY CROSS If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Months Days Hours Min Yrs. 66 Director 578-42-3618 OCT 26, 1931 Wash., D.C. Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or itama 23a or 28a-f show other traumatic event, the Madical Examinar must be notified at 1 Yes 2 □ No Director N/A N/A Washington, D.C. 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 31 Tuckerman Street, N.W. 20011 United States death Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 10 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 200 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: by BLACK 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry d 2 should be filed within 72 th and Mental Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Staffing Secretary 12 Dept. of Navy 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Issac Payne Mary Maiden 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 Is m any injury or other traum page. John C. Jones /Husband 31 Tuckerman Street, N.W. Wash., D.C. 20011 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other plece) Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Morning Star B.C. Cemetery 12/10/97 Montross, Virginia 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro Pike, Forestville, Md. 20747 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner the attending physician and hed for use as the burial-transit certificate be asscuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated events resulting In death) Last Due to (or as a consequence of): review zion Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably Unknown p 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed 1 Yes 2 No 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 2 ER/Outpatient 3 DOA Inpatient funeral 27. Magher of Death 28d. Describe how injury occurred 28b. Time of Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: After Attending Naturel 5 Pending investigation death. 2 Accident 1 Yes 2 No **Director:** 6 ☐ Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number. City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 6 4 ☐ Homicide or A aftar To the Hospital within 24 hours a To the Funeral L Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical pletaly (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 30. Name end eddress of person who completed ceuse of death (Item 23a) (Type, Print) 0/801 #220 31. Date filed (Month, Day, Year) 32 Registrar's Signature DEC 08 1997 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth MARY CHARNOCK KELLEY DECEMBER 0430 4a. Fecility Nema (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Fallston General Hospital Fallston Harford If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Deys Hours Min. Month Dey Year)
4/11/1906 5. Sociel Security Number 7. Aga (In yrs. lest birthday) Birthplace (Steta or Foreign Country) 1□M 2 F 220-18-5517 91 Yrs. Maryland Usuel Residence of Decedent 10e. Stete 10h County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yas 2 No Harford Baldwin 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 2516 Greene Road 21013 U.S.A. 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yes ≥ 2 ▼No If Yes, Give Year or Dates: 11. Marital Stetus Wes Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - Amarican Indien, Black, White, etc. 1 ☐ Naver Merriad 2 ☐ Married 1 Yes 2 No Specify: Specify: Caucasian 3 AWidowed 4 □ Divorcad 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Radio Station Secretary 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) William Charnock E. Sarah Butler 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Gwyn Houck / Friend 2601 Greene Rd. Baldwin, Md. 21013 20a. Method of Disposition

1 ABurial 2 Cremetion 3 Removel from Stata 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Cemetery 12/8 Woodlawn, Maryland 22. Nema and Address of Facility
Kurtz Funeral Home, P.A. 21. Signature of Funeral Samos Lice 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haart failure. List only one cause on each line. Jarrettsville, Maryland Approximate Interval Between Onsat and Death Immediate Ceuse (Finel · RESPIRATORY FAILURE diseese or condition resulting In death) Chronic lung Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Last Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown MASSINE GASTRO INTESTINAL BlEEding 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performad? Conjestive heart 2 No 1 Yes 30 No 25. Wes case referred to medical exeminer? 28. Plece of Deeth (Check only one)

Physician Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

ò

or items 23a

"naturel",

permit. Peges 1 and 2 should be filed within 7. Department of Health end Mentel Hygiene. Important: If Item 27 is merked other than "ne any injury or other treumatic event, me Media once.

filed within 72 hours efter deeth

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

Funeral

Completed by

Be

2

or Attending Physician: The law requires that the death certificate be executed ed by the e director, page 2 should certificate After this within 24 hours efter death.

To the Funeral Director: All completely filled in by the fu

Physician/Medical Examiner

by

Be Completed

Certification: To

Medicai

Division of Vital Records, P.O. Box 68760,

Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) Hospitel: 1 Yes 2 No 1 Impatient 2 □ ER/Outpetient 3 □ DOA 28c. Injury at Work? 27. Manner of Deeth 28b. Time of Injury 28d. Describe how Injury occurred 5 Pending Investigation Neturel 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 | Homicide

29a. Certifier

Cettlying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the cause(s) end manner as steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end pieca, end due to the cause(s) end manner steted.

29b. Signature and #14

29c. License numbar 29d. Dete signed (Month, Dey, Yaer)

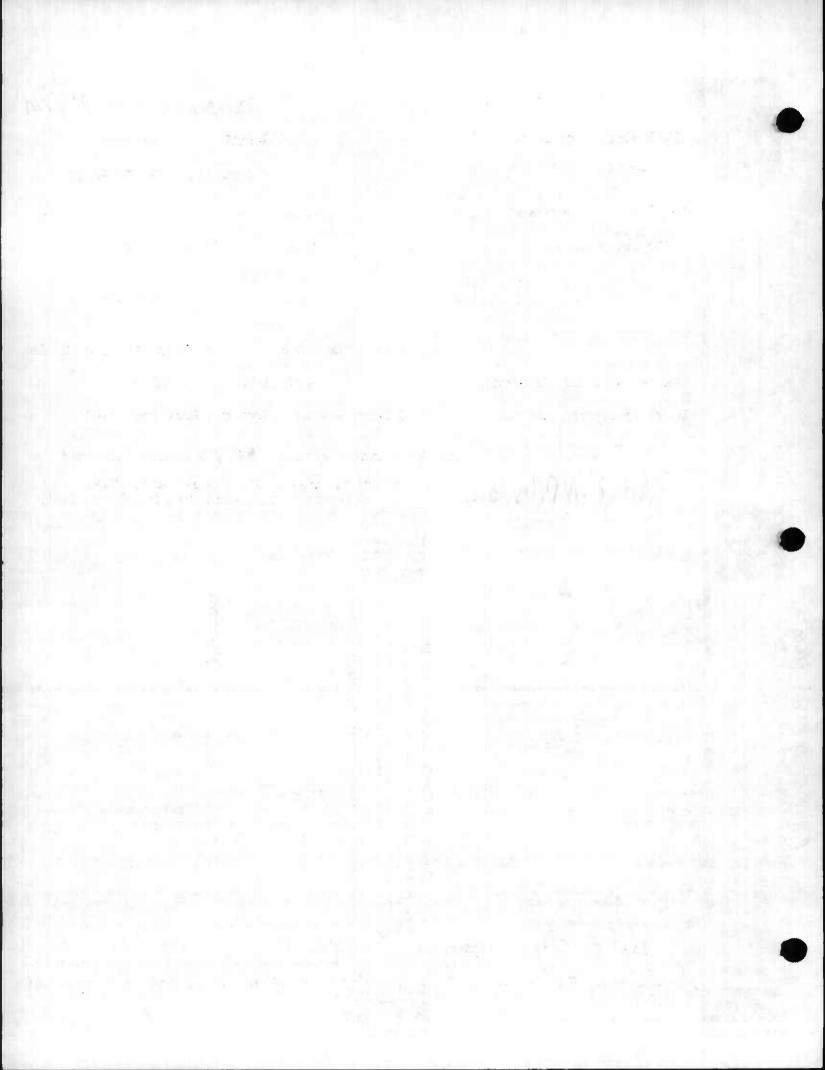
30. Name and entries of person who completed cause of deeth (Item 23a) (Type, Print) NAIR

DECEMBER FAllston Md 21047

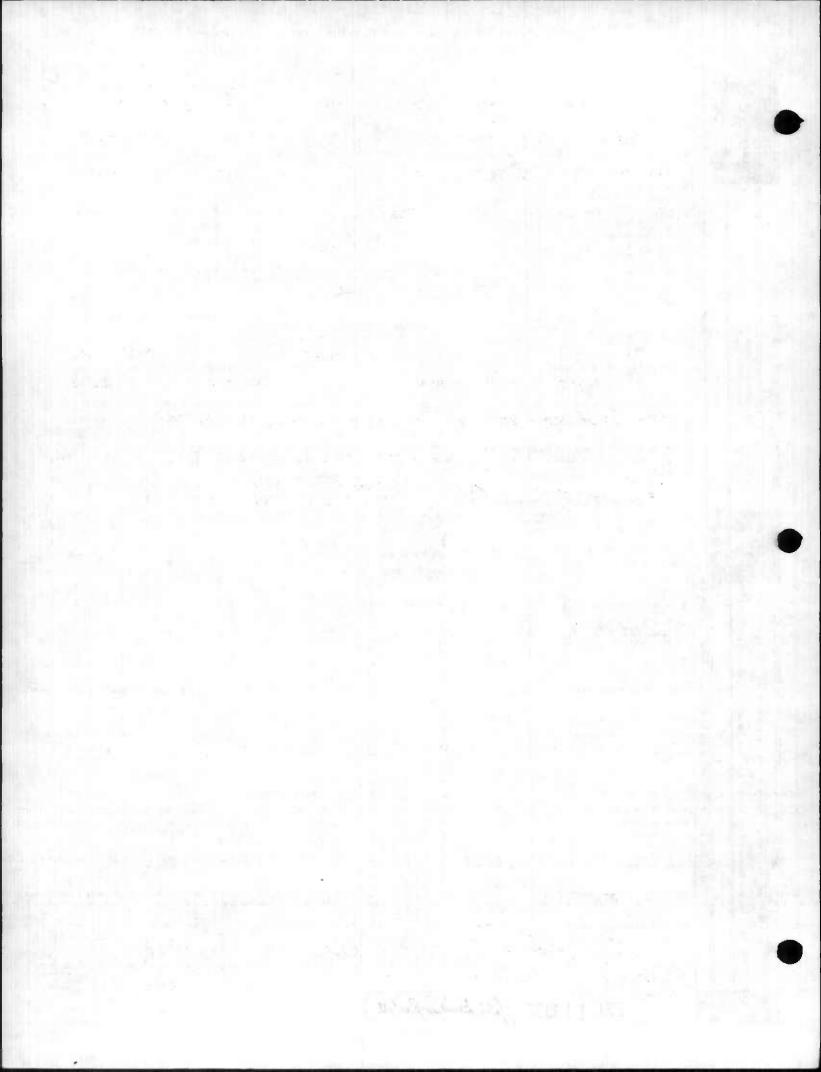
State Registrar

2/12 BELAIR Rd. 31. Date filed (Month, Dev, Yeer) 32. Registrer's Signature

Physician		Decedant's Nema N			KOCH					2. Data of D Month	Reg. No.	Yeer	3. Tima of Daath	
/Medical	t -	te. Facility Nama (If r							45 Oits Town on	DECKN	BER10,	1997	31/1	
Examiner	r	Fallsto							4b. City, Town, or Fall	ston		ty of Death	,	
Funeral		5. Social Sacurity Nur	mber 6.	Sax	-	rrs. last birtho		ar 1 Yaar	If Undar 24 Hrs	8. Data of B		larfor	Cl placa (State or Forai ptry)	
irector		344-03-05	02	1 □ M 2 🔀 F	80	Yrs	Months.	s Days	Hours Min.		31, 1917		inois	
Ac III	-	Usual Rasidance of D 10a. State	10b. County		10c.	City, Town o	r Location					1	0d. Insida City Llmi	
notfied at	1010	Maryland	На	rford				I	Edgewood				1□Yas 2₽N	
Z3a og	a Die	10e. Street and Numb 2403 Per		ue			10f. Zi	ip Coda	21040		10g. Citizan of	Citizan of What Country? USA		
		 Marital Status Never Marriac XWidowed 4 		1 Yas	cedant Evar in Forces? 2 □ No Giva Datas: 194		13. Was Dece If Yas, spo 1 ☐ Yas		fispanic Origin? (S an, Maxican, Puer Specify:	pacify Yes or N to Rican, etc.)		ece - Amaric eck, Whita, ify: Whi-	atc.	
nt, the Medical Evan Completed by	2	/Specific	5. Dacedant's E	ducation			ecedant's Usi	uai Occup	pation		Businass/Ind			
he Med		Elementary/Second	only highest gridery (0-12)		(1-4or 5+)					g most of working				
vent, th		7. Fathar's Nama (Fi	irst Middle Lesi	*)		Punc	n Pres	ss Op	erator 18. Mother's Na	na /First Middle			ing-Tool	
To Be	ם	Joseph F			zny						Nadol	,		
5		19e. Informant's Nem Pearl Pia							and Number or Rivenue, Ed				Code) 1040	
other	-	Oa. Mathod of Dispos					isposition (Ne		•	Data	20c. Location			
any injury or other tra		1 ☐ Burial 2 🔯 4 ☐ Donation 5			Jala		12/12/9							
any injury once.	4 Donation 5 Othar (Specify) Hilltop Service Corp. 12/12/97 Towson, Mar 22. Name end Addrass of Facility Howard K. McComas III Funeral Home, P.													
2 21		▶ Holle	K (. V	Licon	100	>			sbury Roa					
dical		mmediata Causa (Fir disaasa or condition asulting in daath)			<i>(Ronic</i>	aath. Do not	FRUE 7	TUE	Puemo	or respiretory	arrest,		Approximeta Intarvel Between Onsat end Deeth	
dical niner 할		immediata Causa (Fir disaasa or condition rasulting in daath)	nal		(RONIC Dua to	aath. Do not		oda of dyir	ng, such as cardia	or respiretory	arrest,		Approximeta Intarvel Between	
rai-fransit Tai-fransit Examiner		immediata Causa (Fir disaasa or condition rasulting in daath)	nal		Dua to	o (or as e con	rsaquance of)	oda of dyir	ng, such as cardia	or respiretory	arrest,		Approximeta Intarvel Between	
as the burial-transit tellical Examiner		mmediata Causa (Fir	itlons, ediate ing ury	a	Dua to	o (or as e con	PRIC 7	oda of dyir	ng, such as cardia	or respiretory	arrest,		Approximeta Intarvel Between	
g physician and as the burial-transit as the burial-transit and a second		immediata Causa (Fir disaasa or condition asulting in daath) Gequantially list condi- f any, leeding to imm- ause. Entr Underly Jausa (Disaasa or In) hat initieled ayants	itlons, ediate ing ury		Dua to	o (or as e con	rsaquance of)	oda of dyir	ng, such as cardia	or respiretory	arrest,		Approximeta Intarvel Between	
as the burial-transit augmentary ledical Examiner		immediata Causa (Fir disaasa or condition asulting in daath) Gequantially list condi- f any, leeding to imm- ause. Entr Underly Jausa (Disaasa or In) hat initieled ayants	itions, ediate ing ury	a	Dua to Dua to	o (or as e con	isaquance of)	oda of dyir	Puemo	AyRy (MSEASE	ontribute to	Approximeta Intervel Between Onsat end Deeth Onsat end Deeth of the cause of death	
as the burial-transit acid	P P	mmediata Causa (Fir disease or condition asulting in death) Sequantially list condi- any, leeding to imm- ause. Entar Underly Zausa (Disasas or Inj hat initieled avants asulting in death) Les	itions, ediate ing ury st	a. CA	Dua to Dua to	o (or as e con	saquance of) saquence of)	Causa giv	PU MUN	APRU 23b. Did	MSEASE	ontribute to	Approximeta Intarvel Between Onsat end Deeth	
be detached for use as the burial-transit or property by Physician/Medical Examiner	P	immediata Causa (Fir disaasa or condition asulting in daath) Sequantially list condi- l any, leeding to imm- sause. Enter Underly Jausa (Disaasa or In) hat initied avants asulting in daath) Les	itions, ediate ing ury st	a. CA	Dua to Dua to	o (or as e con	saquance of) saquence of)	Causa giv	PU-MUN	23b. Did	MSEASE	ontribute to 3 □ Prob	Approximeta Intervel Between Onsat end Deeth	
page 2 should be detached for use as the burial-transit of page 2. Should be detached for use as the burial-transit of page 2. Should be detached for use as the burial-transit of page 2. Should be detached by Physician/Medical Examiner	P	immediata Causa (Fir disaasa or condition asulting in daath) Sequantially list condi- l any, leeding to imm- sause. Enter Underly Jausa (Disaasa or In) hat initied avants asulting in daath) Les	itions, ediate ing ury st	a. CA	Dua to Dua to	o (or as e con	saquance of) saquence of)	Causa giv	PU-MUN	23b. Did	USCASC I tobecco use co (Yes 2□ No	ontribute to 3 □ Prob	Approximeta Intervel Between Onsat end Deeth Onsat end	
rector, page 2 should be detached for use as the burial-transit or page 2 should be detached for use as the burial-transit or page 2 should be detached for use as the burial-transit or page 2 should be detached for use as the burial-transit or page 2 should be page 2 should be page 2 should be page 3 should be	P 2	immediata Causa (Firdisaasa or condition asulting in daath) Sequantially list condition, leading to immediate, leading to immediate (Disaasa or In) hat initied avants asulting in daath) Leading to the condition of the conditio	itions, ediate ing ury st	a. Ch	Dua to Dua to Dua to	o (or as e consequence) (or as e consequence) (or as e consequence)	saquance of) saquence of) e underlying	Course give	en in Part I. RESO.	23b. Did 24a. Wa: peri	tobecco use co Yes 2 No s an eutopsy ormed? Yas 2 No ona)	ontribute to 3 Prob	Approximeta Intervel Between Onsat end Deeth Deeth Onsat end Deeth Onsat end Deeth Onsat end Deeth Onsat end Deeth Deeth Onsat end Deeth Deeth Deeth Deeth Deeth Deeth Deeth D	
Il director, page 2 should be detached for use as the burial-transit To Be Completed by Physician/Medical Examiner	P	immediata Causa (Firdisaasa or condition asulting in daath) Sequantially list condition, leading to immediate (Pausa), leading to immediate (Pausa), leading to immediate (Pausa), leading in daath) Leading in daath) Leading in daath) Lant II. Other signification.	itions, ediate ing ury st	a. Ch	Dua to Dua to Dua to	o (or as e consesulting in the	saquance of) saquance of) saquence of) e underlying	Causa giv	en in Part I. RESCO. 26. Piace of Dager: 4 Nursing H	23b. Did 24a. Wa: peri th (Check only)	tobecco use co (Yes 2 No s an eutopsy ormed?	ontribute to 3 Prob 24b. Wa eva cor of c	Approximeta Intervel Between Onsat end Deeth Deeth Onsat end Deeth Onsat end Deeth Onsat end Deeth Onsat end Deeth Deeth Onsat end Deeth Deeth Deeth Deeth Deeth Deeth Deeth D	
al director, page 2 should be detached for use as the burlal-transit and director, page 2 should be detached for use as the burlal-transit. To Be Completed by Physician/Medical Examiner	P	immediata Causa (Firdisaasa or condition asulting in daath) Sequantially list condition, leading to immediate (Pausa (Disaasa or Injudat initiated avants asulting in daath) Lessart II. Other signification of the condition of t	ititions, ediate ingury st	aCA b c d contributing to contri	Dua to Dua to Dua to	o (or as e consequence) (or as e consequence) (or as e consequence)	saquance of) saquance of) saquence of) e underlying	Causa giv	en in Part I. RESCO. 26. Piace of Dager: 4 Nursing H	23b. Did 24a. Wa: peri th (Check only)	I tobecco use co (Yes 2 No s an eutopsy ormed? Yas 2 No ona)	ontribute to 3 Prob 24b. Wa eva cor of c	Approximeta Intervel Between Onsat end Deeth Deeth Onsat end Deeth Onsat end Deeth Onsat end Deeth Onsat end Deeth Deeth Onsat end Deeth Deeth Deeth Deeth Deeth Deeth Deeth D	
rector: After this certificate has been signed by the attending physician and but the funeral director, page 2 should be detached for use as the burial-transit of property that the funeral director, page 2 should be detached for use as the burial-transit of property that the funeral director is a property of the function of the func	2	immediata Causa (Firdisaasa or condition asulting in daath) Sequantially list condition, leading to immediate (Pausa (Disaasa or Injudat initiated avants asulting in daath) Lessart II. Other signification of the condition of t	ititions, ediate ingury st	aCA b c d contributing to c. Prov & Hospital: 1	Dua to Dua to Dua to	o (or as e constituting in the COW)	isaquance of) saquance of) saquance of) e underlying Vivial tient 3 D a of	causa giv	en in Part I. RESCO. 26. Place of Deader: 4 Nursing Hyat	23b. Did 23b. Did 24a. Wa: peri th (Check only ome 5 Ras 28d. Dascribe	I tobecco use co (Yes 2 No s an eutopsy ormed? Yas 2 No ona)	ontribute to 3 Prob 24b. Wa eva cor of c	Approximeta Intervel Between Onsat end Deeth Deeth Onsat end Deeth Onsat end Deeth Onsat end Deeth Onsat end Deeth Deeth Onsat end Deeth	
by the funeral director, page 2 should be detached for use as the burial-transit and statement and s	2	mmediata Causa (Fir disaasa or condition asulting in daath) Sequantially list condition asulting in daath) Sequantially list condition, leading to immuse. Entar Underly Causa (Disaasa or In) hat initieded avants asulting in daath) Leading in daath) Leading in daath) Leading in daath) Sequantially Causass or In) hat initieded avants asulting in daath) Leading in daath	itions, ediate ing ury st ant conditions of the medical state ing investigation of b datarmined it could not be dat	aCA b c d contributing to c TON & Hospital: 28a. Data(Mor	Dua to	o (or as e construction of the construction of	saquance of) saquance of) saquance of) saquance of) e underlying tient 3 D a of y M straet, factor	Causa giv	en in Part I. RESCO. 26. Place of Deader: 4 Nursing Hyat	23b. Did 23b. Did 24a. Was perf 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	tobecco use control of the san eutopsy ormed? Yas 2 No ona) idance 6 Other how Injury occur (Straat and Num wm, Stata)	ontribute to 3 Prob 24b. Wa eva eva of c 1 L her (Specify rred	Approximeta Intervel Between Onsat end Deeth Onsat end Onsat	
by the funeral director, page 2 should be detached for use as the burial-transit of page 1 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit of page 2 should be detached for use as the burial-transit.	2 2 2	mmediata Causa (Fir disaasa or condition asulting in daath) Sequantially list condition asulting in daath) Sequantially list condition asulting in daath (I any, leeding to immuse. Enter Underly Causa (Disaasa or Injudat initioted avants asulting in daath) Lessart II. Other signification of the condition of th	ititions, ediate inguity st Internal conditions of the condition	aCA b c d contributing to c TON & Hospital: 28a. Data(Mor	Dua to	o (or as e construction of the construction of	isaquance of) saquance of) saquance of) saquance of) e underlying tient 3 De a of y M straet, factor aath occurred	causa giv	en in Part I. RESON 26. Place of Deader: 4 Nursing Hydrox XYes 2 No na, data and plece pinion, daeth occur a number	23b. Did 23b. Did 24a. War perf th (Check only one 5 Ras 28d. Dascribe 28f. Location City or To and dua to tha tred at tha tima,	I tobecco use control (Yes 2 No one) Idance 6 Other how Injury occur (Straat and Numer, Stata) causa(s) and midata and piece.	ontribute to 3 Prob 24b. Wa eva cor of c 1 L ther (Specify rred ber or Rura annar as sta , and dua to ad (Month, L	Approximeta Intervel Between Onsat end Deeth Onsat end O	
ne Funeral Director: After this certificate has been signed by the attending physicia pletely filled in by the funeral director, page 2 should be detached for use as the buseletely filled in by the funeral director, page 2 should be detached for use as the buseletel Certification: To Be Completed by Physician/Medical	2 2 2	mmediata Causa (Fir disaasa or condition asulting in daath) Sequantially list condition asulting in daath) Sequantially list condition asulting in daath (I any, leeding to immuse. Enter Underly Causa (Disaasa or In) hat initieled avants asulting in daath) Lessaulting in daath) Lessaulting in daath) Lessaulting in daath) Sant II. Other signification asulting in daath) Sant III. Other signification asulting in daath)	itions, ediate ing ury st ant conditions of the	a. CA b. C.	Dua to Dua to	o (or as e constitution of con	saquance of) saquance of) saquance of) saquance of) e underlying tient 3 De a of y M straet, factor aath occurred	causa giv	en in Part I. RESON 26. Place of Deader: 4 Nursing Hydrox XYes 2 No na, data and plece pinion, daeth occur a number	23b. Did 23b. Did 24a. War perf th (Check only one 5 Ras 28d. Dascribe 28f. Location City or To and dua to tha tred at tha tima,	I tobecco use control (Yes 2 No one) Idance 6 Other how Injury occur (Straat and Numer, Stata) causa(s) and midata and piece.	ontribute to 3 Prob 24b. Wa eva cor of c 1 L ther (Specify rred ber or Rura annar as sta , and dua to ad (Month, L	Approximeta Intervel Between Onsat end Deeth Onsat end O	



								UI D	eath	R	eg. No.	0	סטענ
Physicia	an	Decedent's Neme (First, A.	<i>aiddl</i> e, <i>Las</i> LUCY		ENE	KINNA	MON			2. Dete of Deat Month	Day	Yeer	3. Time of Deet
/Medic		4a. Facility Neme (If not insti				VTIMINE	AMON	4h	City Town or l	Decembe	r 09 19		4:50 p
Examin	er	Chesape	ake W	loods C					Cambr	idge	Doro	cheste	er
uneral irector		5. Social Security Number 212–12–3945 Usual Residence of Deceder		M 2/5	7. Age (In yi 92	rs. lest birthday Yrs.	Months De		f Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey, Sept. 2	^{Year)} 2 1905	9. Birthpl Count Mary	ece (Stete or Fore ry) /land
ahow ad st		10e. State 10b. Co			10c. (City, Town or L	ocation					10	Od. Inside City Llm
28a-f ehor	Director		rches	ster		Car	mbridge						To Yes 20
0 8		10e. Street end Number 525 Gl	enbur	m Ave.				2161			0g. Citizen of Whet Country? U.S.A.		
0.19	by Funeral	11. Maritel Stetus 1 Never Married 2 2		12. Wes Dec Armed Fo 1 Yes If Yes, Gir Yeer or D	271No	U,S. 13.	Was Decedent If Yes, specify (/	enic Origin? (Sr Mexican, Puerto Specify:	pecify Yes or No- Pican, etc.)		a - America ck, White, e	
the Medical Ex	Completed	(Specify only h Elementery/Secondary (0-		ucati <i>on</i> de com <i>pleted)</i> College (1	1-4or 5+)	16e. Dece (Give life.	edent's Usuel Oc e kind of work do DO NOT use re	etired)		king	16b. Kind of Bu		
other t	ပိ	17. Fether's Neme (First, Mic	idle Lest)				sales c			ne (First, Middle, A		ail sh	noe
tem 27 is marked othe other traumatic event,	To Be		ward		Sl	acum		10		rgaret	valueri Surrieni		ırley
Is marked aumatic e	-	19e. informent'a Neme/Rela	tionship (T	ype, Print)		19b. Mall	ing Address (St	treet end	d Number or Ru	rel Route Number	, City or Town,	Stete, Zip	Code)
n 27 I		G. Neill Kin	namor	n - son					Annapo	lis, MD	21403		
y or		20a. Method of Disposition 1 Durial 2 Cremet 4 Donetion 5 Other			State	cemetery, cre	osition (Neme of emetory or other Market	plece)	metery		20c. Location - Cast New		
Important: any injury once.		21. Signature of Funeral Sen	vice Licens	14	2		P. Name end Ad Thomas F	-une	ral Hom	e PA bridge M	D 21613		- 1
edical miner		Immediate Ceuse (Final disease or condition		C								1	- /
	niner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying							lden	N			6 w/c
ng physician and s es the buriel-transit	Medic	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	{	a	Due to	(or es e conse	quence of):	A	Coltra	N			6 w/c
ng physician and s es the buriel-transit	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest	{	b	Due to Due to	(or as a conse	equence of):			N			6 w/cs
ng physician and s es the buriel-transit	Physician/Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest	{	b	Due to Due to	(or as a conse	equence of):						the cause of dea
een signed by the ettending physician and thould be detached for use as the burlet-transit	by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest	{	b	Due to Due to	(or as a conse	equence of):			23b. Did to	n autopsy	3 Prob	
ate has been signed by the ettending physician and page 2 should be detached for use as the buriel-transit	Physician/Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest	{	b	Due to Due to	(or as a conse	equence of):			23b. Did to 1	n autopsy ned?	3 Prob	ebly 4 Unkr
certificate has been signed by the ettending physician and rector, page 2 should be detached for use as the burlet-transit	Be Completed by Physician/Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Part II. Other eignificant con Chro Chro 25. Wes case referred to merexaminer?	ditions co	d	Due to Due to	(or es e conse	quence of): quenca of): underlying cause	e given	In Pert I.	23b. Did to 1 Ye 24e. Wes eight perform 1 Ye th (Check only only only only only only only only	n autopsy ned?	24b. We eve corr of d	ebly 4 Unkr re eutopsy findin- illeble prior to appletion of cause eeth?
certificate has been signed by the ettending physician and rector, page 2 should be detached for use as the burlet-transit	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disees or Injury that initiated events resulting in death) Lest Part II. Other eignificant con Level Communication of the cause of the communication	ditions co	d	Due to Due to	(or es e conse	equence of): quence of): quenca of): underlying cause state of the	e given	In Pert I. 8. Plece of Deel	23b. Did to 1 Ye 24e. Wes eight perform 1 Ye th (Check only only only only only only only only	n autopsy ned?	24b. Wee eve com of d	re eutopsy findin illeble prior to appletion of cause eeth?
certificate has been signed by the ettending physician and rector, page 2 should be detached for use as the burlet-transit	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Lest Part II. Other eignificant con LCCUt Chucu 25. Wes case referred to merexaminer? 1 Yes 27. Menner of Deeth 1 Maturel 2 Accident 3 Sulcide 6 Co	ditions co	d	Due to Due to Due to Due to peth but not re	(or es e consector es a consector es e consector es e consector es e consector es es	equence of): quence of): quenca of): underlying cause of 3 DOA	e given 20 Other: Injury et Work? 1 □ Yes	In Pert I. 8. Plece of Deel Warring Ho	23b. Did to 1 Ye 24e. Wes eight perform 1 Ye th (Check only only only only only only only only	n autopsy ned? s 22700 e) unca 6 Other winjury occurreted and Numb	24b. Wei eve com of d	ably 4 Unkr re eutopsy findin ileble prior to apletion of cause eeth?
certificate has been signed by the ettending physician and rector, page 2 should be detached for use as the burlet-transit	Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Lest Part II. Other eignificant con CLUC Chuch 25. Wes case referred to mere examiner? 1	dittone co	d	Due to	(or es e consector de la conse	equence of): quence of): quenca of): underlying cause of 28c. I M reet, factory, offi	e given 20 Other: Injury et Work? 1 □ Yes	8. Piece of Deel	23b. Did to 1 Ye 24e. Wes er perform 1 Ye th (Check only only only only only only only only	n autopsy ned? ss 22700 e) nca 6 Othow injury occurrent end Numb, State)	3 Prob 24b. Were every corror of d 1 Creative and the second of the se	ebly 4 Unkr re eutopsy findin- illeble prior to npletion of cause eeth? Yes 252No Route Number,
The Funaral Director: After this certificate has been signed by the etending physician and pletely filled in by the funeral director, page 2 should be detached for use as the buriel-transit	ledical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet inflieted events resulting in death) Lest Part II. Other eignificant con LULU 25. Wes case referred to medexaminer? 1 Yes Yes 27. Menner of Deeth 1 Maturel 5 Perecond Perecond	dittone co	d	Due to Due to Due to Due to Due to peth but not re peth peth but not re peth but not	(or es e consector de la conse	equence of): quence of): quenca of): quen	e given 20 Other: Injury et Work? 1 □ Yes	8. Plece of Deel What in Pert I. 8. Plece of Deel What is a plece of Deel a plece of Deel a plece of Deel	23b. Did to 1 Ye 24e. Wes el perform 1 Ye th (Check only only only only only only only only	n autopsy ned? ss 22700 e) nca 6 Othow injury occurrent end Numb, State)	3 Prob 24b. Weight ever corror of d 1 Grant (Specify) ed er or Rural en or Rural due to	ably 4 Unkr re eutopsy findin, illeble prior to apletion of cause eeth? Yes 252No Route Number, ated. the cause(s)
certificate has been signed by the ettending physician and rector, page 2 should be detached for use as the burlet-transit	Medical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Lest Part II. Other eignificant con CLULI 25. Wes case referred to mere examiner? 1 Yes 2 No. 27. Menner of Deeth 1 Maturel 5 Pe 2 Accident 3 Sulcide 6 Co Co Co Co Co Co Co	dittone co	d	Due to	(or es e consector de la conse	nt 3 DOA of 28c. I M reet, factory, offi	e given 2: Other: Injury et Work? 1 □ Yes	8. Plece of Deel What in Pert I. 8. Plece of Deel What is a plece of Deel a plece of Deel a plece of Deel	23b. Did to 1 Ye 24e. Wes el perform 1 Ye th (Check only only only only only only only only	n autopsy ned? ss 202170 e) nnca 6 Other reet end Numb , State) suss(s) end me ste end pleca, to	3 Prob 24b. Weight ever corror of d 1 Grant (Specify) ed er or Rural en or Rural due to	re eutopsy findin ileble prior to apletion of cause eeth? Yes 252No

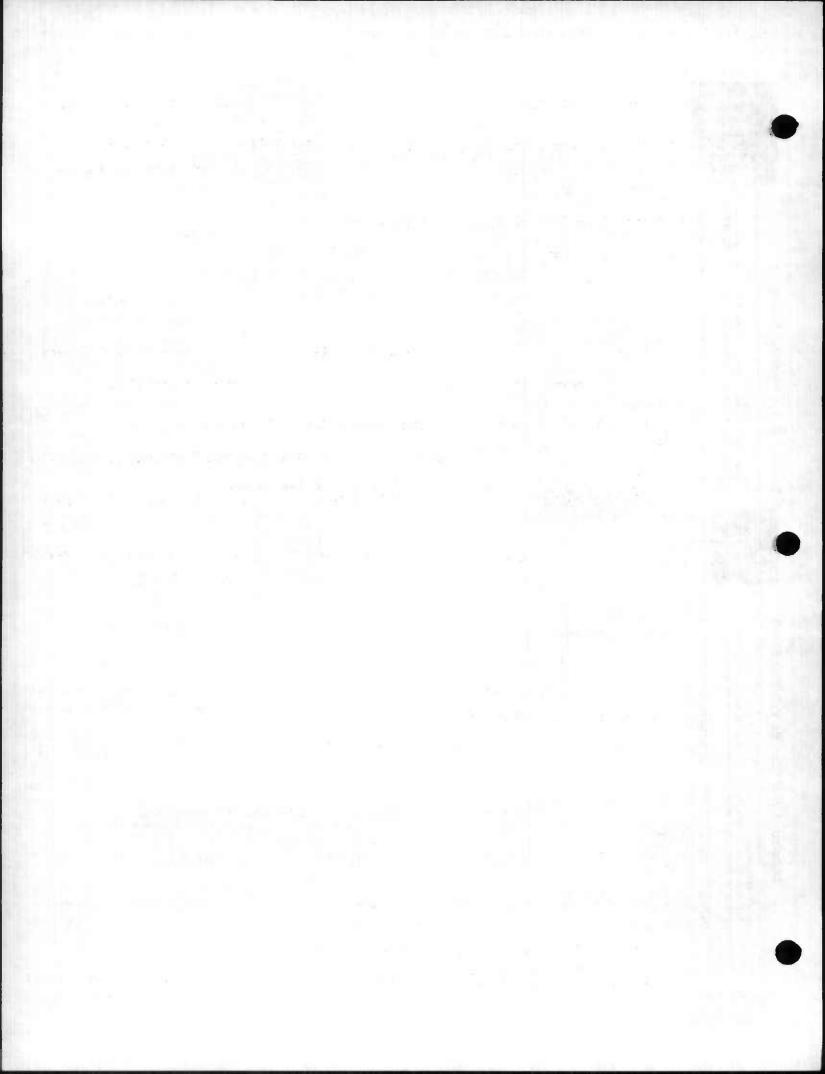


Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month 24, 1997 Margaret Virginia Lynch November 11:20 PM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. Clty, Town, or Location of Deeth 4c. County of Deeth **Examiner** Genesis Eldercare Center Spa Creek Annapolis Anne Arundel 5. Social Security Number 7. Aga (În yrs. lest birthdey) **Funeral** 1□M 2√DyF 578-38-5814 74 Director Usuei Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic svent, the Modical Examiner must be northed at Yes 2 No Director Maryland | Anne Arundel Edgewater 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 3841 Ponder Drive 21037 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaer or Datas: 13. Wes Decedent of Hispenic Orlgin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bieck, White, atc. 1 Never Merried 2 Married "naturel", or Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene Important: If Item 27 is marked other than "neny Injury or other traumatic aware Elementery/Secondery (0-12) College (1-4or 5+) School Bus Aid Anne Arundel County 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Edward Milton Johnson Julia Miller Hixon 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Martin V. Lynch/ Husband 3841 Ponder Drive Edgewater, Md. 21037 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Steta 1 X Burial 2 Crametion 3 Removel from Stata Lakemont Mem'1. Gardens 11-29-97 Davidsonville, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Lice 22. Name and Address of Facility
George P. Kalas Funeral Home 2973 Solomons Island Rd. Edgewater, Md. 21037 23a. Part1. Enter the disease, or complications that causad the deeth. Do not antar tha mode of dylng, such as cardiac or respiretory errest, shock, or heert fellure. List only one ceuse on each line. **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical · CHRONIC OBSTRUCTIVE PULMONARY 5YEARS Examiner Due to (or es e consequence of): DISEASE Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Box 68760 8 Dua to (or es e consequence of): P.O. 1 Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco-use contribute to the cause of death? 1 Stes 2 No 3 Probably 4 Unknown COR PULMONALE Records, þ Be Completed 24e. Wes an eutopsy performed? 24b. Wara autopsy findings evailable prior to completion of cause of deeth? CONGESTIVE HEART FAIWRE 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

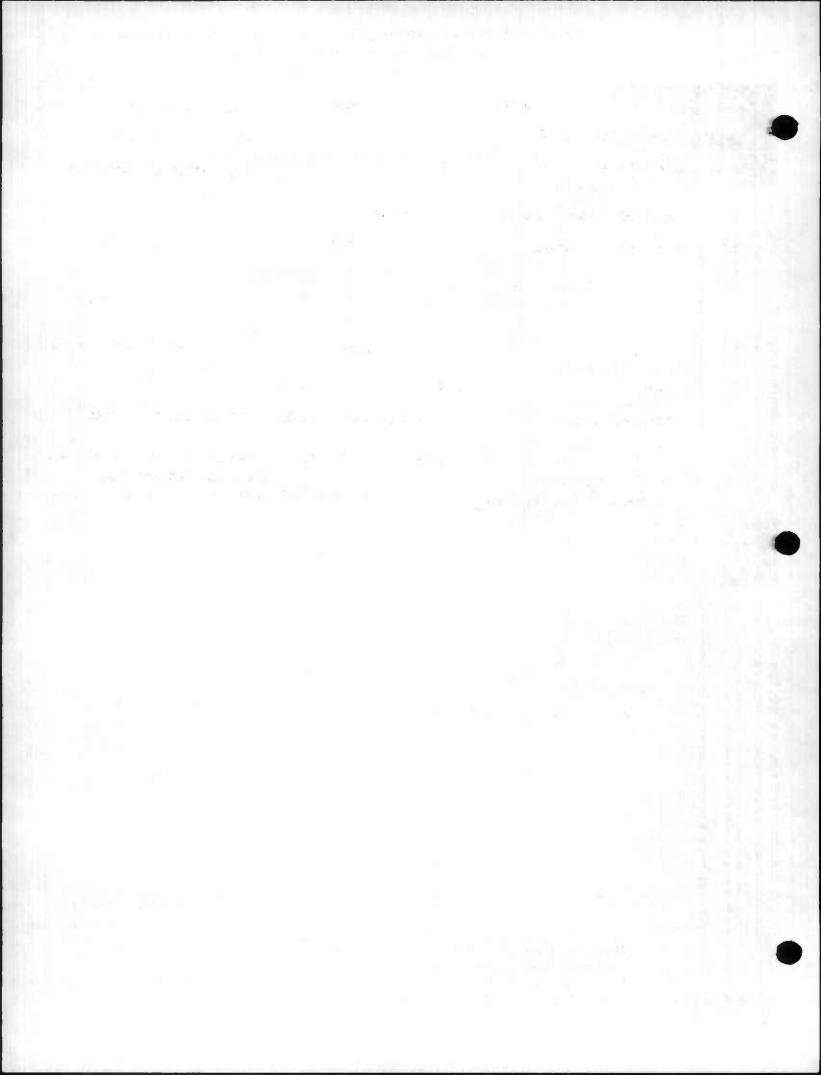
To the Funeral Director: After this certifica completely filled in by the funeral director, I 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: Other: 4XX Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Menner of Deeth 28e. Dete of tnjury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, daeth occurred et the time, dete end place, end dua to the ceuse(s) end mennar as steted.
2 Medical Examiner: On the bests of examinetion end/or Investigation, in my opinion, deeth occurred et tha time, dete end place, end due to the ceuse(s) end menner stated. Medicai 29a. Certifier (Check only one) 29b. Signature end titla of artifier 29c. License number 29d. Data signad (Month, Day, Year) 038328 November 25, 1997 MD MPH 30. Name end eddress of person who completed cause of death (ttem 23e) (Type, Print) MARY R. CLANCE 180 ADMINAL COCHNANE DR ANNAPOLIS 31. Dete filted (Month, Dey, Yeer)
DEC 02 1997 32. Registrer's Signeture MD 21401 State

DHMH 16 Rev 6/95

Registrar



	an	Decedent's Name (First, Middle, La. TAMES				y the	at c		2. Dete of Dee Month	Reg. No.	Yeer	3. Time of Death	
Physicia /Medic	ai	JAMES	HENRY	-1		LE		4b. City, Town, or L.	DECEMBE			284	
Examine	er	4e. Facility Name (If not Institution, giv 1 SANDSBURY AVENU		,					BURNIE	4c. County ANN	E ARUI	NDEL	
uneral irector		5. Sociel Security Number 212–20–3349 6. S	7. A	ge (In yrs. 7	last birthday Yrs.	Months	Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birtl (Month, Da) APR . 30	, Year) , 1926	Birthplece (State or Foreign MARY L'AND		
3.		Usual Residence of Decedent 10a. State 10b. County		10c. Cit	y, Town or L	ocation					10	d. Inside City Lim	
28a-f show	to	MARYLAND ANNE A	RUNDEL		GLEN	BURN	IIE					1 □ Yes 2💢	
23a or 28	Funeral Director	10e. Street end Number 1 SANDSBURY AVENU	JE			10f. Z	ip Code 1060			10g. Citizen of V U.S		y?	
Tage 1	by	11. Merital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceden Armed Forces 1 ☑ Yes, 2 ☐ If Yes, Give Year or Dates:	? INO 194	10-			lispanic Origin? (Sp en, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	14. Reca Blac Specify	. Reca - American Indian, Black, White, etc.		
"natur	Completed	15. Decedent's Ed (Specify only highest gra Elamantary/Secondery (0-12)	ducation de completed) Collage (1-4or	5+)	(Giv	DO NOT	ork done i use ratired	durina most of work	king	16b. Kind of Bu			
ther than	Com	7	N/A		C	HAUFF	EUR	JR PUBLIC WORKS DEPT. 18. Mother's Neme (First, Middle, Maiden Sumame)					
marked other than	Be	17. Fether's Neme (First, Middle, Last) ISAAC		LEW	LEWIS			18. Mother's Nem	e (First, Middle,		TT		
e mark eumatic	2	19e. Informent's Neme/Ralationship (Type, Print)	19b. Mailing Addrass (S				and Number or Rui	ral Routa Numbe	r, Cify or Town,	State, Zip (Code)	
m 27 her tr		CATHERINE LEWIS	205 5				AVENUE, G						
Important: If item 27 ie m eny injury or other treum once.		20e. Method of Disposition 1		C	lece of Disp ematary, cra DAR H.	am atory or	other plac		Date 2/5/97	20c. Location - BROOKLY			
important: If eny injury or once.		21. Signature of Funeral Service Licen	500					ss of Facility SII				•	
esician ledicai aminer	ner	Immediate Ceuse (Finel disease or condition resulting in death)	а	MYOCARDIAL /WFARCTOW Due to (or es e consequence of):									
	Examiner	Sequentially list conditions, if eny, leading to immediate causa. Enter Undertying Cause (Disease or injury	b	Due to (or es e consequence of):									
0 6	VMedical	Cause (Diseese or injury thet initiated avants resulting In daath) Lest	d	Due to (or es e consequence of):									
a attendin	Physician/N	Pert It. Other significant conditions or	ontributing to death	but not resi	ulting in the	undariving	causa div	en in Pert I.	23b. Did t	obacco use cor	ntribute to	the cause of dea	
	by Phys			Ath but not resulting in the undarlying causa given in Pert I. FAI WRE N 10/89 W PULMONARY DISVASE						res 2 10		ably 4 ☐ Unkn	
bean sign	Completed b	Myo cheave,	NEARCTION	10/	09				24e. Wes a	an autopsy med?	evei	re autopsy finding ilable prior to apletion of cause eeth?	
nta has	E O	chamic of	STRUCTIVE	PUL	MONAX	y D	is easi	E	1□ Y	es 2 PNo	11070	Yes 2□ No	
5 -	Be	25. Wes case referred to medical exeminer?	Deserve				Tau	26. Place of Dee	th (Check only o	na)			
artif	2	1 ☐ Yes 2 ☑ No 27. Manner of Deeth	Hospital: 1 ☐ Inpat		ER/Outpetie	-		4 C Nuising In	oma 5 Pasid)	
this cartificata	t on	1 ☑Natural 5 ☐ Panding 2 ☐ Accident investigetior 3 ☐ Suicide 6 ☐ Could not be	(Month, D.	ay Year)	Injury	М		k? Yes 2□No	28d. Describe how injury occurred				
or; After this cartif the funeral directo	0	4 Homicide determined	ijury - At ho tc. (Specify	oma, farm, s	treet, facto	ry, office		28f. Location (S City or Tow		er or Rural	Routa Number,		
Irector: After this n by the funeral di	Sertifica	/ I romoide	Physician: To the best of my knowledge, death occurred at the time, date end p						end due to the d	ceusa(s) end me data and place, o	ennar es sta end due to i	ited. the cause(s)	
÷ c	licai Certification:	29e. Cartifiar 1 Certifying Ph	linar: On the basis	the basis of exemination and/or investigation, in my opinion, death occumannar steted.					occurred at the time, date and place, end			d due to the cause(s)	
÷ c	Medical Certifica	29e. Cartifiar 1 Certifying Ph	linar: On the basis	of exeminal		29	c. Licens	e number	T:	29d. Date signed	d (Month. D	Pay, Year)	
plataly filled in	edicai	29e. Cartifiar (Check only one)	linar: On the basis	of exeminal teted.		29	-	e number		29d. Date signed 12/3		ay, Year)	
÷ c	Medicai	29e. Cartifiar (Check only one)	and mannar's	of exeminal teled.		o, Print)	D2	21336		12/3	197	ay, Year)	



Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

cartificate

To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ician	1. Decedent's Name			N-10		ertifica				2. Date of Month		Day	Yeer	3. Time of Death	
dical	Ang	gela I	D. Lucas	S						DEC.	7.	199		8:45 AM	
niner	4a. Facility Name (II	f not institution,	give street and nu	ım <i>ber)</i>				4b. City, To	own, or Lo	ocation of De	ath	4c. Count	y of Death	1	
al	3087 BR 5. Social Security N 578-88-1	umber 6	ROAD APT 6. Sex 1 M 2 F	.#202 7. Age (In yrs	. last birthd Yrs	Months	r 1 Year Days	CAMP If Under Hours			Birth Dey, Yea	PRII	INCE GEORGES 9. Birthplace (State or Fore Country) 6 Camp Springs,		
7	Usual Residence of							1			,				
	10e. State	10b. County		10c. C	ity, Town o	r Location								10d. Inside City Limits	
Director	Maryland	Prince	George's	5	T	emple	Hill	.ls						1 Yes 2 No	
ire	10e. Street and Nun	nber			10f. Zip Code						10g. (Citizen of	What Co	untry?	
	3087 Bri	inkley H	Road, #20	02		20748 Unit						ited	States		
by Funeral	11. Marital Stetus 1 Never Marrie 3 Widowed		redent Ever in lorces? 2 🔀 No ive Dates:	J,S. 1	13. Was Dece tf Yes, spe 1 Yes		dispanic Or an, Mexice Specify:		ecity Yes or Rican, etc.)	No-	Ble	ca - Americk, White			
		15. Decedent's		16a. De	ecedent's Usu	al Occup	oation			16b.		Business/I			
Completed	Elementary/Secon		1-4or 5+)		ive kind of wo			st of work	ing		P ₁	Private			
ő	12th Legal Secretary P 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sum														
To Be		h C. Wi	•					TO. WOULD		rothy			ille)		
	19a. informent's Na	me/Relationshi	p (Type, Print)		19b. M	ailing Addres	s (Street	and Numb	er or Run	el Route Nur	n <i>ber, Cit</i>	y or Town	, Stete, Z	ip Code)	
MIKE	19a. informent's Name/Relationship (Type, Print) Christopher Lucas / Husband 20e. Method of Disposition 1										- City or 1	fown, State			
ġ	21. Signature of Fur	neral Service Li	censee	٨		22. Name a	nd Addre	ss of Facili	ity St	ewart	Fune	eral	Home		
ö	lat.	T.	TV0,00-	T II		4001	Benn	ing R		N.E. V					
1	23a. Part. Enter the	ne diseese, or co t failure. List or	omplications thet	caused the dea	ith. Do not							.,		Approximete Interval Between Onset end Deeth	
ıl	Immediate Ceuse (Final disease or condition NORTRIPTYLINE INTOXICATION									1					
resulting in death) a. Due to (or as a consequence of):															
edicai Examin	Sequentially list conditions, if any, leading to immediate case. Enter Underlying									1					
	TO BERBEILI BELLEVI		or as a consequence of):												

Physic by Completed Be 2 Certification:

Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.

Sickle Cell Disease

1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? 1⊠Yes 2□No 1 X Yes 2 □ No

26. Piece of Death (Check only one)

25. Wes cese referred to medical examiner? X₩ Yes 2□ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 1 Naturel 5 Pending investigation 2 Accident

28a. Dete of Injury (Month, Dey Year) found 12/7/97 Could not be determined

28b. Time of found 7:00 1 Yes XX No

Other: 4 ☐ Nursing Home XX Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred Unknown

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Found: home

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3087 Brinkley Rd.,#202 Camp Springs, P.G.County, Md.

29a. Certifier (Check only one)

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es steted. 20 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and piece, end due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number O.C.M.E

29d. Date eigned (Month, Day, Yeer) DEC. 7. 1997

23b. Did tobacco use contribute to the cause of death?

of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause

Stephen 5.
31. Date filed (Month, Dey, Year) 111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medicai

DEC 11



1. Jack AB. 18 18 18 18

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 1:30AM **Physician** Month ee ORIAS HIVERA 01 December /Medicai 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Dellwood Glenarden ince George 5 If Under 1 Yaar If Under 24 Hrs. 8. Dele of Birth Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Spuntry) **Funeral** 1□M 2♥F 58 N/A Yrs. Director. Usual Residence of Decedent 10b. County 10a. State 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Mouleal Examines I was be notified at NIA rembroke NIA 1 ☐ Yes 2 No Director 10e, Street and Number 10f. Zip Code 11 10g. Citizen of What Country's North Shore Bermuda Funeral 12. Wes Dacedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 11. Marital Stelus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, atc.) Race - American Indian, Biack, White, etc. 14. Race filed within 72 hours after 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 Black 1 Yes 22 No by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiana. Elementary/Secondery (0-12) Coilege (1-4or 5+) COOK 4h (Standard) 17. Fether's Nema (First, Middle, Lest) Pages 1 and 2 should be fill mant of Health and Mental Hyant: If item 27 is marked oth jury or other traumatic event Be symonds Henr John urmenta 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) settyanr Nolan dysi BOX 20e. Method of Disposition 20b. Plece of Disposition (Name of cematery, cremetory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Ramovel from State
4 Donation 5 Dothar (Specify) 1 100 V U

21. Signeture of Funerel Sarvica Licensee St. James Cernetey permit. Page Department of Important: If any injury or once. Dernuda 12-14 22. Name end Address of Facility MARSHALL'S FUNERAL HOME 4308 SUITLAND RD. SUITLAND, 20746 23a. Part 1. Enter the disaase, or complications that caused the daath. Do not enter tha moda of dylng, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Intervei Between Onsat and Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) CARDIORESPIRATORY FAILURE Examiner Due to (or as a consequence of) Examine CONGESTIVE HEART FAILURE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inhisted events Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, CARDIOMYOPATHY The law requires that the death certificate be Physician/Medical Cause (Disease or inju that initiated events resulting in death) Last 200 Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ATRIAL PAROXYSMAL þ Completed 24b. Wera eutopsy findings aveilable prior to completion of cause of death? 24e. Wes en autopsy TACHYCARDIA 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) FRIENDS Hospitel: Certification: To Other: 4 Nursing Home !MYes 2□No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 6 Other (Specify) 5 Residence Affer this 27. Magner of Death 1 S Natural 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending death. investigation 1 Yes 2 No 2 Accident after death Director: 3 Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in by 4 Homicide To the Hospital within 24 hours a To the Funeral C 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the tima, date and place, and due to the cause(s) and marinar stated.

State Registrar DR

STANL SAMMS DEC 09 1

106 IRVING ST. NW #410 WASHINGTON, DC egistrar's Signature

ceuse of deeth (Item 23e) (Type, Print)

29c. License number

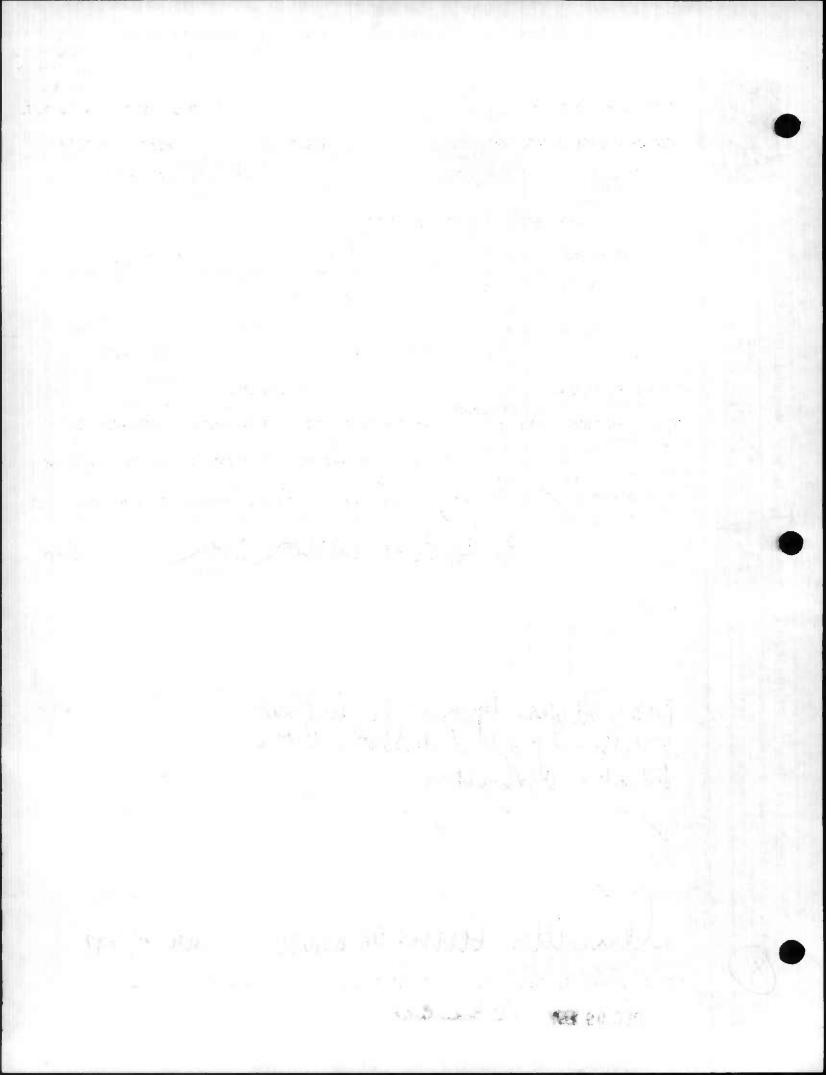
D10494

29d. Deta signed (Month, Day, Year)

DECEMBER 8,

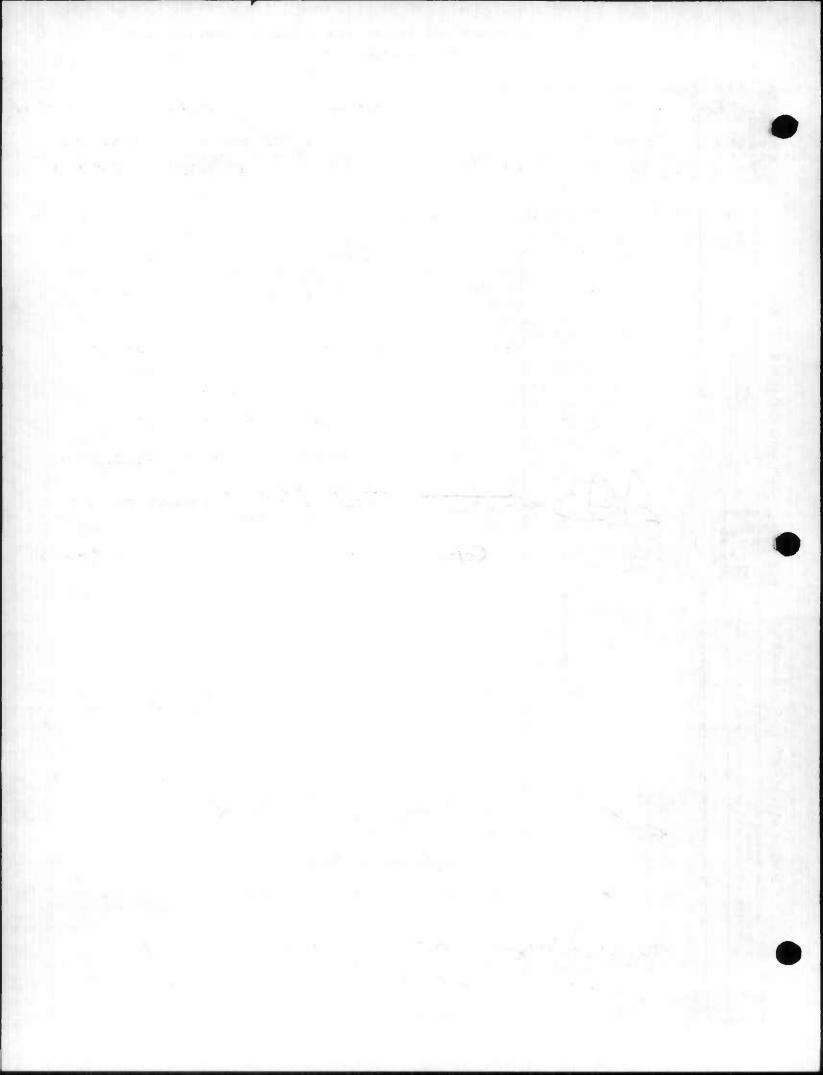
					Ce	rtificate of		, ,	g. No.		010			
	Physic		Decedent's Name (First, Middle, Li MARY ANN LINE)					2. Date of Death Month DECEMBER	Day Y	ear 7	3. Time of Death			
	/Medi Examii		4a. Facility Name (If not institution, gir		7)		4b. City, Town, or L		4c. County of		1:10 P.M.			
			PRINCE GEORGE'S	HOSPITAL	CENTER		CHEVERLY		PRINCE	GEO	RGE'S			
	Funeral Director		236-30-3571	Sax 7. A 1 □ M 2 ☑ F	ge (In yrs. last birthday, Yrs.	Months Days	If Undar 24 Hrs.	8. Date of Birth (Month, Day, JAN. 16,	Year) 9	. Birthple	ace (State or Foreign			
	and and		Usuel Residence of Decedent 10a. Stata 10b. County		10c. City, Town or L	ocation				10	d. Inside City Limits			
	death with the Maryland rns 23s or 28s-f show	to	MARYLAND PRINCE	GEORGE'S	NEW CARR	OLI TON					1 ☐ Yes 2 No			
	h the	Director	10e. Street and Number	oboxed b	IVDIV OFFICE	10f. Zip Code		10	10g. Citizen of What Country?					
	23a or	a	6109 85TH AVENUE			2078	34		UNITED S	STAT	ES			
21215-0020	al', or its	by Funeral	11. Marital Status 1 □ Naver Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Decedan Armed Forces 1 Yes 2X If Yes, Give Yaar or Dates] No	Was Dacedent of I If Yes, specify Cub 1 ☐ Yas 2 ☑ No	Hispanic Orlgin? (Sp an, Maxicen, Puerto Specify:	Black,	ca - American Indian, ick, Whita, etc.					
2-0	i within 72 hours iene. • than "natural", the Medical Exp	Completed	15. Dacedent's E (Specify only highest gr	ducation ada completed)	16a. Deca	dent's Usuel Occup	's Usuel Occupation 16b. Kind of Business/Indust of work done during most of working							
121	c * a	mple	Elementary/Secondary (0-12)	College (1-4or	5+) life.	DO NOT use retire	NOT use retired)							
d 2	filed with Hygiene. ther than		12 17. Father's Name (First, Middle, Last	1	OFFI	CE MANAGE		ne (First, Middle, Mi	FRAVEL A	GEN	JY			
lan	S a b	o Be	MICHAEL F. MURPHY				MARTHA		alderi Sumame)					
Maryland	should end Men s marke sumatic	To	19a. Informant's Name/Relationship		AND 19b. Meili	ng Address (Street	and Number or Rui		City or Town, Ste	ate, Zip (Code)			
	CI O III II													
ore	of He of He r oth		CHARLES HERBERT LINEBERRY/ 20e. Method of Disposition 1 ABurial 2 Cremation 3 Removal from State 1 Removal from State											
Ĕ.	ment of ant: If the ury or o		4 Donation 5 Other (Special	y)		COLN CEM	ETERY 1	2/8/97 H	RENTWOO	D. N	IARYLAND			
Baltimore,	permit. Pages 1 end Department of Health Important: If Nem 27 any injury or other tr once.		21. Signature of Tyneral Service Lice	Dute	F		LN FUNERA		Uoon w					
			23a. Part1. Enter the disease, or com shock, or haart failure. List only	plications that caus	ed the death. Do not en		NSBURG RD				Approximete			
	hysician /Medical		Immediate Cause (Final	One cause on each	Jn J. J	Li. a.d	rin	Chy L			Interval Between Onset and Death			
	Examiner		disease or condition resulting in death)	a IN	More		VUI	uru			SWY			
		je.			Due to (or as a conse	quence of):								
	ricete be executed g physician and es the burief-transit	Examiner	Sequentially list conditions	b. —	Due to (or as a conse	nuence of:				-				
oʻ	e exec ian ar urief-t		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
68760,	tricete by g physici es the bu	edical	that initiated events resulting in deeth) Last	C	Due to (or as a consec	quenca of):								
		900		d										
Box	attending	Physician/N		0.										
o i	that the de ed by the a detached	ysic	Part II. Other significant conditions of	ontributing to death	but not resulting in the o	nderlying causergi	ing cause given in Part I. 23b. Did tobacco use contribute to the cause of deat							
0.	ed by detac		Joell all	mu m	MMMM WI	194.10	wein	1 □ Yes	2 □ No 3	☐ Prob	ably 4 Onknown			
Vital Records,	Ine law requires that the death cer ate hes been signed by the attendir pege 2 should be detached for use	d by	Loubend	41.04	11 10 10 11	L. Ray	ILIML	24a. Was an	autopsy 2	4b. Wer	e eutopsy findings			
00	w requir	Completed	Muly	yw,m	my in	MAY 2AM	My	performe		aval	lable prior to pletion of cause eath?			
2	e hes	m o	meile	RUMIN	M			1□ Yes	ach.	0.00	Yes 2□ No			
		Be C	25. Was case referred to medical	FUIVO	/VI 5		26 Place of Deat	th (Check only one	4,4355,4464	• • •	160 211/10			
> :	<u>000</u>	ToB	examiner? 1 ☐ Yes 2 No	Hospital:	ient 2 ☐ ER/Outpatie	nt 3 DOA Oth	TAR.	oma 5 🗆 Residen		Specify				
o u	neral neral		27. Manner of Death 1 □ Natural 5 □ Pending	28a. Date of Inj (Month, D		- 1		28d. Describe how		,,,,,,				
010	Arrending or deeth. ector: After by the fune	atic	2 Accidant Investigatio	n	.,,,,,		Yes 2 □ No							
Division	or attending in setter death. I Director: After the in by the funeral	Certification:	3 Sulcida 6 Could not b determined	28e. Place of In	ijury - At home, farm, st c. (Specify)	reet, factory, office		28f. Location (Stra City or Town,	at and Number of Stete)	or Rural	Route Number,			
	Funeral Dittely filled		200 2044											
	vithin 24 hours efter To the Funeral Dire completely filled in b	edical	29a. Certifier 1 Certifying Ph	yaician: To the best niner: On the basis of and manner s	of my knowledge, deet of examination and/or in Pated	n occurred at the til vestigation, in my o	me, date end place, ppinion, death occur	and due to the cau red at the time, det	ise(s) end manni e and placa, snd	er as sta I due to 1	ited. the ceuse(s)			
1	within To the	Me	29b. Signature and title of certifier	11. 1	1400	A 29c. Licens	se number	290	d. Date signed (A	Month, D	ay, Year)			
			Klim	um()	ANNO	MA PI	1 29c. License number 29d. Date signed (Month, Day, Year)							
X	Q)		30. Name and eddress of person who	completed cause of	death (Item 23a) (Type.	Print)	. Bolded hos (1961							
(0/		LEWIS H. DENNIS,				U−1, COL	LEGE PARK	, MD 2	0740)			
	Sta	te	31. Date filed (Month, Day, Yeer)	32, Regist	rar's Signature									
	Registr	ar	DEC 09 199	Jan d	Spicker Radal	6								

DEC 09 1997



State of Maryland / Department of Health and Mental Hygiene 7 390 | 4

					(Certifica	ate of	Death		Reg. No.	1 0	3014	
Physici	an	1. Decedant's Nama (First, Middla, Le	est)			100			2. Data of D Month	eath Day	Yaar	3. Time of Casth	
/Medic		NORMA				MAI	RTIN			BER 28,		9:54 Mm	
Examin	er	4a. Facility Nama (If not institution, gi		n <i>ber)</i>					or Location of Dee		inty of Death		
		707 OLD STAGE	-			Miller	d d .V	GLEN E			NNE AR		
Funeral Director		518-30-9386	Sex I□M 2只F	7. Age (In yrs 76		Month	dar 1 Yea ns Days			ay 5271	9. Birth	placa (Stata or Foreign STRALIA	
neturel', or items 23s or 28s-f show dical Examiner must be normed at	or	Usual Rasidence of Decedant 10e. Stete 10b. County MARYLAND ANNE A	RUNDEL			or Location BURNIE						10d. Inside City Limits 1 ☐ Yas 2 🖔 No	
288	Director	10e. Street end Number				10f	Zip Coda			10g Citizan	of What Cou	What Country?	
23a or unt be	rai Di	707 OLD STAGE	ROAD				1061				S.A.	yr	
"naturel", or items 23a or 28a-f show spical Examiner must be northed at	by Funeral	11. Marital Status 1 Navar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Dace Armed Fo 1 Yas If Yas, Giv Yaar or De	rces? 2 🔯 No a	J.S.		cedant of pecify Cu 2 No		(Specify Yas or N arto Rican, atc.)	o- 14. Race - Amarican Indian, Black, Whita, atc. Specify: WHITE			
netur	sted	15. Decedant's E (Specify only highast gr	ducation		16a. [Decedant's U	sual Occu	ipation	vorkina	16b. Kind o	f Businass/In	ndustry	
	Completed	Elemantary/Secondary (0-12)	College (1	4or 5+)				a during most of v ed) D	roining		OLIN UC	ME	
rlygiene. ther than		17. Fathar's Nama (First, Middle, Last				HOPLE	HOME MAKER OWN HO					PIE	
o d	Be										ama)		
e marked o	1º	VICTOR	NORTON		405		MINNIE MILLARD ailing Address (Street and Numbar or Rural Route Number, City or Town, Stata, Zip Co						
E + E		19e. Informent's Name/Ralationship (RENEE BURSON				LEN. TEX			p Code)				
item 27 i		20a. Method of Disposition		20b.		Disposition (A		DRIVE AL	Data		on - City or T	own State	
이 보다		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Spacional Control of the Co	y)	stata		cramatory o EAKE C		ace) TORY INC	1			MARYLAND	
Important: any injury once.		21. Signature of Funeral Service Lice	ule	B		SING 1 SE	LETOI COND	rass of Facility N FUNERA AVE. S.	W. GLEN	BURNIE	, MD		
nysiclan		23a. Paul Enter the Carago or construct, or beat influed. List only	plications thet co ona causa on a	aused tha daa ach lina.	th. Do no	ot antar the m	node of dy	ring, such es card	iac or raspiratory	arrast,		Approximata Interval Batween Onsat and Death	
Medical		Immediata Causa (Final disaasa or condition		Colon	,	CANCE						18 MONTHS	
aminer		rasulting in death)	a			-						[8) (0.1) (3	
Æ	ner			b. — Dua to (or as a consequence of):									
physician and s the bunal-transit	Examiner	Sequantially list conditions, if any, laading to immadiata causa. Entar Undartying Causa (Disaasa or Injury	D										
hysici the bu	Medicai	Causa (Disaasa or Injury thet Initiatad avants rasulting in death) Lest	C	Dua to (or as a co	nsequanca o	uanca of):						
0 8			d										
attendii for use	ciar												
ached	Physician/	Part II. Other significant conditions of	ontributing to da	ath but not re	sulting In t	tha undarlying	g cause g	iven in Part f.		tobacco uee	_	to the cause of death? bbably 4 Unknown	
been signed t should be det	ed by								24a. We	s en autopsy	24b. W	Vere autopsy findings vailable prior to	
has Je 2	Completed								-		of	omplation of cause f deeth?	
certificate rector, pay	CO	OF Management and the state of						35 95 500		Yas 2 N	5 1	☐ Yas 2☐ ¥o	
	00	25. Was casa raferrad to medical axaminer?	Hospital:		3550		0	than	Death (Check only				
After this funeral di	lon: To	1 Yas 2 Death 1 Natural 5 Panding	28a. Data o (Mont	npatiant 2 of Injury h, Day Year)	28b. Tir	ma of ury	28c. Inj	ury at ork?	Homa 5 Ras 28d. Describe	how Injury oc		ify)	
ctor: /	ficat	2 Accident invastigatio 3 Suicide 6 Could not be determined	e one Diese	of Injury - At h	oma, fam	M n. streat, fact]Yas 2□No	28f. Location	(Straat and Nu	ımber or Rui	ral Route Number,	
s after al Dire ed in t	Certification:	4 ☐ Homicida		ng, etc. (Speci					City or To	own, Steta)			
within 24 hours after death. To the Funeral Director: After it completely filled in by the funeral	edical										menner as s ce, and dua i	steted. to tha cause(s)	
To the	Me	29b. Signatura end title of certifiar				2	29c. Licer	nsa number		29d. Data sig	gned (Month,	, Day, Year)	
		Mulh		03	8709		(1	/28/9-	7				
		30. Name and eddress of person who	completed cause	a of death (Ite		-					,		
		LICENA SHAFT		41		Ester		ve 1	Sultime	nd	2127	_4	
Star Registra		31. Data filad (Month, Day, Year) DEC 02 199		agistrar's Sign		inde PO_							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1, Decedant'a Nama (First, Middla, Last) 2. Data of Death Month Day Yaer 26, 1997 Walter McKenzie Jr. November 6:00 AM 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 28 West Furnace Branch Road Glen Burnie Anne Arundel Co. If Undar 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) XXM 2DF Days Yrs. 70 276.22.2279 March 16,1927 Kentucky Usual Rasidance of Decedant 10a Steta 10b. County 10c. City. Town or Location 10d. Insida City Limits Maryland Anne Arundel Co. Glen Burnie 1 ☐ Yes 2 ☑ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? U.S.A 28 West Furnace Branch Road 21061 12. Wes Decedent Evar in U.S. Armed Forcas? 1 2 Yas 2 No 1945 - If Yas, Giva Yaar or Detes: 1946 11. Meritai Stetus Was Dacedant of Hispanic Origin? (Specify Yas or No if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amaricen Indian, Black, White, atc. 1 Navar Married 2 Marriad 1□ Yes 2 No WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education ify only highest grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry (Specify only highest g MANUFACTURING Elemantary/Secondary (0-12) Collaga (1-4or 5+) LEVER BROS. INC. 12 NONE Factory Worker 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Adkins Walter McKenzie Sr. Agnes 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) Kevin McKenzie Achorn Bank Pasadena, MD 20b. Placa of Disposition (Nama of cematery, cremetory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 XBuriai 2 Cramation 3 Ramovel from Stata Meadowridge Memorial Park12-1-97 Elkridge, MD 5 Oyler (Specify) 21. Signatur 22 Name and Address of Facility Singleton Funeral Home, PA. 1 Second Avenue, Glen Burnie, MD 21061 to not antar the mode of dying, such as cerdiac or respiretory errest, Approximata Intarval Batw ic Cascinim lette Liver Immediata Causa (Final disaasa or condition rasulting in daath) Dua to (or as a consaquance of): Dua to (or as a consequence of): CIONCES Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was en autopsy performed? 24b. Wara autopsy findings aveilabla prior to complation of causa of death?

Physician /Medical Examiner

physician and s the buriel-transit

88

been signed by the attending should be detached for use as

pege 2

After this certificate has

To the Mospital or Attending Pt within 24 hours eftar death.

To the Funeral Director: After the completely filled in by the funera

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

by

Completed

Be

2

Certification:

Medical

Physician

/Medical

Director

Funeral

P

Completed

Be

Examiner

Funeral

Director

7 is marked other than "natural", or items 23s or 28a-f show treumstic event, the Medical Examiner must be notified at

permit. Pages 1 end 2 should be filed within 72 hours after of Department of Health and Mental Hygiena. Insportant: If Item 27 is marked other than "natural", or fren any Injury or other treumatic avant.

Baltimore, Maryland 21215-0020

with the Maryland

Sequantially list conditions, if any, leading to immadiata cause. Enter Underlying Causa (Disaasa or injury that infliated avants resulting in daath) Last

1 Yas 25. Was cesa rafarrad to medicel 28. Placa of Death (Check only ona) Othar: 4 ☐ Nursing Homa 5 € Rasidence 8 ☐ Othar (Specify) 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 5 Panding Invastigation 1 Natural 2 Accident 1 ☐ Yas 2 ☐ No 6 Could not ba datarmined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 29a. Cartifiar

(Check only 29b. Signature and title of certified

Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination englor invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)

nd address of ph

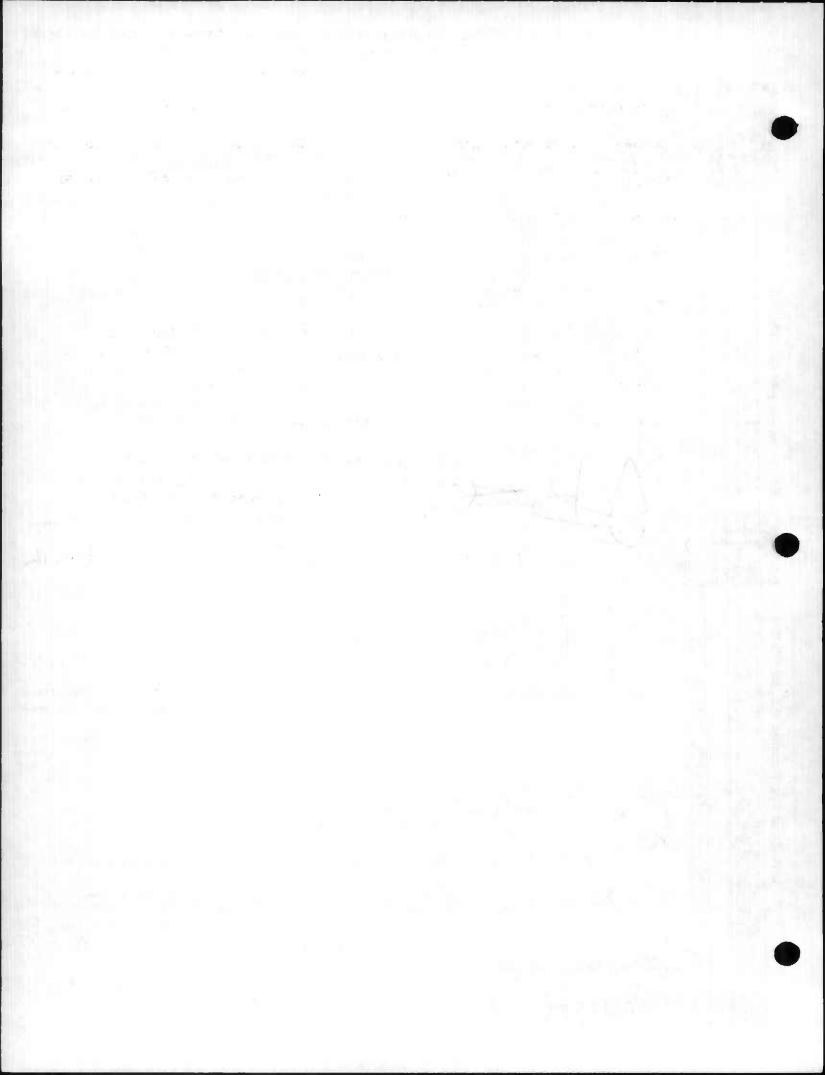
29c. Licansa number

29d. Dete signed (Month, Day, Yaer)

State

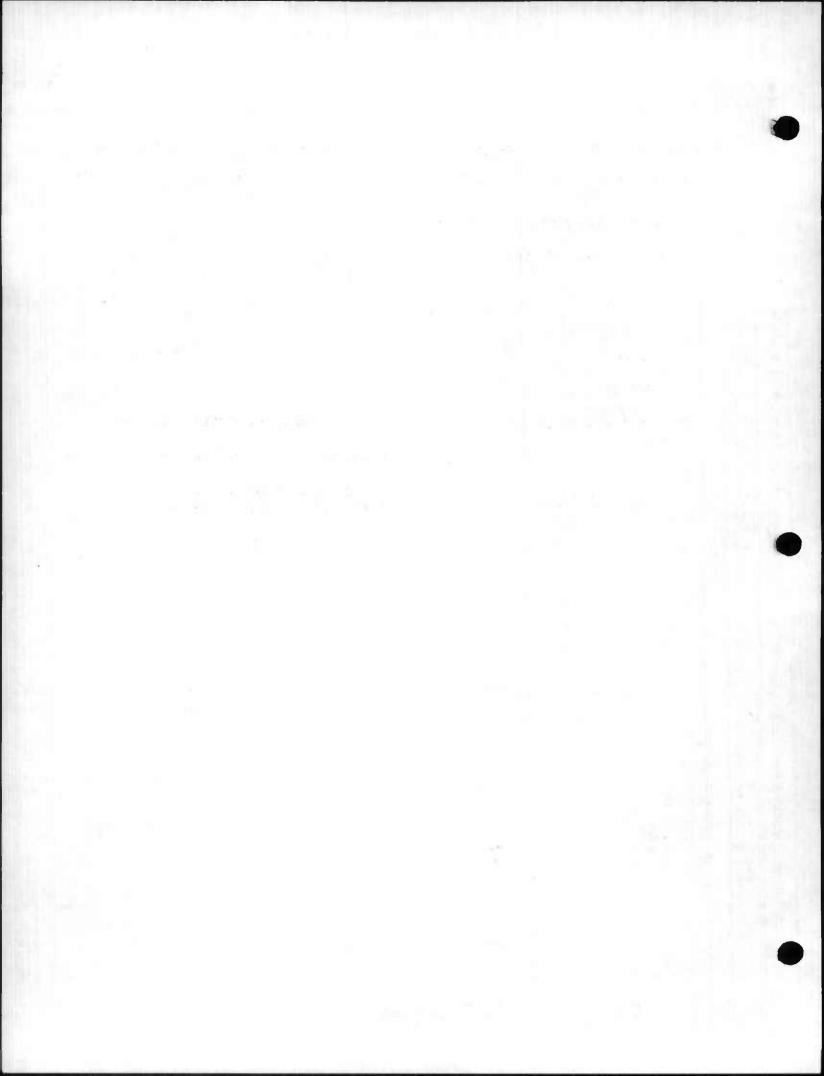
1997

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Physician NOV. 29 1997 DANIEL MCGHEE 2050 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ANNAPOLIS or If Under 24 Hrs. os Hours Min. ANNE ARUNDEL MEDICAL CENTER
Sociel Security Number 6. Sex ANNE ARUNDEL Birthplece (State or Foreign Country) (In yes, last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Yns. Director FEB. 20 1920 VIRGINIA 577-20-1628 Usual Residence of Decedent the Maryland r 28a-f show 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo MARYLAND ANNE ARUNDEL ANNAPPOLIS 10e. Streat end Numbe 10f. Zip Code 10g. Citizen of Whet Country? ral', or items 23s or Exponent next be 1735 ST. MARGARETS ROAD 21401 US Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amaricen Indian, Bleck, White, etc. 72 hours after 1 Never Married 2 Married 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: BLACK by 3 ☐ Widowed 4 X Divorced "natural", W.W.II Completed Peges 1 and 2 should be filed within 72 he nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natur ury or other traumatic event, the Medical any or other traumatic event, the Medical and the contra 16e. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retirad) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) College (1-4or 5+) 12th 0 ASPHAULT SELF EMPLOYED 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Sumame) Be ARTHUR McGHEE ROSE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Depertment of Health at Important: If Item 27 is any injury or other trau 705 H. NEWTOWN DRIVE ANNAPOLIS, MD. 21401 GWENDOLYN McGHEE (NEICE) 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State LAKEMONT CEMETERY 12/5/97 DAVIDSONVILLE, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name and Address of Fecility WM. REESE & SONS MORTUARY, P.A. Javy J. Jeese 821 WEST ST. ANNAPOLIS, MD. 21401
23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Final disease or condition rasulting in deeth) Examiner Dua to (or as e consequence of): Examiner Dutorated sician and buriel-transit VISCUS The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceusa. Enter Undarlying Ceusa (Disaasa or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consaquenca of) 98 P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 LYes 2 □ No 3 Probably 4 Unknown can cer Records. þ 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? page 2 should Completed 24e. Wes en eutopsy this certificate has 1 Yes 2 No 1 Yes 2 Ne of Vital or Attending Physician: director, Be 25. Wes cese referred to medical exeminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Certification: To funeral 27. Manner of Daath 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After Division 1 Heturel 5 Pending s efter death. investigation 1 ☐ Yes 2 ☐ No 2 Accident In by the 3 Suicide 6 Could not be determined 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Spacify) 4 Homicide Hospital within 24 hours of To the Funeral C 1 Certifying Physicien: To the bast of my knowledga, daath occurred at tha time, date and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and menner stated. Medicai 29a. Certifier completely (Check only one) the 29d. Dete signed (Month, Dey, Yaar) 29b. Signature end title of certifier 29c. License number 1033049 ala. 30. Name end eddrass of person who complated cause of deeth (Item 23e) (Type, Print) GOORidgely Ave. # 121 Anapols Md21401. A. Bernstein

State Registrar 31. Data filed (Month, Day, Year) DEC 03 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Data of Death NOV. 28 1997 2:00 am MURTEEN A. McGOWAN 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death ANNAPOLIS ANNE ARUNDEL CHESTER AVENUE If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplace (Stete or Foreign Country) Days 10 M SEKF Months Hours Yrs. 213-28-5901 76 MAY 3 1921 MARYLAND Usual Residence of Decedent 10c. City, Town or Location 10e. State 10b. County 10d. Inside City Limits 1 X Yes 2 □ No ANNAPOLIS MARYLAND ANNE ARUNDEL 10e. Streef and Number 10f. Zip Code 10g. Citizen of Whef Country? US 110 CHESTER AVENUE 21403 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ZNo
If Yes, Give
Year or Dates: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☑ Divorced BLACK 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grede complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) TEACHER BALTIMORE SCHOOL SYSTEM 12th 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Surneme) BLANCHE L. MOORE JOHN McGOWAN, SR. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 702 F. NEWTOWN DRIVE ANNAPOLIS, MD. 21401 ELIZA MAE ROBINSON (SISTER) 20b. Place of Disposition (Neme of cometery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State ANNAPOLIS MEM. GARDENS 12/3/97 ANNAPOLIS, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Ucenses 22. Name and Address of Facility WM. REESE & SONS MORTUARY, P.A. 23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. a Approximate Interval Batween Onset end Death Immadiata Cause (Final disease or condition resulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Dua to (or a a consequence of) Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings avelleble prior to completion of cause of death? 24a. Was an autopsy MIA 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Othar: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending Investigation 2 Accident 1 Yes 2 No 3 ☐ Suicide

Examiner -transit that the death certificate be executed and physician a s the burial-t Box 68760. Physician/Medical as attending p P.O. signed I Records, by Completed page 2 s certificate Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifical etely filled in by the funeral director, Be Certification: To

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

Funerai

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

the Maryland

filed within 72 hours after death

marked other than

Pages 1 and 2 should be fill ment of Health and Mental Hant: If item 27 is marked oth jury or other traumatic even

permit. Page Department of Important: If any Injury or once.

Physician

/Medical Examiner

Baltimore, Maryland 21215-0020

6 Could not be determined

28e. Plece of Injury - Af home, farm, street, factory, office building, etc. (Specify)

1 Certifying Physician: To tha best of my knowledge, death occurrad at the time, date and place, and due to the cause(s) and mannar as stated.

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) end menner stated. (Check only one) 29b. Signeture end fitte of certifier

4 Homicida

29a. Certifier

cal

State

Registrar

29c. License number

1419 Forest Drive Suite

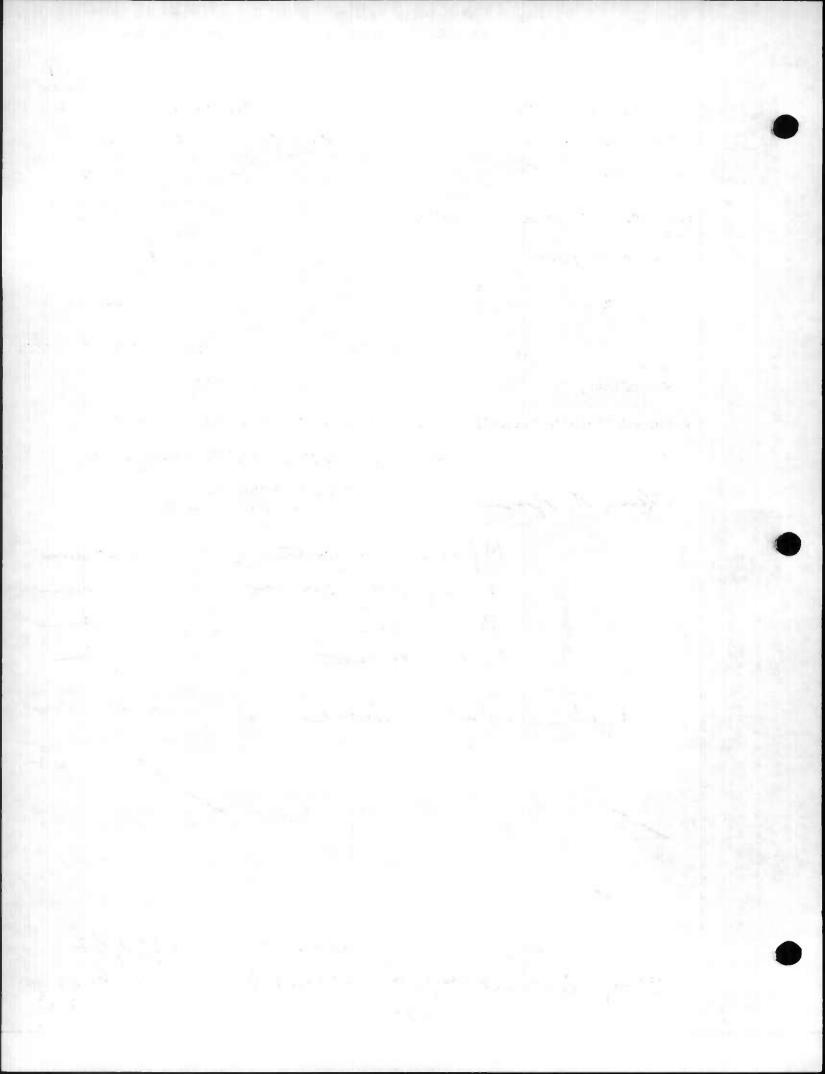
29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed causa of death (Itam 23a) (Type, Print)

phr MD Brown Moth

31. Date filed (Month, Day, Year) DEC 0 3 1997 32. Ragistrar's Signatura ulia Davidson 202 An- np. 1. mg

To the Hosp within 24 ho To the Fune completely f



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Dacedent's Name (First, Middle, Last) 2. Data of Death Day Month Lucille Harman December 1 1997 5:45AM 4a. Facility Nama (If not institution, giva streat and number) 4b City, Town, or Location of Death 4c. County of Death Annapolis Nursing & Rehab Center Annapolis Anne Arundel 5. Social Security Number If Under 1 Yaar If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Days 1 M 2 XF Yrs. 214-05-0053 April 11 1912 Maryland Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐No MD Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 112 S. Cherry Grove Avenue 21401 United States 12. Was Decedent Ever In U.S. Armed Forces? 13. Was Decadent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Dates: 1 □ Never Marriad 2 □ Married 1 ☐ Yes 2 ☑ No Specify: Specify 3 ₩idowed 4 Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) States Attorney 12 Secretary Office 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Clarice Trott Harman 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Powell J. Musterman, Jr. (Son) 112 S. Cherry Grove Ave. Annapolis, Maryland 21401 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete Ft. Lincoln Crematory 12/4/97 □ Donation 5 □ Other (Specify) Brentwood, Maryland John M. Taylor Funeral Home, Inc. ature of Funeral Service Lit 147 Duke of Gloucester St. Annapolis, MD 21401 complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. Part Enter the disease, of complication shock, or heart failure. List only one can Immediate Cause (Final Due to (or as a consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

29c. Licanse number

Physician /Medical Examiner

tha

been signed by should be dated

paga 2 cartificate

director.

in by t

this. the funaral

Aftar

death.

s efter death

within 24 hours e To the Funerel (complately filled Hospital

The law requires that the death certificate be execu

68760

Box

P.O.

Records,

of Vital

Division

or Attending Physician:

ŝ

Physician

/Medical

Examiner

10a State

Funeral

Director

"naturel", or items 23a or 28a-f show

Director

Funeral

Completed by

Be

tha Maryland

death

filed within 72 hours efter

Pegas 1 end 2 should be 1 nent of Haalth and Mental

nt of Haalth and: If Item 27 is no other traur

permit. Pega Depertment of Important: If any Injury or once.

altimore, Maryland 21215-0020

disease or condition resulting in death) Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Physician/Medical Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. by Completed 24a. Was an autopsy performed? 1 Yes 2 No 25. Was case referred to medical Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ursing Home 5 Residence 6 Other (Specify) P 1 ☐ Yes 2 No 27. Menner of Deeth Certification: Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Neturel 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

24b. Were autopsy findings available prior to completion of cause of deeth? 1 ☐ Yas 2 ☐ No 28f. Location (Street and Number or Rural Route Number, City or Town, State) Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and placa, and dua to tha cause(s) and manner as stated.

2 Medical Exeminer: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated.

29d. Date sigped (Month, Day, Year)

State Registrar

edicai

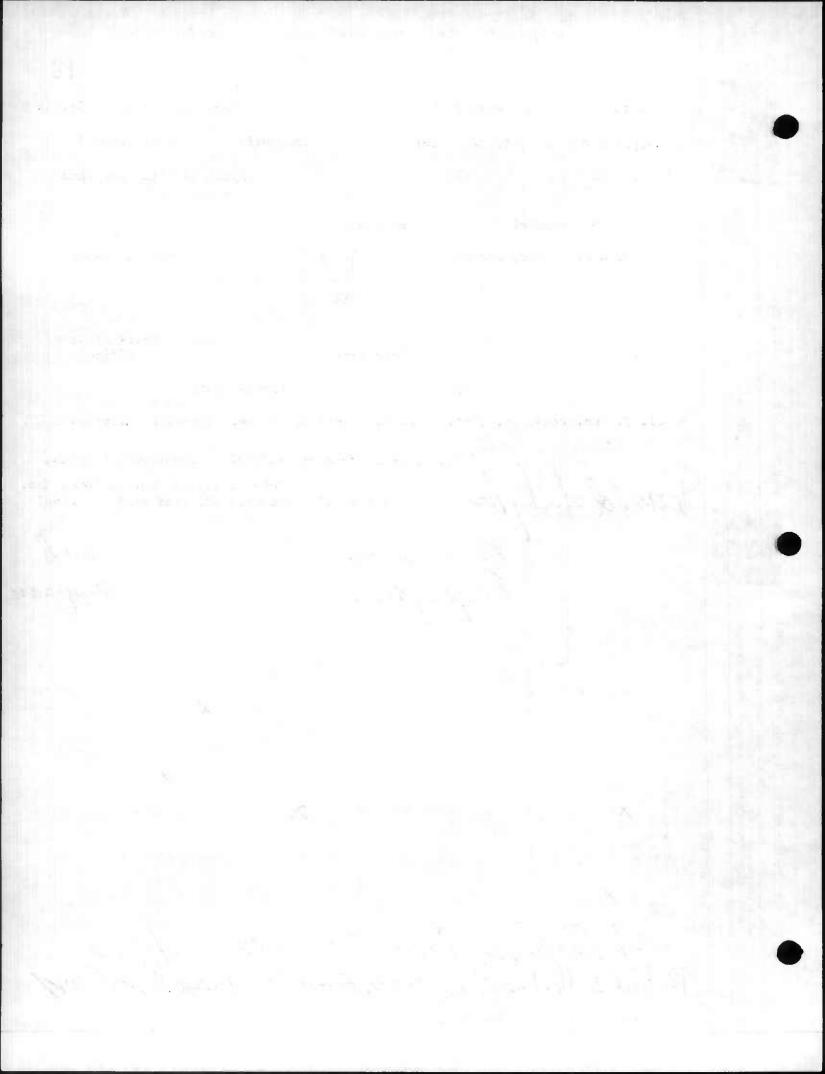
29a. Certifier (Check only one)

29b. Signature

30. Name and addre

DEC 04 1997

cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Death DMonth **Physician** NELSON MATTHEWS 16:1 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deat 4a. Facility Nama (If not institution, give street end number) **Examiner** ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Undar 1 Yaar | If Undar 24 Hrs. Months | Days | Hours | Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) 6. Sax 8. Dete of Birth (Month, Day, Year) **Funeral** M 2□ F Yrs **Director** 219-16-0373 70 FEB. 3 1927 MARYLAND Usual Rasidance of Decedant with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or itema 23a or 28a-f show other trsumetic event, the Medical Examiner risual be notified at N☐ Yas 2 No Directo MARYLAND ANNE ARUNDEL ANNAPOLIS 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours effer death v Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or itema 23a once. 1815 ROBERTSMALL ROAD 21401 Funeral US 12. Was Decedent Ever in U,S. Armed Forces? Rece - American Indien, Black, Whita, atc. Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status 1 Never Marriad 2 X Married 1 □Yas 2 □ No If Yes, Giva Year or Datas: 1950-56 altimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: by 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12th 0 HEAVY EQUIPMENT OPERATOR BALTO. GAS & ELECTRIC 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumame) FRANK MATTHEWS SADIE LANE 19a. tnformant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 1815 ROBERTSMALL RD. ANNAPOLIS, MD. 21401 EARNESTEEN MATTHEWS (WIFE) 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, State Data 1 ☑ Buriel 2 ☐ Cramation 3 ☐ Ramovel from Stata 4 □ Donation 5 □ Othar (Spacify) MARYLAND VETERAN CEMETERY 12/9/97 CROWNSVILLE, MD. 21. Signature of Funarai Sarvice Licensee 22. Neme end Address of Fecility WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on each line. Approximate intarval Between Onset and Death **Physician** /Medical tmmediata Causa (Final diseasa or condition resulting in death) **Examiner** Examiner physician and the buriel-transit Sequantielly list conditions, if any, leeding to immadiata cause. Enter Underlying Cause (Disaese or Injury that initieted events resulting in daeth) Last Box 68760 Physician/Medical Due to (or as a consequance of): 980 lor signed by the e Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. Division of Vital Records, P.O. 23b. Dfd tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of cause of death? 24e. Wes en autopsy performed? Completed pege 2 s 1 Yas 2 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: after death. Director: After this certifica 25. Was casa raferred to medical examinar? funeral director, Be 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Yas 2 No Certification: To 1 Inpatiant 2 SER/Outpetient 3 DOA 28e. Data of Injury (Month, Day Year) 27. Manper of Deeth 28d. Dascribe how injury occurred 28b. Time of 28c. fnjury at Work? 1 Netural 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accidant 8 Could not be datarmined 3 Suicide To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 4 Homicida 1 Certifying Phyelctan: To tha best of my knowledga, daeth occurred at tha tima, dete and plece, and due to tha cause(s) end mannar es steted.

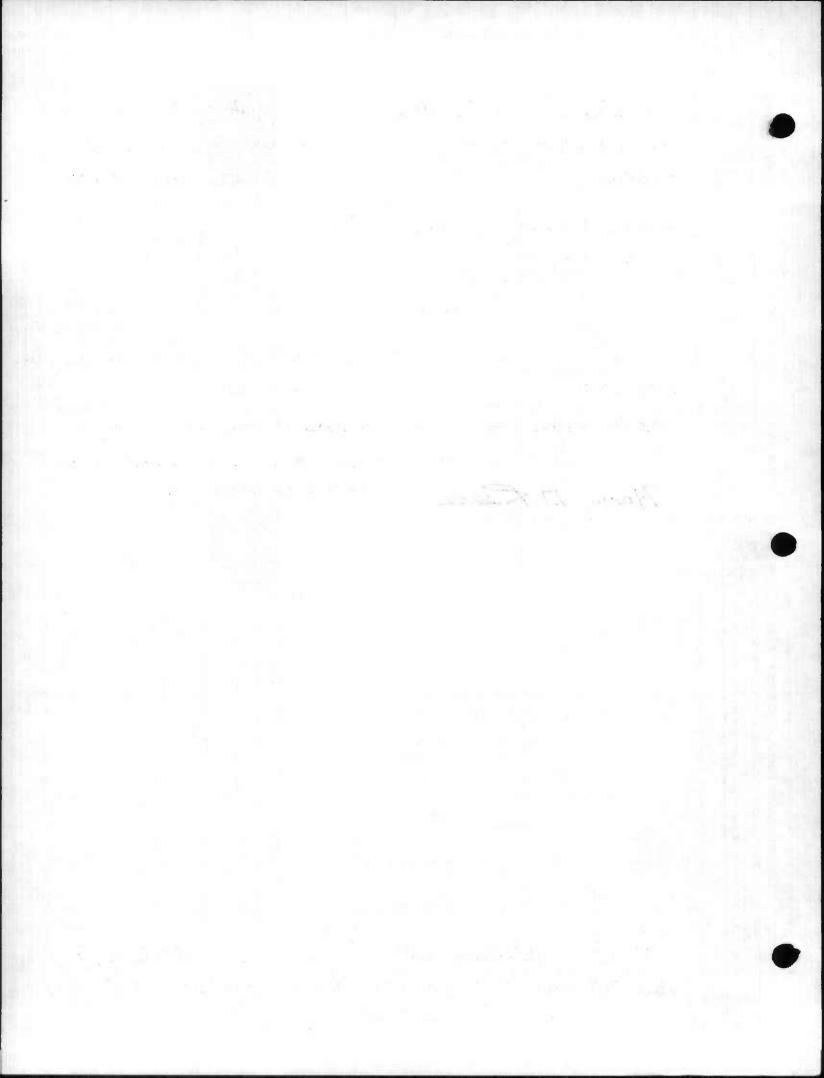
2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and menner stated. 29e. Certifiar Medical 29b Signature and title of certifia 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and addrass of person who complated causa of daath (Itam 23a) (Type, Print) D 2003 MEDICAL
32. Registrer's Signatura F. VERKOUW, MD

State Registrar 31. Deta filed (Month, Day, Year)

DEC 05

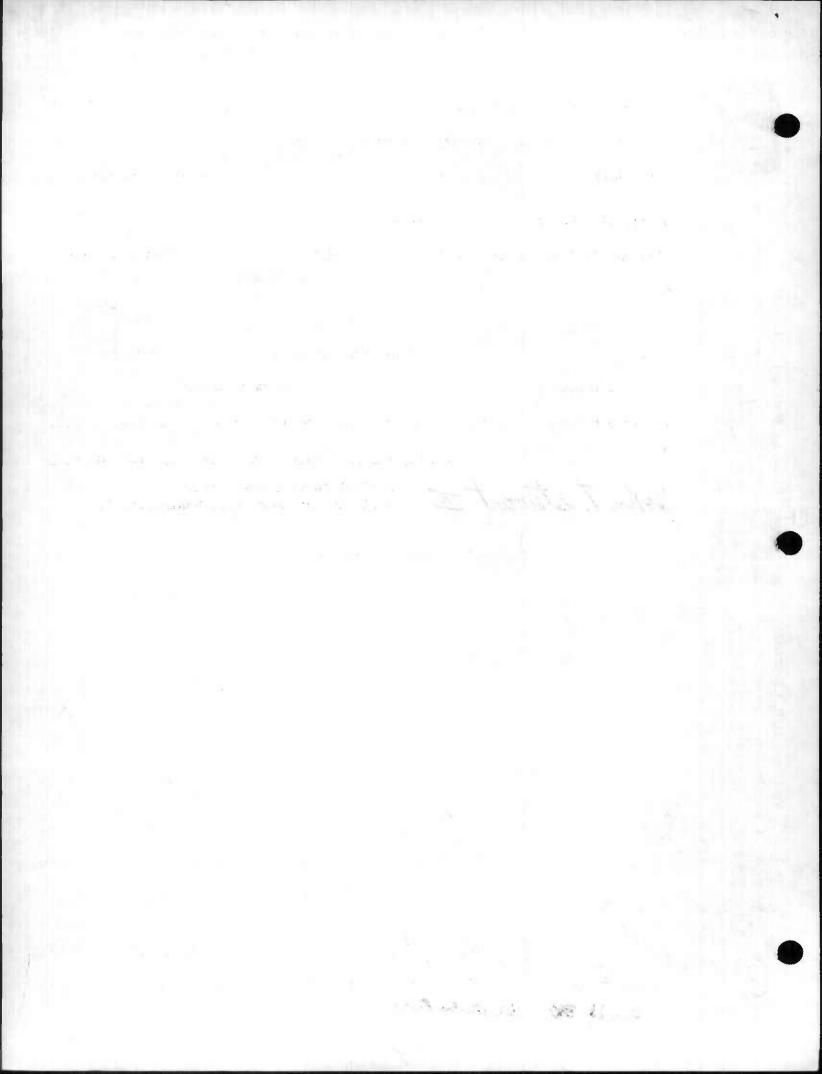
1997

wha Davidson



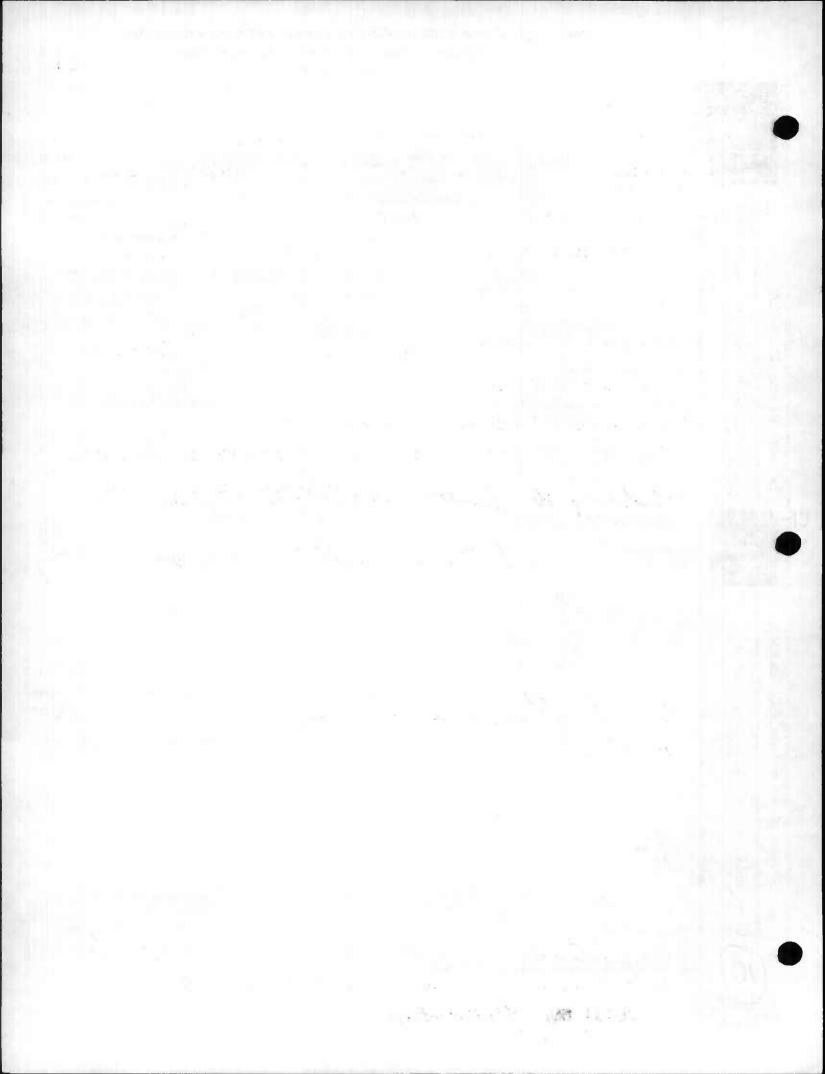
-1-		Decedent's Name (First, Mid					765		Death		te of Death	Day	Yeer	3. Time of De
cian lical	1 JOHN //			DOWELL						DEC	Month Day Yeer 06:19 DECEMBER 05 1797 Location of Deeth 4c. County of Deeth			
ner	48	PRINCE				1771	CENTER	2	CHEVE		OI Deeth			100-5
	5.	Social Security Number	6. Sex		_	n yrs. last bi		nder 1 Year			te of Birth onth, Dey, Y			ORGES
		577-94-3277 sual Residence of Decedent	1 🔯	M 2□ F		32	Yrs. Mont	hs Deys	Hours 1		onth, Dey, Y			ace (State or Forly) ngton,_D.
		Da. State 10b. Coun	ity		10	Oc. City, Tow	n or Location						10	d. Inside City L
to		District of Co	olumbi	a		Ţ	Washing	ton						1 ☑ Yes 2 [
ire	10	De. Street end Number					10f.	ZIp Code			10g	. Citizen of V	What Count	ry?
ai		2022 Marylan	d Avi	nue, l	N. E.	, #3		200	002			Unit	ed Sta	ates
by Funeral Director	•	Marital Stetus Never Married 2	arried	2. Was Dec Armed F 1 ☐ Yes If Yes, G Year or I	orces? 2 No live	or in U,S.		ecedent of specify Cul	Hispanic Orlgin ban, Mexicen, P Specify:	? (Specify Yeuerto Ricen,	es or No- etc.)		e - America ck, White, e	
Completed		15. Decede (Specify only high	ent's Educ	etion completed	1)	188	. Decedent's U	Isual Occu	pation during most of	working	16	b. Kind of Bu	usiness/Indi	ustry
nple		Elementary/Secondary (0-12)			(1-4or 5+)		iife. DO NO	Tuse retire	ed)	Working				
		12 7. Father's Name (First, Middle	n (ant)			1	Plaster	ing,	Drywall		A 61 - 44 - 4 - 4 -		ivate	
Be				1					18. Mother's	nette			10)	
10		John E. McD 9a. Informent's Name/Relation				101	Afailing Adds	race (Strae	t end Number o			-	Ctata Tin	Code
		Jeanette McD			other				Avenue					20
	20	Da. Method of Disposition	Ower				of Disposition (Date		c. Location -		
		1 Burial 2 □ Cremation 4 □ Donation 5 □ Other		moval from	State		ny Memo			12/11	197	Landor	ior 1	Maryland
	2	Signature of Euneral Service		9		narmo	_		ess of Facility	12/11	-/ 3 /	Lando	er, r	arytano
		10.0 T	07	-	+	-			FUNERAL	HOME,	Inc.			
		SHOCK, OF HEART failure. Lis	St Only One	e cause on		00000	HOL BILLDI (110 I	node of dy	ing, such as cer	diac or respi	latory arrest	τ,		Approximete
Г	di	nmediate Cause (Finel isease or condition sulting in deeth)	a.		GOSTI	NE H	EART F	-AILUI	ing, such as cer	alac or respi	ratory arres	τ,		Interval Betwee Onset and Deal
ner	re	isease or condition	a.		GOSTI	NE H		-AILUI		alac or respi	alory arres	t.		Interval Betwee
Examiner	di re	sease or condition soulting in deeth)	a.		GOSTI	1E H e to (or es a	EART F	AILUI		diac or respi	atory arres	t,		Interval Betwee
ledical Examiner	Sif co	isease or condition	a. b. c.		GGST) Du	VE H e to (or es a e to (or as a	EART F	FAILUI		diac of respi	atory arres	t,		Interval Betwee
edical	Sif co	isease or condition asulting in deeth) equentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or Injury let initieted events	a. b. c. d.		GGST) Du	VE H e to (or es a e to (or as a	EART F	FAILUI		diac of respi	atory arres	t,		Interval Betwee
ledical Examiner	Sif co	isease or condition asulting in deeth) equentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or Injury let initieted events		CON	Due	VE He to (or es a e to (or as a e to (or as a	EART F consequence consequence	FAIL U	RE					Interval Betwee
Physiclan/Medical Examiner	Si if con Charles	isease or condition sculting in deeth) equentially list conditions, any, leeding to immediate suse. Enter Underlying ause (Disease or Injury let initieted events sculting in death) Last		CON	Due	VE He to (or es a e to (or as a e to (or as a	EART F consequence consequence	FAIL U	RE		3b. Did tobe			Interval Betwee Onset and Deal
by Physiclan/Medical Examiner	di re	isease or condition sculting in deeth) equentially list conditions, any, leeding to immediate suse. Enter Underlying ause (Disease or Injury let initieted events sculting in death) Last		CON	Due	VE He to (or es a e to (or as a e to (or as a	EART F consequence consequence	FAIL U	RE	2:	3b. Did tobe	Rcco use con 2□ No autopsy	ntribute to 3 Prob	Interval Betwee Onset and Deal
by Physician/Medical	di re	isease or condition sculting in deeth) equentially list conditions, any, leeding to immediate suse. Enter Underlying ause (Disease or Injury let initieted events sculting in death) Last		CON	Due	VE He to (or es a e to (or as a e to (or as a	EART F consequence consequence	FAIL U	RE	2:	3b. Did tobe 1 □ Yes	Rcco use con 2□ No autopsy	ntribute to 3 Proba 24b. Wei ava com of d	the cause of deably 4 Universe autopsy findilable prior to piletion of cause
Be Completed by Physician/Medical Examiner	Si i cec C thh re	isease or condition sculting in deeth) equentially list conditions, any, leeding to immediate suse. Enter Underlying ause (Disease or Injury let initieted events sculting in death) Last	tions cont	CON	Due	VE He to (or es a e to (or as a e to (or as a	EART F consequence consequence	FAIL UI	iven in Part I.	24	3b. Did tobs 1 Yes 3a. Was an a performe 1 Yes	acco use con 2 □ No sutopsy d?	ntribute to 3 Proba 24b. Wei ava com of d	the cause of dealing and bear and bear and bear and bear ably 4 University and bear
To Be Completed by Physician/Medical	Siff cee CC th	isease or condition soulting in deeth) equentially list conditions, any, leeding to immediate suse. Enter Underlying ause (Disease or Injury let initieted events soulting in death) Last art II. Other significant condit	tions cont	CON	Due Due Due Due Due Due Due Due	VE Use to (or es a es to (or as a es to (or as a est of resulting is	EART F consequence of consequence of in the underlyin	DOA Of	iven in Part I. 28. Place of ther: 4 \(\text{Nursin} \)	24 Death (Checking Home 5	3b. Did tobe 1 Yes 3a. Was an a performe 1 Yes ck only one)	autopsy 2 No 2 No 2 No 2 No 2 No	ntribute to 3 Probe 24b. Wei avai corr of d 1 1	the cause of deably 4 Unit re autopsy findifilable prior to ppletion of causeath?
To Be Completed by Physician/Medical Examiner	Siff cee CC th	equentially list conditions, any, leeding to immediate ause. [Disease or injury let initiated events sultling in death) Last art II. Other significant conditions, and the conditions are conditionally let initiated events soluting in death) Last art II. Other significant conditions are conditionally let initiate and the conditions are conditionally let in the condition are conditionally let in the co	tions cont	CON ributing to coppital:	Due Due Due Due Due Due Due Due	VE He to (or es a e to (or as a e to (or a) e to (consequence of consequence of the consequence of th	DOA Of 28c. Injude	28. Place of ther: 4 \(\text{Nursir} \) Nursir	24 Death (Checking Home 5	3b. Did tobe 1 Yes 3a. Was an a performe 1 Yes ck only one)	acco use cod 2□ No autopsy d? 2 No	ntribute to 3 Probe 24b. Wei avai corr of d 1 1	the cause of deably 4 United to the cause of deable prior to a united to the cause of the c
To Be Completed by Physician/Medical Examiner	Siff cee CC th	equentially list conditions, any, leading to immediate susse. Enter Underlying ause. Closease or Injury let initiated events suiting in death) Last art II. Other significant conditions art II. Other significant conditions are sufficient to medic examiner? 12 Yes 2 No 7 Manner of Death 1 Naturel 5 Pend 2 Accident inves 3 Suicide 6 Coulc	tions cont	con contributing to contributi	Due Due Due Due Due Due Due Due	VE Use to (or as a set to (or a set to (o	consequence of consequence of the underlying the underlying ultratient 3 Time of	DOA OF 28c. Inju	28. Place of ther: 4 Nursing at the part of the part o	Death (Checking Home 5 28d. Do	3b. Did tobe 1 Yes 3a. Was an a performe 1 Yes 3b. Did tobe 1 Yes 3c. Only one) Residence 2 scribe how	acco use con 2 No autopsy d? 2 No ce 8 Oth Injury occurr	antribute to 3 Probe 24b. Wer ava com of d 1 Green (Specify), red	the cause of deably 4 United to the cause of deable prior to a united to the cause of the c
Certification: To Be Completed by Physician/Medical Examiner	Si di ce Chine Per 25	equentially list conditions, any, leading to immediate suse. Enter Underlying ause (Disease or Injury let inhieled events sulting in death) Last 5. Was case referred to medic examiner? 1 Yes 2 No 7. Manner of Death 1 Naturel 5 Pend inves 3 Suicide 6 Could deter 9a. Certifier 1 Certify 9a. Certifier 1 Certify	tions cont	con Norther: On the best of the property of th	Due Due Due Due Due Due Due Due	e to (or as a to (consequence of consequence of consequence of consequence of the conseq	DOA O	28. Place of ther: 4 Nursing at the part of the part o	Death (Checking Home 5 28d. Do	3b. Did tobe 1 Yes ia, Was an aperforme 1 Yes ck only one) Residence escribe how cation (Streety or Town, See to the cause	acco use con 2 No autopsy d? 2 No ce 8 Oth Injury occur et end Numb Stete)	anner as ste	the cause of dealers and Deale
To Be Completed by Physician/Medical Examiner	Siff cee Charles	equentially list conditions, any, leeding to immediate suse. Enter Underlying ause (Disease of Injury let initiated events southing in death) Last art II. Other significant conditions are in the least of the leas	tions cont	con Norther: On the best of the property of th	Due Due Due Due Due Due Due Due	e to (or as a to (consequence of consequence of consequence of consequence of the conseq	DOA Of 28c. Inju Word, in my	28. Place of ther: 4 Nursir liny at link?	Death (Checking Home 5 28d. Do	3b. Did tobe 1 Yes 3a. Was an a performe 1 Yes 3b. Did tobe 1 Yes 3c. only one) Residence escribe how cation (Streety or Town, 3) a to the cause time, date	acco use con 2 No autopsy d? 2 No ce 8 Oth Injury occur et end Numb Stete)	ntribute to 3 Prob 24b. We ava com of d 1 er (Specify, red anner as ste and due to	the cause of deably 4 Universe autopsy findiliable prior to appletion of causeath? Yes 2 No
edical Certification: To Be Completed by Physician/Medical Examiner	Siff cec the re	equentially list conditions, any, leeding to immediate ause. (Disease of Injury let initiated events southing in death) Last art II. Other significant conditions, any, leeding to immediate ause. (Disease of Injury let initiated events southing in death) Last art II. Other significant conditions are invested as a condition of the condition of	tions cont	con not be considered as a constant of the con	Due Due Due Due Due Due Due Due	e to (or as a e	consequence of consequence of consequence of consequence of the conseq	DOA Of 28c. Inju Word, in my	28. Place of ther: 4 Nursir lary at lark? Yes 2 No	Death (Checking Home 5 28d. Do	3b. Did tobe 1 Yes 3a. Was an a performe 1 Yes 3b. Did tobe 1 Yes 3b. Did tobe 1 Yes 3c. only one) Residence 29d	acco use con 2 No autopsy d? 2 No ce 8 Oth Injury occur et end Numb Stete) se(s) and ma	anner as steamd due to	the cause of deably 4 Universe autopsy findiliable prior to appletion of causeath? Yes 2 No

DHMH 16 Rav 6/95



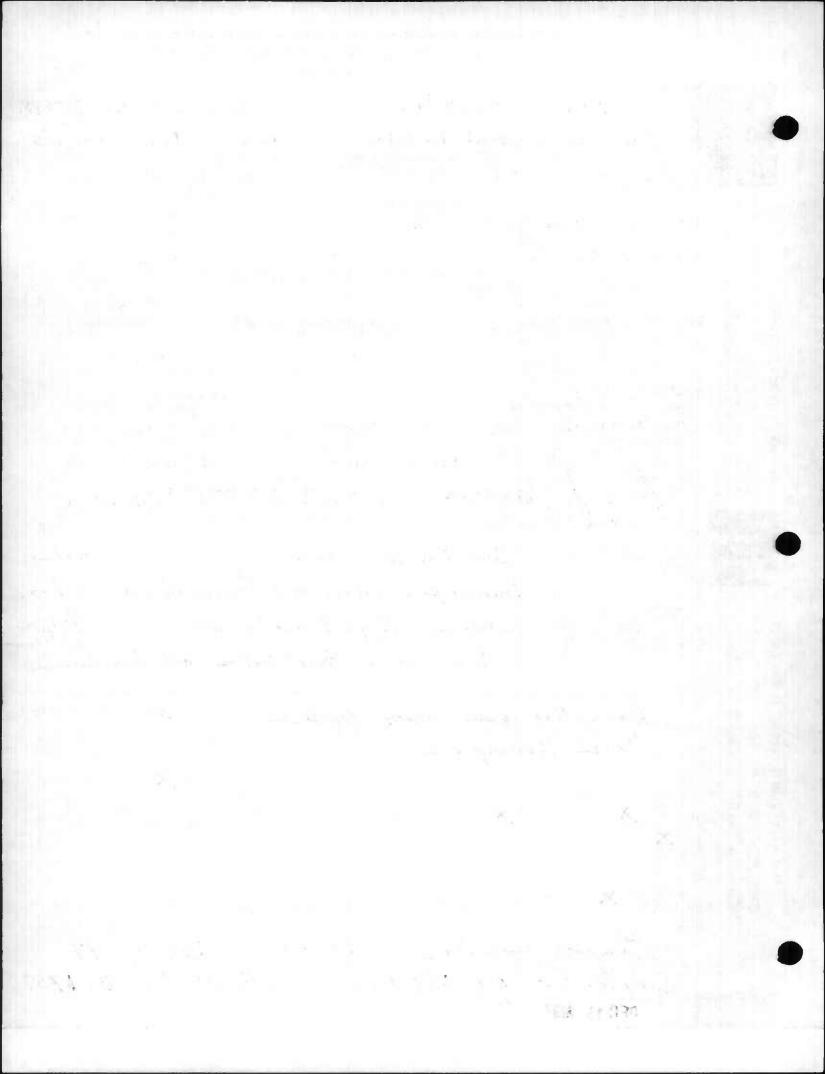
State of Maryland / Department of Health and Mental Hygiene

9-42-4944 I Residence of Decedent Stata 10b. County Md. Street and Number 807 59th arital Status Never Married 2 Merried Widowed 4 Divorced 15. Decedent's 1 (Specify only highast g mentery/Secondery (0-12) 12th ather's Name (First, Middle, Las William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition S Burial 2 Crametion 3 Donetion 5 Other (Specing of the County of Specing of Spec	Avenue 12. Was Decedant Evarmed Forces? 1 Wes, Give 1 Yes, Give 1 Yes, Give 1 Yes, Give 1 Yes ar or Dates: 12. Was Decedant Evarmed Forces? 1 Wes, Give 1 Yes, G	(In yrs. last bin 4 10c. City, Town I var in U,S. 3 - ' 55 16e.) T1 20b. Plece of cemeler Ft. I	thday) If Un Monti In or Location Fairmo 10f. 13. Was De If Yas, s 1 Yes Decedent's U (Give kind of life. Do No. Cuck I Disposition (if y, premetory company of lincol 22. Name H. S 492	Dunt Zip Code 2 Codent of H Specify Cube S Z No Codent of H S No Codent of H S H No Codent of Codent S S S H S S S S S S S S S S S S S S S S	0743 ilispanic Origin? (son, Mexican, Pual Specify: etion during most of words) 18. Mother's Ne	s. 8. Dete of Bis. 5/4/3 Specify Yas or Noto Rican, etc.) orking me (First, Middle Cene Determal Route Number Vene Determate Number Vene Determate Son Note Note Number Vene Determate Number Vene Number	Dey 7,1997 h 4c. County Prin th at Year) 10g. Citizen of V U.S 14. Race Blace Specify 16b. Kind of Bi P.G. C. GOVe n, Maiden Suman eal per, City or Town, 20c. Location Brentw	9. Birthplece (State or Foreign Country) Maryland 10d. Inside City Limits 112Yas 2 10 No Whet Country? A.
acility Name (If not institution, grince George Colal Security Number 9-42-4944 I Residence of Decedent Stata 10b. County Md. Street and Number 807 59th arital Status Never Married 2 Merried Widowed 4 Divorced 15. Decedent's (Specify only highast green only	P.G. AVENUE 12. Was Decedant Evarmed Forces? 13. Yes 2 0 No If Yes, Give 1 5 0 No If Yes, G	(In yrs. last bin 4 10c. City, Town I var in U,S. 3 - ' 55 16e.) T1 20b. Plece of cemeler Ft. I	thday) If Un Monti In or Location Fairmo 10f. 13. Was De If Yas, s 1 Yes Decedent's U (Give kind of life. Do No. Cuck I Disposition (if y, premetory company of lincol 22. Name H. S 492	Dunt Zip Code 2 Codent of H Specify Cube S Z No Codent of H S No Codent of H S H No Codent of Codent S S S H S S S S S S S S S S S S S S S S	Cheve: If Undar 24 Hrs. Hours Min Hgts. 0743 Ilispanic Origin? (sen, Mexican, Puer Specify: etion during most of we fill the fill th	Specify Yas or Note of Rican, etc.)	10g. Citizen of V U.S 14. Rac Blac Specify 16b. Kind of Bu P.G. C. GOVE Maiden Suman eal Per, City or Town, 20c. Location Brentw	of Death Ce George's 9. Birthplece (State or Foreign Country) Maryland 10d. Inside City Limits 1 Tayas 2 Tho Whet Country? A. A. A. Black Usinass/Industry Ounty rnment Tee) Stete, Zip Code) City or Town, Stata Ood, Md.
rince George clal Security Number 9-42-4944 Residence of Decedent Stata 10b. County Md. Street and Number 807 59th arital Status Never Married 2 Merried Widowed 4 Divorced 15. Decedent's (Specify only highast g mentery/Secondery (0-12) 12th ather's Neme (First, Middle, Las William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition Donation 5 Other (Specify Information 1) Donation 5 Other (Specify Information 2) Donation 5 Other (Specify Information 3) Donation 5 Other (Specify Information 3) Donation 5 Other (Specify Information 4) Deceded to County Pert 1. Enter the disease, or conshock, or heart feiture. List only decidete Ceuse (Finel Information 4)	P.G. AVENUE 12. Was Decedant Evamed Forces? 13. Was Decedant Evamed Forces? 14. Was Decedant Evamed Forces? 15. Was Decedant	(In yrs. last bin 4 10c. City, Town I var in U,S. 3 - ' 55 16e.) T1 20b. Plece of cemeler Ft. I	thday) If Un Monti In or Location Fairmo 10f. 13. Was De If Yas, s 1 Yes Decedent's U (Give kind of life. Do No. Cuck I Disposition (if y, premetory company of lincol 22. Name H. S 492	Devs Dunt Zip Code 2 Decedent of H specify Cube s ZZ No Dunt Decedent of H specify Cube s ZZ No Dunt Dun	Hours Min Hgts. 0743 lispanic Origin? (Sepecify: etilon during most of weath) 18. Mother's Near Manual Number or Facility and Number or Facility 12/ ss of Facility hingtor	Specify Yas or Note of Rican, etc.)	Prin 10g. Citizen of V U.S 14. Rac Blac Specify 16b. Kind of Bu P.G. C. GOVE Maiden Suman eal per, City or Town, 20c. Location- Brentw	9. Birthplece (State or Foreign Country) Maryland 10d. Inside City Limits 112Yas 2 10 No Whet Country? A.
9-42-4944 I Residence of Decedent Stata 10b. County Md. Street and Number 807 59th arital Status Never Married 2 Merried Widowed 4 Divorced 15. Decedent's 1 (Specify only highast g mentery/Secondery (0-12) 12th ather's Name (First, Middle, Las William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition S Burial 2 Crametion 3 Donetion 5 Other (Specing of the County of Specing of Spec	P.G. P.G. 12. Was Decedant Evarmed Forces? 1	4 10c. City, Town I var in U,S. 3 - ' 5 5 16e.) T1 20b. Plece of cemerer Ft. I	American Month of Price Property of the Control of	Devs Dunt Zip Code 2 Decedent of H specify Cube s ZZ No Dunt Decedent of H specify Cube s ZZ No Dunt Dun	Hours Min Hgts. 0743 lispanic Origin? (san, Mexican, Pual Specify: letton during most of well 18. Mother's Ne In and Number or R 10 above m. 12/ ss of Facility hingtor	Specify Yas or Note Rican, etc.) orking me (First, Middle Cene Detural Route Number 13/97	10g. Citizen of V U.S 14. Rac Blac Specify 16b. KInd of Bu P.G. C GOVE Maiden Suman eal Per, City or Town, 20c. Location- Brentwi	Maryland 10d. Inside City Limits 1 Tayas 2 To No Whet Country? A. Be - Amarican Indian, ok, White, etc. Black usinass/Industry Ounty rnment ne) Stete, Zip Code) City or Town, Stata ood, Md.
State Md. Street and Number 807 59th arital Status Never Married 2 Merried 4 Divorced 15. Decedent's 1 General 9 Merried 15. Decedent's 1 Merried 15. Decedent's 1 Merried 15. Decedent's Name/Reletionship bra A. Boyki Method of Disposition 3 Donetion 5 Other (Specing 15 Decedent 15 Decede	P.G. Avenue 12. Was Decedant Evarmed Forces? 1	var in U,S. 3 - '55 16e.) T1 20b. Plece of cemerer Ft. I	Incolumn 10f. 13. Was De If Yes, s 1	Zip Code 2 codent of H specify Cube s ZZ No Juse 1 Occup work done of T use retired Orive as # Nema of or other pled of on Cell seed Addres S. Was S. Bu	0743 ilispanic Origin? (sen, Mexican, Pual Specify: etion during most of words) 18. Mother's Ne 11. and Number or Finance of the sen of th	me (First, Middle Cene De Cural Route Numb Ve Dete 13/97	U.S 14. Race Blace Specify 16b. Kind of Bu P.G. C. GOVE Maiden Suman eal Per, City or Town, 20c. Location- Brentween	Nhet Country? . A. De - American Indian, ck, White, etc. De Black Usinass/Industry Ounty rnment De Stete, Zip Code) City or Town, Stata Ood, Md.
Md. Street and Number 807 59th arital Status Never Married 2 Merried Widowed 4 Divorced 15. Decedent's I Street and Number (Specify only highest g smentery/Secondery (0-12) 12th ether's Neme (First, Middle, Last William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition X Burial 2 Crametion 3 Donetion 5 Other (Specing Specing Specing Specing) Pert 1. Enter the disease, or coshock, or heart feilure. List only dediete Ceuse (Finel seasor or condition	P.G. Avenue 12. Was Decedant Evarmed Forces? 1	var in U,S. 3 - '55 16e.) T1 20b. Plece of cemerer Ft. I	Incolumn 10f. 13. Was De If Yes, s 1	Zip Code 2 codent of H specify Cube s ZZ No Juse 1 Occup work done of T use retired Orive as # Nema of or other pled of on Cell seed Addres S. Was S. Bu	0743 ilispanic Origin? (sen, Mexican, Pual Specify: etion during most of words) 18. Mother's Ne 11. and Number or Finance of the sen of th	me (First, Middle Cene De Cural Route Numb Ve Dete 13/97	U.S 14. Race Blace Specify 16b. Kind of Bu P.G. C. GOVE Maiden Suman eal Per, City or Town, 20c. Location- Brentween	Nhet Country? .A. De - American Indian, ck, White, etc. De Black Usinass/Industry Ounty rnment De Stete, Zip Code) City or Town, Stata Ood, Md.
arital Status Never Married 2 Merried Widowed 4 Divorced 15. Decedent's (Specify only highast gimentery/Secondery (0-12) 12th ather's Neme (First, Middle, Last William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition Burial 2 Crametion 3 Donetion 5 Other (Specify only highast) Donetion 5 Other (Specify only highast) Pert1. Enter the disease, or coshock, or heart feiture. List only dedicte Ceuse (Finel sea or condition	12. Was Decedant Evarmed Forces? 1	var in U,S. 3 - '55 16e. T1 19b r 20b. Piece of cemeter Ft. I	Decedent's U (Give kind of life. DO NO: Cuck I Mailing Addr Same a Disposition (iy, cremetor) c 1 n C 0 1 22. Name H . S 4 9 2	Zip Code 2 codent of H specify Cube s ZZ No Just done of Tuse retired Orive as # Nema of or other pled of the codent of the codent seed and Address seed Address S. Was S. Bu	0743 ilispanic Origin? (sen, Mexican, Pual Specify: etion during most of words) 18. Mother's Ne 11. and Number or Finance of the sen of th	me (First, Middle Cene De Cural Route Numb Ve Dete 13/97	U.S 14. Race Blace Specify 16b. Kind of Bu P.G. C. GOVE Maiden Suman eal Per, City or Town, 20c. Location- Brentween	.A. See - Amarican Indian, ook, White, etc. See Black See Black See - Amarican Indian, ook, White, etc. Slack Slack Susinass/Industry Ounty rnment Stete, Zip Code) City or Town, Stata Ood, Md.
Arital Status Never Married 2 Merried 15. Decedent's 1 (Specify only highest g mentery/Secondery (0-12) 12th Sther's Neme (First, Middle, Las William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition XB Buriai 2 Crametion 3 Donetion 5 Other (Specigneture of Funarai Sarvice Lice Pert1. Enter the disease, or coshock, or heart feilure. List onleaded the condition	12. Was Decedant Evarmed Forces? 1	3-'55 16e. Tr	Decedent's U (Give kind of life. Do NO: Cuck I Mailing Addr. Same a Disposition (iy, cremetory of lincol 22. Name H. S 492	cedent of H specify Cube s ZZ No Usuel Occup work dona c T use retired Orive Sess (Street AS # Nema of or other place an Cel e end Addres S. Was S. Bu	etion during most of we stand Number or Finance of the stand of the st	me (First, Middle Cene De Cural Route Numb Ve Dete 13/97	14. Rac Blac Specify 16b. KInd of Bu P. G. C. GOVE on Maiden Suman et al. 20c. Location - Brentwice S. Co	ce - Amarican Indian, ck, White, etc. Slack usinass/Industry Ounty rnment see) Stete, Zip Code) City or Town, Stata Ood, Md.
Never Married 2 Merried Widowed 4 Divorced 15. Decedent's (Specify only highast g imentery/Secondery (0-12) 12th ether's Neme (First, Middle, Last William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition Widow of Disposition Widow of Disposition The Donetion 5 Other (Specify on the Companion of Specify or the Companion of Specify on the	Amed Forces? 1	3-'55 16e. Tr	Decedent's U (Give kind of life. Do NO: Cuck I Mailing Addr. Same a Disposition (iy, cremetory of lincol 22. Name H. S 492	S 22 No Usual Occup work dona of Tuse retired Orive Tess (Street AS # Nema of or other place	etion during most of we still the st	me (First, Middle Cene De Cural Route Numb Ve Dete 13/97	Specify 16b. Kind of Bu P.G. C. GOVe Maiden Suman cal cer, City or Town, 20c. Location- Brentw	ck, White, etc. Black usiness/Industry Ounty rnment ne) Stete, Zip Code) City or Town, Stata Ood, Md.
15. Decedent's (Specify only highest g mentery/Secondery (0-12) 12th ether's Neme (First, Middle, Les William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition Donetion 5 Other (Specigneture of Funeral Service Lice Constitution) Pert1. Enter the disease, or coshock, or heart feiture. List onleaded the Ceuse (Finel is a or condition	Education rede completed) College (1-4or 5+) arshall (Type, Print) n/Daughte: Removel from Stata city) ensee W. But	16e. Ti 19b r 20b. Piece of cemeter Ft. I	(Give kind of ife. DO NO) Cuck I Mailing Addr Same a Disposition (if y, gremetory of 1 n col 22. Name H. S 492	work done of use retired or ive	r 18. Mother's Ne In and Number or R 10 above m. 12/ ss of Facility hingtor	me (First, Middle cene De cural Route Numb Ve Dete 13/97	16b. Kind of Bu P.G. C. GOVe a, Maiden Suman eal eer, City or Town, 20c. Location- Brentw	usinass/Industry Ounty rnment ne) Stete, Zip Code) City or Town, Stata Ood, Md.
(Specify only highest greentery/Secondery (0-12) 12th ather's Neme (First, Middle, Last William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition Signature of Funarai Sarvice Lict Pert 1. Enter the disease, or coshock, or heart feilure. List onle	college (1-4or 5+) st) arshall arshall argue, Print) an/Daughte: Bernovel from State city) ensee W. But	19b r S 20b Plece of cemeter Ft. I	(Give kind of ife. DO NO) Cuck I Mailing Addr Same a Disposition (if y, gremetory of 1 n col 22. Name H. S 492	work done of use retired or ive	r 18. Mother's Ne In and Number or R 10 above m. 12/ ss of Facility hingtor	me (First, Middle cene De cural Route Numb Ve Dete 13/97	P.G. C. GOVE , Maiden Sumanne al per, City or Town, 20c. Location - Brentwees	Ounty rnment Stete, Zip Code) City or Town, Stata Ood, Md.
12th ether's Neme (First, Middle, Las William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition XI Burial 2 Crametion 3 Donetion 5 Other (Specing of Funaral Sarvice Lice) Pert1. Enter the disease, or coshock, or heart feilure. List onlessed or condition	irshall (Type, Print) In/Daughte: Removel from Stata Sity) ensee W. Bu	19b r S 20b. Plece of cemeter Ft. I	Mailing Addr Same a Disposition (i y, cremetory of incol	orive des # Nema of or other pleat in Cele e end Address Was B Bu	18. Mother's Ne In and Number or R 10 above m. 12/ ss of Facility hingtor	me (First, Middle cene De cural Route Numb Ve Dete 13/97	GOVE , Maiden Suman eal er, City or Town, 20c. Location- Brentw	rnment Stete, Zip Code) City or Town, Stata Ood, Md.
ether's Neme (First, Middle, Las William Ma William Ma Informant's Name/Reletionship bra A. Boyki Method of Disposition XI Burial 2 Crametion 3 Donetion 5 Other (Specigneture of Funaral Sarvice Lick Peril Enter the disease, or coshock, or heart feilure. List onleaded the Ceuse (Finel is a or condition	irshall (Type, Print) .n/Daughte: Removel from Stata city) ensee W. Bu	r S 20b. Piece of cemeter Ft. I	Mailing Addr	Nema of or other please. In Celes end Address B. Was S. Bu	18. Mother's Ne In and Number or F 10 abov m. 12/ ss of Facility hingtor	cene De ural Route Numb Ve Dete 13/97	eal 20c. Location - Brentw	Stete, Zip Code) City or Town, Stata
Informant's Name/Reletionship bra A. Boyki Method of Disposition Description 3 Crametion 3 Donetion 5 Other (Specing Specing S	(Type, Print) n/Daughte: Removel from Stata ify) ensee W. Bu	20b. Piece of cemeter Ft. I	Disposition (if y, cremetory of incol	Nema of or other pled in Cell of the S. Was.	and Number or R 10 above m. 12/ ss of Facility hingtor	Dete 13/97	20c. Location - Brentw	City or Town, Stata
bra A. Boyki Method of Disposition Method of Disposition Method of Disposition Donetion 5 Other (Special Special S	n/Daughte: Removel from Stata city) ensee W. But	20b. Piece of cemeter Ft. I	Disposition (if y, cremetory of incol	Nema of or other pled in Cell of the S. Was.	10 above) m. 12/ ss of Facility hingtor	Dete 13/97	20c Location - Brentw	City or Town, Stata
Method of Disposition XI Burial 2 Crametion 3 Donetion 5 Other (Specing Interpretation 1) Pert 1. Enter the disease, or coshock, or heart feilure. List onless or condition	□Removel from Stata city) ensee W. Gua	20b. Piece of cemeter Ft. I	Disposition (if y, cremetory of 1 n C o l 22. Name H . S 4 9 2	Nems of or other pled in Cells end Address Was 25 Bu	m. 12/ ss of Facility hingtor	Dete 13/97	Brentw	ood, Md.
Burial 2 Crametion 3 Donetion 5 Other (Specing Interest of Funaral Sarvice Lice) Pert 1. Enter the disease, or coshock, or heart feilure. List only ediete Ceuse (Finel is a or condition	city) ensee W= Bea	Ft. I	22. Name H.S 492	or other pled n Ce end Addres Was 5 Bu	ss of Facility hingtor	13/97	Brentw	ood, Md.
Pert1. Enter the disease, or co- shock, or heart feilure. List onl	W. Bu	he daath. Do r	H.S 492	.Wasi	hington	ı & Son	s Co.,	-
ediete Ceuse (Finel	mplications that caused the one cause on each line.	he daath. Do r				ave.,	N.E.	Inc.
entially list conditions,	b	ue to (or as a due to (or es a d						/
entially list conditions, , leeding to immediate a. Enter Underlying e (Diseese or Injury nitieted events ing in deeth) Lest		ue to (or es e c	onsequence o	of):				
	d							
Other significant conditional	contributing to death but	not resulting in	the underlying	ng cause giv	en in Pert I.		tobacco uea co Yes 2 No	ntribute to the cause of death? 3 Probably Unknown
Diabel	2					24a. Wes	en eutopsy ormed?	24b. Wara eutopsy findings available prior to completion of cause of deeth?
						10	Yes No	1 ☐ Yas 2 ☐ No
					26. Plece of De	eth (Check only	one)	
	Hospitel: Inpatient	2 ER/Ou	tpatient 3	DOA Oth	er: 4 Nursing	Home 5 Res	idence 6 Oth	er (Specify)
Naturel 5 Pending Accident Investigeti	on	Year) 28b. T				28d. Describe	how Injury occur	red
27. Manner of Deeth Nature 5 Pending Investigation 3 Sulcida 4 Homlcide 4 Homlcide 4 Homlcide 28e. Place of Injury - At home, ferm, street, fectory, office 28e. Injury - At home, ferm, street, fectory, office 28e. Injury et Work? 1 Yes 2 No 28e. Place of Injury - At home, ferm, street, fectory, office 28f. Location (Street and Number or Rubbilliding, etc. (Specify)								
	eminar: On the basis of e	xeminetion en	, deeth occurr d/or investigat	red et the tim ion, In my op	ne, dete end plec pinion, deeth occ	e, end due to the urred et the time,	ceuse(s) end me dete and plece,	enner es stated. end due to the cause(s)
	and marmer state			29c. License	e number	T	29d. Date signe	d (Mehin, Day Near)
11/1	3		2	0 =	202	2	12/	26-
ame and address of narrow who	completed cause office	oth (Item 220)	Type Drint)	1/5	05/	3	10/1	10/4/
one peares of person will				Cher	verly	Md 2	0785	ov 60
2 4 4	Anner of Deeth Naturel Naturel Naturel Naturel Naturel Naturel Naturel Necident Si Pending Investigeti Could not determine Certifier (Check only one) Signeture end title of certifier Immedical Example end address of person who	Nature Suicida Hospite Month, Dey	Hospitel: Impatient 2 ER/Out Ranger of Deeth 28a Dete of Injury 28b. To Naturel 5 Pending Investigation Suicida 6 Could not be determined 28e. Place of Injury - At home, fe Homicide 1 Certifying Physician: To the best of my knowledge (Check only one) Medical Examinar: On the basis of exemination and manner stated. Signature and title of certifier Signature and didness of person who completed cause of deeth (Item 23e) (Manner of Deeth Suicida Suicida Hospitel: Month, Dey Year Month, Dey Yea	Hospitel: Impatient 2 ER/Outpatient 3 DOA Oth	Manner of Deeth Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? Month, Dey Year 28b. Time of Injury et Work? 10 Yes 2 No 28b. Place of Injury - At home, ferm, street, fectory, office 28c. Injury et Work? 10 Yes 2 No 28b. Place of Injury - At home, ferm, street, fectory, office 28c. Injury et Work? 10 Yes 2 No 28b. Place of Injury - At home, ferm, street, fectory, office 28c. Injury et Work? 10 Yes 2 No 28b. Place of Injury - At home, ferm, street, fectory, office 28c. Place of Injury - At home, ferm, street, fectory, office 28c. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et Work? 10 Yes 2 No 28b. Place of Injury et N	Ves casa raferred to medical xaminar? Ves casa raferred to medical xaminar to be the conty of the case of o	Hospitel: Impatient 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other Nursing Home 5 Residence 10 Residence 10 Nursing Home 10 Nursing



State of Maryland / Department of Health and Mental Hygiene 7 39022

					Certificate o	f Death	Re	g. No.	00022	
Physician /Medical		1. Decedent's Neme (First, Middle, Le Viola	Mc (2. Date of Deeth Month December	Dey Ye	3. Tima of Death 2:06 P				
Examir	ner		Regional	Hos	pital	4b. City, Town, or I	rel		George's	
Funeral Director			Sex 7. Age	(In yrs. lest birt	hdey) If Under 1 Ye. Months Day		8. Dete of Birth (Month, Dey, Nov. 15		Birthplece (State or Foreig Country))klahoma	
he Marylan 28a-f show officed at	Director	10a. Stete 10b. County Maryland Prince (10e. Street and Number		Laure	1				10d. Inside City Limit	
ath with		12403 Cedarbrook	1		10f. Zip Code 207	08		U.S.A.		
72 hours after death with the Maryland natural', or items 23s or 28s-f show loss Examinet must be notified at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	12. Wes Decedent Ev Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:		13. Was Decedent of If Yes, specify C	of Hispanic Origin? (Suben, Mexicen, Puerto Specify:	pecify Yes or No- o Rican, etc.)	Bleck, W	Mericen Indien, Thite, etc.	
"natural",	Completed	15. Decadent's E (Specify only highest gro	ducation ede completed)	16e.	Decedent's Usuel Occ (Give kind of work dor lifa. DO NOT use ret	cupation ne during most of wor	king 1	6b. Kind of Busine	ess/Industry	
	ldmo	Elementary/Secondary (0-12)	Collega (1-4or 5+)			ired)				
		8 17. Father's Neme (First, Middle, Last)	<u>H</u>	omemaker	18. Mother's Nan	ne (First, Middle, M	Own Ho	me	
should be filed and Mental Hygi marked other matic event,	To Be	Oliver Gilley					Ballard			
Hand 2 should Hasith and Mer In 27 is marke other traumatic	-	19e. Informant's Name/Reletionship (Type, Print)	19b.	Mailing Address (Stre				a, Zip Code)	
permit. Pages 1 a Department of He Important: If Item any injury or other ance.		Mary J. McClellan 20a. Method of Disposition 1 Burial 2 Cremation 3 S 4 Donaylon 5 Other (Special 21. Signature of Fundant Servine Lices	Removel from State	20b. Place of cameter)	403 Cedarb Disposition (Neme of a cremetory or other p	nlece)	Dete 2 2/13/97 I	Patmos, A	or Town, Stete	
Physician /Medical Examiner		23a. Fart. Enter the disease, or commonly list only Immediate Ceuse (Finel disease or condition resulting in daeth)			4/39 Balt	imore Aver lying, such es cardiec	iue. Hvat	tsville.	MD 20781 Approximeta Interval Between Onset end Deeth	
h certificata be axecuted anding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury that initieted evants resulting in deeth) Lest	c. Chro	e to (or es e co	icardium onsequence of): Hyphe onsequence of): Time J	tension	and		40 yr	
law requires that the death o as been signed by the attenc a 2 should be detached for us	Completed by Physician	Pert II. Other eignificant conditions of			1	given In Pert I.	23b. Did tot		ute to the cause of deat	
aw requires that is been signed 2 should be detailed		þ	Yeart ?	Cule sis Vro sep	ni	The Hay		24a. Was an perform		b. Wara autopsy findings eveileble prior to completion of cause of deeth?
0 - 2							1 □ Ye	2 No	1 ☐ Yes 2 ☐ No	
certificata	Be (25. Wes case referred to medical examiner?				26. Piece of Dee	th (Check only one)		
Jing Phys	itlon: To	1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending 2 Accident Investigation	Hospitel: 1 Inpatient 28e. Date of Injury (Month, Dey Y	28b. Ti	me of 28c. In W		ome 5 Resider 28d. Describe hov		Specify)	
1 th 0	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury building, etc. (- At home, fari (Specify)	m, street, factory, office	ea	28f. Location (Str. City or Town,		Rurel Route Number,	
within 24 hours a	edical	29a. Certifier (Check only one) Cartifying Ph	yelclan: To the best of r ninar: On the basis of ex end manner state	cemination end	deeth occurred et the for Investigetion, in my	tima, data and place, y opinion, deeth occur	end due to the cer red at tha tima, da	use(s) end manna te and place, end	r as stated. due to tha causa(s)	
To the troop of th	M	29b. Signeture and title of certifier	Ana b		29c. Lice	nse number	5	d. Date signed (M		
Sta	te	30. Nama and eddrass of parson was A Y W J O 31. Date filad (Month, Day, Year)	complated cause of dael Nes M 37 Ragistar's	th (Itam 23a) (1	ype, Pynt), f. tsea	Dr Be	1/2 ville	ec. 8, Nd 20	705-175	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

		1. Decedent's Neme (First, Middle, Last)	ertificate of Death		Reg. No.	
Physicia /Medica		EDWARD MUBLEY.		2. Dete of De Month		3. Time of Deeth
Medic kamin		4e. Fecility Neme (If not institution, give street end number)		or Location of Deeth	4c. County of	Deeth
		Cradyspellman specialty to 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey	OSPITAL CW	e Date of Bir		100 GE0296
neral ector		260-05-1477 PSM 2□ F 89 Yrs.	Months Deys Hours M		, 1908	Birthplece (State or Foreign Country) Ridge Spring,
10		Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or L	ocation			10d. Inside City Limits
Fied	tor	Maryland Prince George Laure	e1			1 Yes 2 No
at be no	ai Director	10e. Street end Number 9605 Muirkirk Road	10f. Zip Code 20708		10g. Citizen of Wh	net Country?
il, or items 23a or 28a-f ahow		11. Marital Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:	Wes Decedent of Hispenic Origin? If Yes, specify Cuben, Mexican, Pur 1 ☐ Yes 2♥No Specify:	(Specify Yes or No erto Rican, etc.)	14. Rece- Bleck, Specify:	American Indien, White, etc. Black
edical Exa	eted	15. Decedent's Education (Specify only highest grade completed) 16e. Dece	edent's Usuel Occupetion e kind of work done during most of w	vorkina	16b. Kind of Busi	
the Medical	Completed	Elementary/Secondary (0-12) College (1-4or 5+) Labor	DO NOT use retired)	, or name	Bush Fi	ield Airport
evant,	To Be Co	17. Fether's Neme (First, Middle, Last) Edward Mobley, Sr.		leme (First, Middle, a Able		
traumatic			ing Address (Street end Number or 5 Muirkirk Rd. I			
any injury or other once.		20e. Method of Disposition 1 \(\tilde{\tii	osition (Neme of	Dec 13,1997	20c. Location - Ci	tty or Town, Stete Georgia
any		ALL - LOCAL TOO	22. Name end Address of Fecility La	ichey s r	uneral no	me, Inc.
es the buriel-transit	ilan/Medical Examiner	23a. Part1. Enter the disease, of complications that caused the deeth. Do not en shock, or heart feilure. List only one cause on each line.	3831 Georgia Avenuer the mode of dylng, such as card experience of the company of	e, NW Was	hington,	DC 20011 Approximete Interval Between Onset end Deeth
es the buriel-transit	ledical	23a. Part 1. Enter the disease, o'Loomplications that caused the deeth. Do not en shock, or heart feilure. List only one ceuse on each line. Immediate Ceuse (Final disease or condition resulting in deeth) Due to (or es e conse to deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in death) Lest Due to (or as e consections)	3831 Georgia Aventer the mode of dylng, such as card experimental control of the	anes)	hington, rrest,	Approximete Interval Between Onset and Deeth Onset of death?
2 should be datached for use as tha burial-transit unit unit unit unit unit unit unit un	Completed by Physician/Medical	23a. Part1. Enter the disease, obedinplications that caused the deeth. Do not enshock, or heart feilure. List only one ceuse on each line. Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest Due to (or as a consect of Line Supply S	3831 Georgia Aventer the mode of dylng, such as card expense of the company of th	23b. Did 24e. Wes perfo	tobacco use contr Yes 2 No 3 en eutopsy rmed? Yes 2 No	DC 20011 Approximete Interval Between Onset end Deeth
2 should be datached for use as the burial-transit a policy	Be Completed by Physician/Medical	23a. Part1. Enter the disease, o'Lodmplications that caused the deeth. Do not en shock, or heart feilure. List only one ceuse on each line. Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest Due to (or as e consected)	3831 Georgia Aventer the mode of dying, such as card experiments of the company o	23b. Did 23b. Did 24e. Wes perfo	tobacco use contr Yes 2 No 3 en eutopsy rmed? Yes 2 No	Approximate Interval Between Onset and Deeth Deeth Onset and Deeth Onset and Deeth Onset and Deeth Deeth Onset and Deeth D
funaral director, page 2 should be datached for use as the burial-transit until unti	To Be Completed by Physician/Medical	23a. Part1. Enter the disease, obomplications that caused the deeth. Do not enshock, or heart feiture. List only one ceuse on each line. Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest Due to (or as a consent of the conditions contributing to death but not resulting in the examiner? 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpetie 25. Was case referred to medical exeminer? 1 Yes 2 No 1 Pending investigation 28b. Due to finjury (Month, Dey Year)	3831 Georgia Aventer the mode of dying, such as card content to the content to th	23b. Did 23b. Did 24e. Wes perfo	tobacco use contr Yes 2 No 3 en eutopsy rmed? Yes 2 No	Approximete Interval Between Onset end Deeth Deeth Onset end Deeth Deeth Onset end Deeth Onset end Deeth Deeth Onset end Deeth D
funaral director, page 2 should be datached for use as the burial-transit until unti	To Be Completed by Physician/Medical	23a. Part 1. Enter the disease, o'Lodmplications that caused the deeth. Do not en shock, or heart fellure. List only one ceuse on each line. Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in death) Lest Pert II. Other significant conditions contributing to death but not resulting in the cause in the conditions contributing to death but not resulting in the cause	assal Georgia Avenuer the mode of dying, such as card content the mode of dying, such as card content the mode of dying, such as card content and cont	23b. Did 23b. Did 24e. Wes perfo	tobacco use contr Yes 2 No 3 en eutopsy rmed? Yes 2 No one) dence 6 Other how injury occurred	Approximete Interval Between Onset end Deeth Deeth Onset end Deeth Deeth Onset end Deeth Onset end Deeth Deeth Onset end Deeth Deeth Deeth Onset end Deeth
al director, page 2 should be datached for use as tha burial-transit us us an unial stransit uses.	Be Completed by Physician/Medical	23a. Part1. Enter the disease, o'Lodmplications that caused the deeth. Do not enshock, or heart fellure. List only one ceuse on each line. Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest Due to (or es e conset of the cause of the caus	3831 Georgia Aventer the mode of dying, such as card content and content to the content and content to the content and content to content and	23b. Did 23b. Did 24e. Wes perfo 10 24e. Wes perfo 11 28d. Describe 1 28f. Location (: City or Toy	tobacco use contr Yes 2 No 3 en autopsy rmed? Yes 2 No one) dence 6 Other how injury occurred. Street and Number wn, State)	Approximete Interval Between Onset end Deeth Deeth Onset end Deeth Deeth Onset end Deeth Onset end Deeth Deeth Onset end Deeth Dee

State Registrar 31. Dete filed (Month, Dey, Year)
DEC 11 1997

32. Registrar's Signeture

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Deeth **Physician** MITCHEM Month 2:44 PM LEROY DECEMBER /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner 7. Age (In yrs. lest birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Oct. 3, 1940 Montgomery Washington Adventist Hospital
Social Security Number 6. Sax 7. Age (In yrs. Birthplace (State or Foreign Country) **Funeral** XXM 2DF Director 267-60-2278 Leesburg, Florida Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23a or 28s-f show Examiner must be notified at PrinceGeorge Maryland Mount Raunier XXYes 2 No Director 10f. Zip Code 20712 10e. Street end Number 4602 29th Street 10g. Citizen of What Country? United states Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 11 Maritel Status 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lt Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Black Specify: by 3 ☐ Widowed 4 ☐ Divorced "natural". Completed traumatic event, the Medical 18e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) Truck Driver 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withir Department of Health and Mentel Hyglene. Important: If item 27 is merked other than any Injury or other trainment. Elemantery/Secondary (0-12) College (1-4or 5+) Potts & Kellyham Const-12th 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Leroy Randolph Mitchem, Sr. Amelia Kaiser 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Hazel Wade-Richmond Mitchem 4602 29th Street, Mount Rainier, Maryland 20712 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stata 13,97 XI Burlai 2 Cremation 3 Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Dec. | Leesburg Florida 34748 Evergreen Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Latney's Funeral Home, Inc. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician ACUTE MYOCARDIAL INFARETON 1 hour /Medical Immediate Ceuse (Final diseasa or condition resulting in death) Examiner INJULIN DEPENDENT SIABLIES physician and s the burial-transit Due to (or es e consequence ot): Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Undarlying Ceuse (Disease or injury that initiated events resulting in death) Last HYPER FENSION Box 68760 Physician/Medical Due to (or as a consequence ot): P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? ENSS FACE RENTL DISENSE 1 Tyes 2 No 3 Probably 4 Unknown Records, by POLT-VIRAL EIRRITUSIS 24e. Wes en eutopsy performed? 24b. Were eutopsy tindings available prior to complation of ceusa ot death? Completed 1 Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: ithin 24 hours after death.

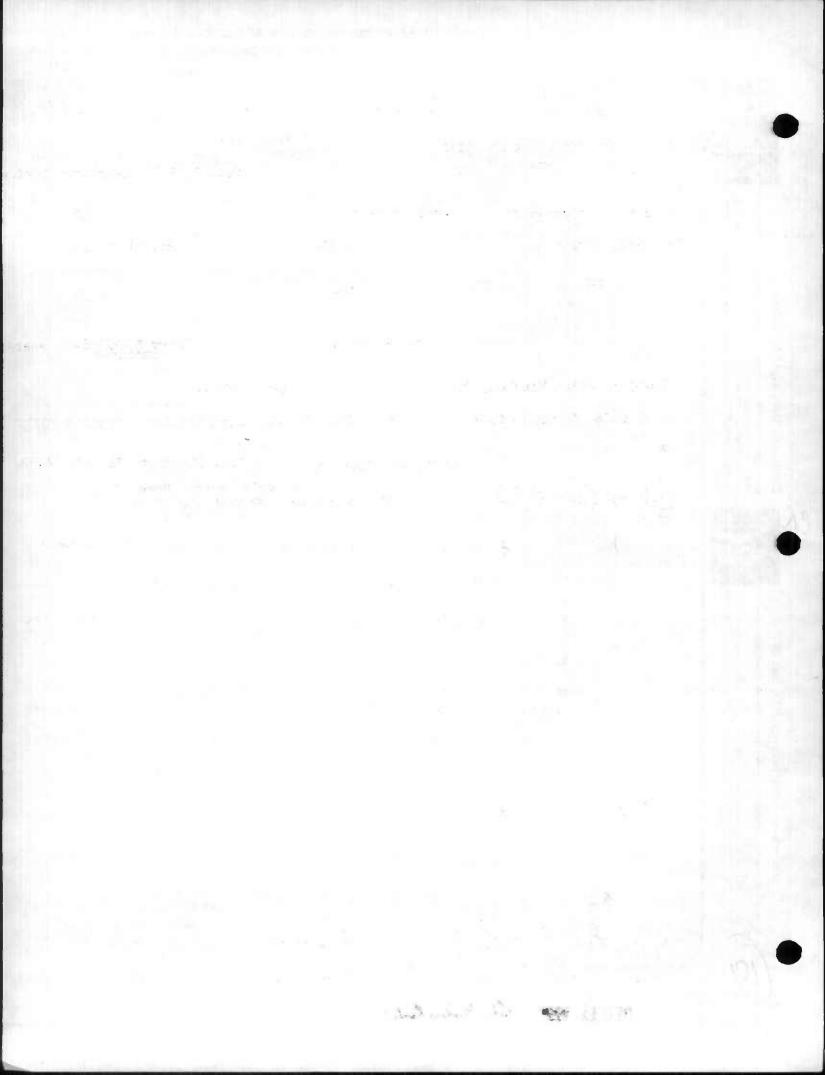
O the Funeral Director: After this cartifical empletely filled in by the funeral director, 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 25 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Medicai Certification: To 27. Manner of Deeth 28b. Time of Injury 28e. Date of Injury (Month, Day Year) 28c. tnjury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, tectory, office building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature end title excertifiar 29c. Licanse number 3/52-96 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 20010 106 TRUING 31. Date filed (Month, Day, Year) 32. Registrer's Signature

Shi Muchan Realett

DEC 11 199

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month HERBERT EDWARD MURPHY SR 4:04 PM December 4 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death NOR+It H 5. Social Sacurity Number ARUNDEL If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year) HOSPITAL Age (In yrs. lest birthday) ANNE ARUNDEL If Undar 1 Birthpiece (State or Foreign Country) 1X M 2□ F Months Deys 244-38-4177 Yrs 69 NOVEMBER 17,1928 SAMPSON CO. NC Usuel Rasidence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ¥ Yes 2 □ No ANNE ARUNDEL HANOVER MD 10e. Straet and Numbar 10f. Zip Code 10a. Citizen of Whet Country? 7681 CLARK RD 21076 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritai Stetus 1 Nevar Married 2 Married 1 Yes 2 No Specify: Specify: BLACK 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest greda completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elementery/Secondery (0-12) CEMENT FINISHER PRIVATE 17. Fethar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Sumema) JONAS E. MURPHY MARY EVA MATHEWS 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) VICTORIA ANTHONY /SISTER-in-LAW 9716 FRANKLIN AVE SEABROOK MD 20706 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, Stata Dete 1 Burial 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) MEADOW RIDGE MEM. PARK 12-10-97 ELKRIDGE MD 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility ALEXANDER S. POPE FUNERAL HOMES 5538 MARLBORO PIKE FORESTVILLE MD 20743 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death Cerebrovascular Accident Immediate Cause (Fine) disaasa or condition rasulting in deeth) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cousa (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Due to (or es a consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24e. Wes an autopsy performed? 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menper of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Naturei 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicida

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Light Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and occurred at the time, date and place, and due to the cause(s)

29c. License number

28f. Location (Street end Number or Rurel Route Number, City or Town, Steta)

29d. Data signed (Month, Dey, Yeer)

buriel-transit physician a Box 68760. P.O. signed by Records, page 2 should be The law certificate of Vital Attending Physician: director. this After Division death.

Examiner Physician/Medical þ Completed Be 2 Certification:

Physician

/Medical

Examiner

Director

Funeral

þ

Completed the Medical

Funeral

Director

288-1

8 Items 23s

'natural', or

Hygiene.

Pages 1 and 2 should be nent of Health and Mental

mportant: If Item 27 any injury or other to

Physician

/Medical

Examiner

illed in by the funeral To the Hospital or Attend within 24 hours after deat To the Funeral Director.. completely

State Registrar

Medical

30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print)

29b. Signature and title of certifier

4 Homicide

29a, Certifier

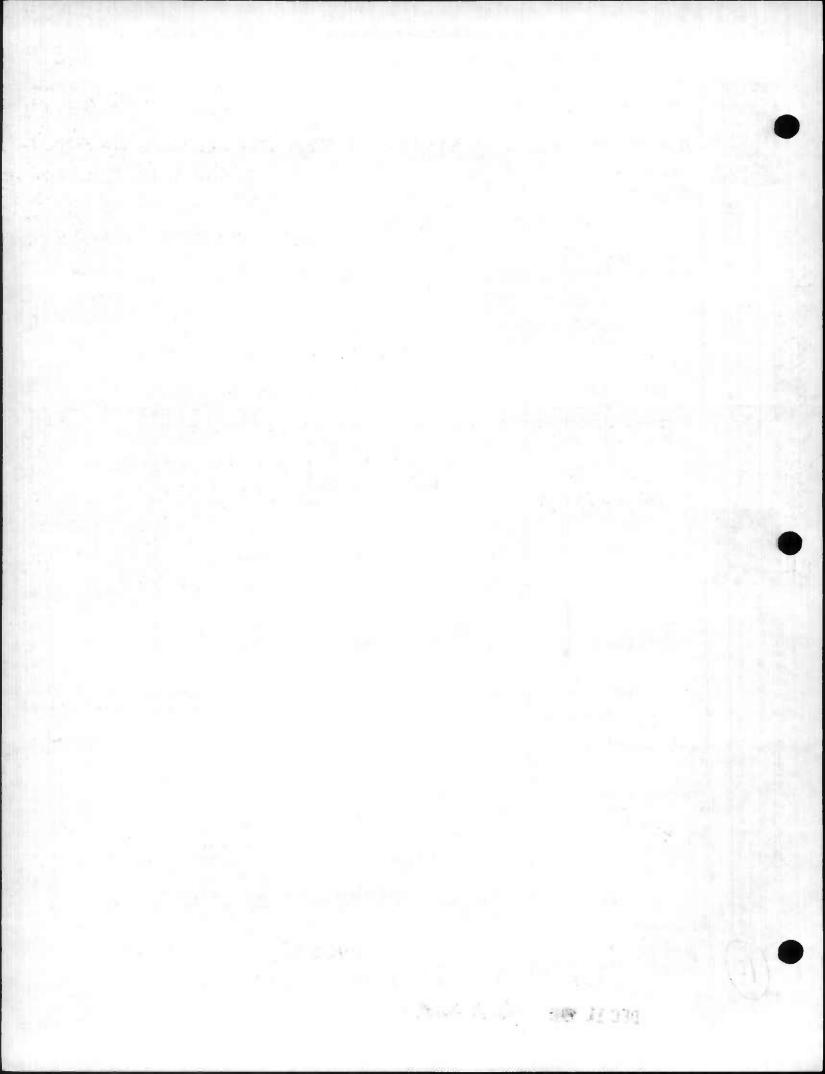
31. Dete filed (Month, Dey, Year) DEC 11

itanli wil.

end menner steted.

North 32 Registrer's Signatura

28e. Piece of Injury - At homa, farm, street, fectory, office building, etc. (Specify)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 1997 **Physician** Month 12:10 PM Helenita H. Manning ecember /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Livingston Health Care Ft. Washington Prince George's If Under 1 Year | H Under 24 Hrs. | 8. Data of Birth Months | Days | Hours | Min. (Month, Day, Yaar) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2√ F 060-09-9345 91 Yrs Director May 31, 1906 Elizabeth, N.J. Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be nutified at Maryland Prince George's 1X Yes 2 No Director Camp Springs 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 "natural", or items 23a 20746 USA 5513 Hill Way Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. 72 hours after 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: White by 3XWidowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry filed within 7 Hygiene. Elementary/Secondery (0-12) 10th College (1-4or 5+) Communications Telephone Operator permit. Peges 1 and 2 should be file Department of Health and Mental Hy, Important: If Item 27 is marked othe eny injury or other traumatic event, once. 18. Mother's Name (First, Middle, Meidan Sumama) 17. Father's Neme (First, Middla, Last) Francis Hackett Ellen V. Kennedy 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) Helenita Lukasewicz/Niece Same as item10 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 M Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Resurrection Cemetery 12/11/97 Clinton, Maryland Ceorge P. Kalas Funeral Home 21. Signature of Funeral Sarvice Ligenses 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one of use on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final diseasa or condition resulting In death) /Medical Examiner Physician/Medical Examiner The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events pue physician el s the buriel-l Box 68760, that initieted events resulting in death) Last Due to (or as a consequence of 62 for use as P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 1 1 Yes 2 No 3 Probably 4 Unknown signed b Division of Vital Records, by 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed' page 2 s has 21/No certificate 1 Yes 1 Yes 2 No or Attending Physician: Be 25. Was case referred to medical examiner? 28. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No Certification: To 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Deeth 28c. Injury at Work? 28d. Describe how injury occurred After 1 Natural 5 Pending investigation n 24 hours efter deeth.

e Funeral Director: Aft
bletely filled in by the fur 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Steta) 4 Homicida edicai 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es steted.

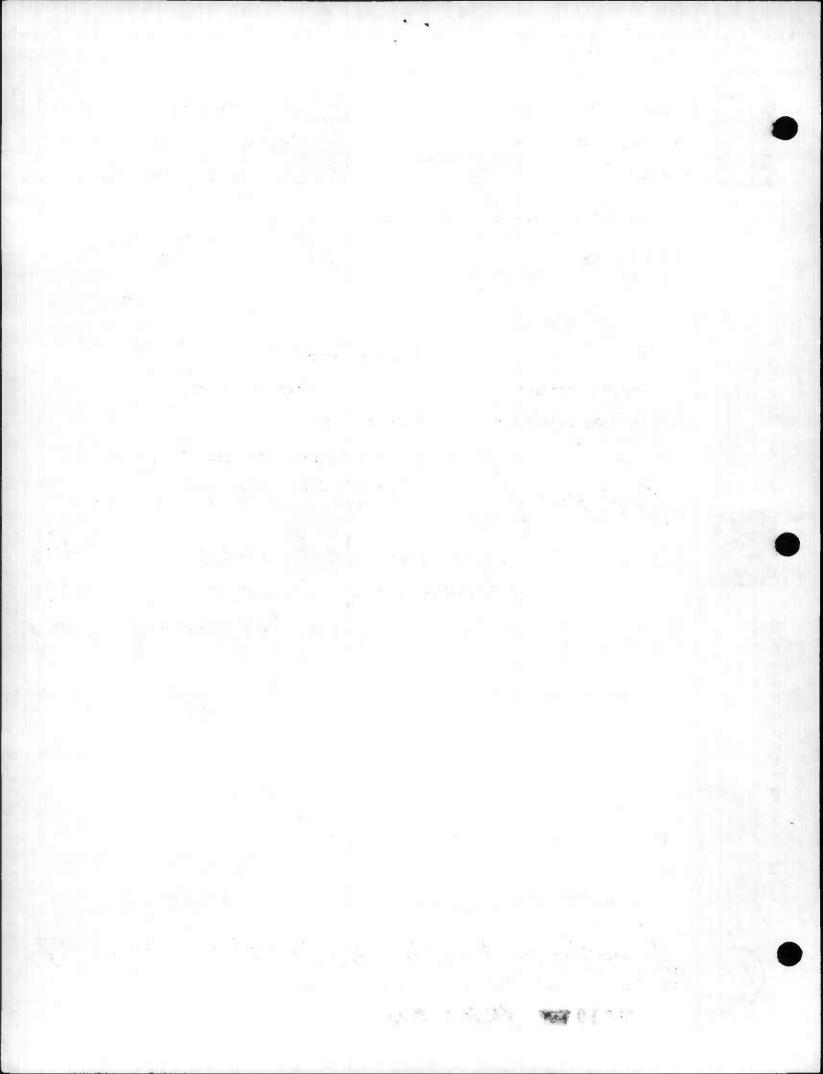
2 Medicat Examinar: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signature and title of certifie 26d. Date signed (Month, Day, Year) 30 Name end address of person who completed cause of death (Item 234) (Type Laxmi N. Berwa, M.D. 7700 Old Branch Ave. Clinton, Md. 20735 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State

Kin Mudder Radall

DHMH 16 Ray 6/95

Registrar

DEC 101



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death **Physician** ITCHELL P.M. DECEMBER /Medical 4a. Facility Nema (If not institution, giva street and numbar, 4b. City, Town, or Location of Daath Examiner AVENUE 6. Sax 95-DAWSON APT, 201 if Undar 24 Hrs. 8. Data Hours Min. (Mor MONTGOMERY

9. Birthplaca (Steta or Foraign

Country) 5. Sociel Security Number 8. Data of Birth (Month, Day, July 25 7. Aga (In yrs. last birthday) **Funeral** 1⊠ M 2□ F Months Days Yrs. Director 578-20-0819 74 Iowa Usual Rasidence of Dacadant the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits reast be notified at Director 1 X Yes 2 No Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? Pages 1 and 2 should be filed within 72 hours efter death with nent of Health and Mental Hygiene.

ant: If item 27 is marked other than "natural", or items 23a or ury or other traumatic event, the Wedical Examines must be a 95 Dawson Avenue, Apt.#201 20850 U.S.A. Completed by Funeral 12. Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - Amarlcan Indian, Black, White, atc. 1 ☑ Yas 2 ☐ No If Yas, Giva Year or Datas: 1945 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2₺ No Specify: White 3 Widowad 4 Divorced 1945 15. Decedant's Education (Specify only highast grade complated) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamentery/Secondary (0-12) Collage (1-4or 5+) 8 Chef Restaurant 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surname) Be 2 John McCov Anna Marie Mitchell 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, State, Zip Code) Rita A. Aughenbaugh - Niece 5227 42nd Place, Hyattsville, MD 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cremetory or othar placa) Data 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata permit. Page Department Important: If eny injury or 4 ☐ Donation 5 ☐ Othar (Specify) Fort Lincoln Cemetery 12/10/97 Brentwood, Maryland 21. Signatura of Funara Service Licensus 22. Nama and Addrass of Fecility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Pert1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset end Deeth **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) MONTHS **Examiner** Dua to (or as a consequenca of) Examiner YEARS The law requires that the death certificate be executed buriel-tran Sequantially list conditions, if eny, laading to immadiata cause. Entar Undarfying Cause (Disaesa or Injury that Initiated avents rasulting in death) Last pue Due to (or as a consequence of): P.O. Box 68760 ettending physician Physician/Medical the Dua to (or as a consequanca of): been signed by the e should be detached f Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown Division of Vital Records. þ 24b. Wara autopsy findings evailabla prior to completion of cause of daath? Completed 24a. Was an autopsy performad? this certificate has 2 No i or Attending Physician: after death. Director: After this certific 25. Was casa raferred to medical examinar?
12 Yas 2 No Be 26. Placa of Deeth (Check only one) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Member of Deeth 28b. Time of Injury 28a. Deta of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending Investigation Netural 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, ferm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) In by 4 Homicida To the Hospital or within 24 hours aft To the Funeral Dic completely filled in Medicai 1 Certifying Phyalcian: To the bast of my knowledge, death occurred at the time, data and plece, and due to the ceuse(s) and manner as steted.

Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and plece, and due to the ceuse(s) and manner stated. 29a Certifiar 29b. Signetura and titla of certifier 29c. License number 29d. Data signed (Month, Day, Year)

State Registrar

DEC 09 200

31. Data filed (Month, Dey, Yaar)

32 Ragistrar's Signatura

death (Item 23e) (Type, Print)

0717-STANMORE DRIVE

PLOUGH AND AND THE SECOND

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Month TAKIA NOVEMBER 21, 1997 10:55 AM 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Deeth FORT WASHINGTON 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of 7522 BLANDFORD DRIVE PRINCE GEORGES 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) 1 M 2 F Deys Hours Min. 18 Yrs. 577-02-8886 MARCH 26, 1979 WASH., D. C. Usuei Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No MARYLAND PRINCE GEORGES FORT WASHINGTON 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? UNITED STATES OF AMERICA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, apecify Cuben, Mexican, Puerto Ricen, etc.) Race - American i Biack, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Yes 2 No Specify: Specify: BLACK 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b, Kind of Buainess/Industry College (1-4or 5+) CLERK PRIVATE 18. Mother's Neme (First, Middle, Meiden Sumeme) PAULETTE LANHAM-MAY

r 28a-f show tem 27 is marked other than "naturel", or items 23e or other traumatic event, the Manifest Examines must be a death Baltimore, Maryland 21215-0020 se filed within 7 lai Hygiene. 2 should be f end Mental H permit. Peges 1 and 2 sh Department of Health end important: If item 27 is m any injury or other treum

Physician

/Medical

Examiner

Funeral

Director

the Maryland

ROBIN

10e, Stete

Physician /Medical Examine

Box 68760.

P.O.

Division of Vital

physician end s the buriel-transit 80 USB 10 ed by the s signed by d

peed

Examiner an/Medical Physici by Completed 10 funeral Certification: Medical To the Hosp within 24 hor To the Fune completely fi

Directo Funeral 7522 BLANDFORD DRIVE 1 Never Married 2 Married à 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Eiementary/Secondery (0-12) 10TH 17. Fether's Neme (First, Middle, Last) Be 2 UNKNOWN 19e. informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MICHELLE BARNES (P.O.A.) 135 N. WAYNE STREET, ARLINGTON, VA. 22201 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 1 X Buriei 2 ☐ Cremetion 3 ☐ Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) MARYLAND MEM. PARK 22. Name end Address of Fecility

LAWRENCE W. PLUNKETT, INC. FUNERAL HOME 21. Signeture of Funerei Service Licenses 2504 - 28TH ST., NE., WASHINGTON, D.C. 20018-1413

Approximate

Approximate 23e. Pert1. Enter the disees of complications that can shock, or heart feilure. List only one ceuse on each OMATOSE RESPIRATORY ARREST

Due to (or es e consequence of): Immediete Ceuse (Finei diseese or condition resulting in deeth) CQUIRED IMMUNODEFFICIENCY SYNDROME (AIDS)

Due to (or es e consequence of): Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest SYNDROME WASTING 25. Wes case referred to medicei 1 Yes 2 No Hospitai: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

Pert ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24e. Wes en autopsy performed? 1□ Yes 2 No 1 ☐ Yes 2 ☐ No 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28e. Dete of Injury (Month, Dey) 28d. Describe how injury occurred 27. Manner of Deeth 28c. Injury et Work? 5 Pending 2 No 1 Year investigation 2 Accident 6 ☐ Could not be 3 Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stele) 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 | Homicide 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as atated. (Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. 29b. Signeture end title of contiller 29c. License number

MD

DC-6262

death.

i or Attend after death Director:

Hospital 24 hours a Funerel

State Registrar

SILBER JOSE 32. Registrer's Signeture DEC 08 1997

30. Neme and eddress of person who completed cause of deeth (item 23e) (Type, Print)

TOMAS

31. Dete filed (Month, Dey, Year)

M.D.

DHMH 16 Rav 6/95

20c. Location - City or Town, Stete

11/25/97 LAUREL, MARYLAND

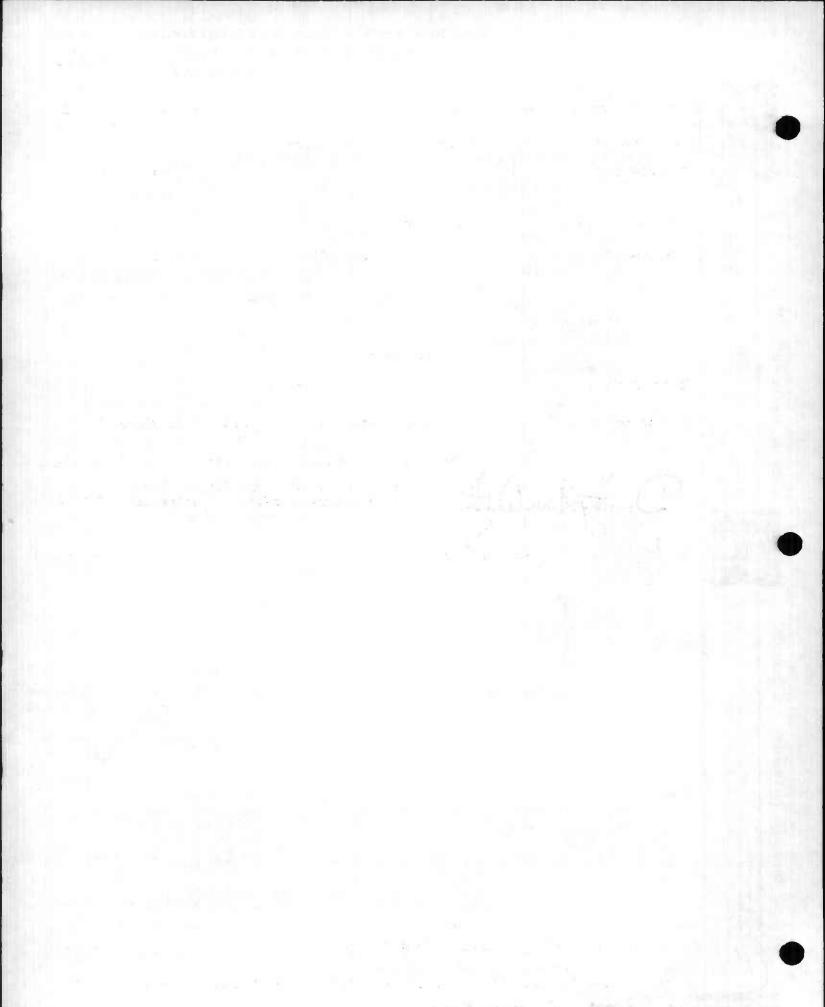
Approximete intervel Between Onset end Deeth

29d. Dete aigned (Month, Dey, Year)

Michigan Ave. N.W. Wash. D.C.

State of Maryland / Department of Health and Mental Hygiene 7 39029

ian				Certin	iouto or	Death		Reg. No.		
ıan ı	1. Decedent's Nema (First, Middle, La	ast)					2. Dete of De	ath		. Time of Death
cal	Maria Concepcion Granados McKnew						Decemb	er 3, 1	997	11:30 an
ner	4e. Fecility Nama (If not Institution, give	va street end number)				4b. City, Town, or				
	Hermitage at Sain	t John's Cr	reek			Solomans		Calve	rt	
		Sex 1 ☐ M 2 ☑ F	(In yrs. lest bi		Undar 1 Year onths Days	If Under 24 Hrs	(Month, Da	th	, , , , , , , , , , , , , , , , , , , ,	(State or Foreig
	Usuel Residence of Decedent									
	10e. Steta 10b. County		10c. City, Tow	vn or Location	on					Inside City Limit
Director	Maryland Calvert		Soloma	ans						t X Yas 2 N
Sire.	10e. Street and Numbar			1	Of. Zip Coda			10g. Citizen of	Whet Country?	
100	13325 Dowell Road	Table 1			20688-	0809		U.S.A.		
by Funeral	11. Maritel Status 1 Never Married 2 Married 3 🖾 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:			Decedent of s, specify Cul Yes 2 No	Hispanic Origin? (Span, Mexican, Puert		14. Rac Ble Specif	ca - Amarican I ck, White, etc. y: Whit	
ed	15. Decedent's E (Specify only highest gra	ducation	16a	Decedent'	s Usual Occu	petion	delan	16b. Kind of B	usiness/Indust	ry
Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		life. DO	VOT use retin	during most of world)	King			
0	12			memak	er-			Own Ho	me	
e e	17. Fether's Neme (First, Middle, Last	")				18. Mother's Ner	ne (First, Middle	Maiden Sumen	ne)	
To E	Ramon Granados			Maria Concepcion Rey						
-	19e. Informent's Name/Relationship (198	b. Melling A	ddress (Stree	t end Number or Ru	iral Routa Numb	er, City or Town,	n, Stete, Zip Code)		
	Arthur McKnew - S	on	60	28 Mu	stang	Drive, Ri	verdale	. Marv1	and 207	37
	20e. Method of Disposition				n (Neme of any or other pla		Dete	20c. Location		
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐	Tualifore Loui 2/9/6				1	100107			
-	4 ☐ Donation 5 ☐ Other (Special 21 Signature of Fune a Service Lices		FOIL		ln Cem	-	2/08/97	Brentw		
	W) Ala	ran () it	-	Fra 473	ncis G 9 Balt	ess of Fecility asch's So imore Ave	ns Fune	ral Homattsvil	e, P.A. le, MD	20781
	23a. Pert1. Enter the disease, or comshock, or heart feilure./ List only		e death. Do						Ap	proximete
	Strong of House Ionard, Elot Only	OHO COCCO OH COL							On	ervel Between set end Deeth
	Immediate Ceuse (Finel disease or condition Severe Dementia								1	2 Years
	resulting in deeth) Due to (or es e consequence of):									Z leals
Jer			20 10 (01 03 0	CONSOQUON	ce or).				1	
Examiner	Sequentially list conditions	b	ue to (or es e	consequen	ne of):				1	
Exa	if eny, leeding to immediate		0 60 (0) 03 0	consequent	ca oi).					
	Ceuse (Disease or Injury thet Initiated events									
100	Ceuse (Diseese or Injury		e to (or es e	consequenc	ce of):				1	
edica	Ceuse (Diseese or Injury thet Initiated events rasulting in deeth) Lest	Du			•					
Med	Ceuse (Diseese or Injury thet initiated events rasulting in deeth) Lest	d	•						1	
Med	Ceuse (Diseese or Injury thet initiated events rasulting in deeth) Lest	d								
Med	Ceuse (Diseese or Injury thet Initiated events rasulting in deeth) Lest Pert II. Other significant conditions of	d	not rasulting I	In the under	tying cause g	ven in Pert I.	23b. Did	tobacco use co	ntribute to the	cause of deat
Physician/Med	rasulting in deeth) Lest	d	not rasulting I	In the under	lying cause g	ven in Pert I.		tobacco use co Yee 2 ሺ No		
by Physician/Med	rasulting in deeth) Lest	d	not rasulting I	In the under	tying cause g	ven in Pert I.	10	Yee 2⊠ No	3 Probabl	y 4 Unkno
by Physician/Med	rasulting in deeth) Lest	d	not rasulting I	In the under	lying cause g	ven in Pert I.	1 🗆		3 Probabl	y 4 Unkno
by Physician/Med	rasulting in deeth) Lest	d	not rasulting I	In the under	tying cause g	ven in Pert i.	1 🗆	Yee 2 No No en eutopsy	3 Probabl	y 4 Unkno
by Physician/Med	rasulting in deeth) Lest	d	not resulting I	In the under	tying cause g	ven in Pert I.	1 ☐ 24a. Wes	Yee 2 No en eutopsy imed?	3 Probable 24b. Were eveiled completed of deel	butopsy findingsola prior to stion of causa
Completed by Physician/Med	rasulting in deeth) Lest	d	not rasulting I	In the under	fying cause g		1 all 24a. Wes perfo	Yee 2 No en eutopsy imed?	3 Probable 24b. Were eveiled completed of deel	y 4 Unkno
Be Completed by Physician/Med	Pert II. Other significant conditions of the con	d			01	26. Plece of Dec	24a. Wes perfo	Yee 2 No en eutopsy med? Yes 2 No one)	24b. Were eveilet comple of deet	iy 4 Unkno butopsy findings bla prior to stion of causa th?
To Be Completed by Physician/Med	Pert II. Other algnificant conditions of	d	2 □ ER/Oı 28b.	In the under	a□ doa Oi	26. Plece of Dec her: 4ሺ) Nursing H	24a. Wes perfo	Yee 2 No en eutopsy med? Yes 2 No one) dence 6 □Oth	3 Probabl 24b. Were a eveilet comple of deel 1 Year (Specify)	iy 4 Unkno butopsy findings bla prior to stion of causa th?
To Be Completed by Physician/Med	Pert II. Other significant conditions of the con	d	2 □ ER/Oı 28b.	utpetient 3 Time of Injury	B DOA OI	26. Piece of Dea her: 4K∑ Nursing H ry et rk?	24a. Wes perfo	Yee 2 No en eutopsy med? Yes 2 No one)	3 Probabl 24b. Were a eveilet comple of deel 1 Year (Specify)	y 4 Unkno butopsy findings bla prior to ation of causa th?
To Be Completed by Physician/Med	Pert II. Other significant conditions of the con	Hospitel: 1 Inpatient 28a. Dete of Injury (Month, Day Y	2 □ ER/Oi	utpetient 3 Time of Injury	DOA OI 28c. Inju WC	26. Plece of Dec her: 4ሺ) Nursing H	24a. Wes perfo	Yee 2 No en eutopsy med? Yes 2 No one) dence 6 □Oth now Injury occur	3 Probabl 24b. Were of evellet comple of deel 1 Year (Specify)	autopsy findings ole prior to etion of causa th?
To Be Completed by Physician/Med	Pert II. Other significant conditions of the con	Hospitel: 1 Inpatient 28a. Dete of Injury (Month, Day Y	2 ER/O	utpetient 3 Time of Injury	DOA OI 28c. Inju WC	26. Piece of Dea her: 4K∑ Nursing H ry et rk?	24a. Wes perfo	Yee 2 No en eutopsy med? Yes 2 No one) dence 6 □Oth now injury occur Streat end Numb	3 Probabl 24b. Were of evellet comple of deel 1 Year (Specify)	autopsy findings ole prior to etion of cause th?
Certification: To Be Completed by Physician/Med	Pert II. Other significant conditions of the con	Hospitel: 1 Inpatient 28a. Date of Injury (Month, Day Y building, etc. (2 □ ER/Ou /ear) 28b. - At home, fe	utpetient 3 Time of Injury Marm, street,	B DOA OI 28c. Inju Wc M 1c	26. Piece of Dec her: 4[X] Nursing H ry et rk? Yas 2 □ No	24a. Wes performent of the Check only of the Check only of the Self Describe 28f. Location (City or Total	Yee 2 No en eutopsy imed? Yes 2 No one) dence 6 □Oth now injury occur Street end Numb	3 Probabl 24b. Were aveilet comple of deel 1 Year (Specify) ared ber or Rural Ro	Butopsy findings ole prior to stion of causa th? ss 2 No
Certification: To Be Completed by Physician/Med	Pert II. Other significant conditions of exeminer? 1 Yes 2 No 27. Menner of Destine Investigation 1 Naturel Investigation 3 Suicide 4 Homicide 29a. Certifier (Check only 2 Medical Exem	Hospitel: 1 Inpatient 28a. Dete of Injury (Month, Day Y building, etc. (2 □ ER/Ot 'ear) 28b. - At home, fe (Specify)	ulpetient 3 Time of Injury	DDOA OI 28c. Inju Wo 1 [26. Piece of Dee her: 4₺ Nursing H ry et rk?] Yes 2 □ No me, dete and piece	24a. Wes performent of the Check only of the Check only of the 28d. Describe 28f. Location (City or Total)	Yee 2 No en eutopsy imed? Yes 2 No one) dence 6 □Oth now injury occur wn, Stete)	3 Probabl 24b. Were a evellet comple of deel 1 Year (Specify) are (Specify) are or Rural Ro	autopsy findings le prior to ation of causa th? es 2 No
redical Certification: To Be Completed by Physician/Med	Pert II. Other significant conditions of the con	Hospitel: 1 Inpatient 28a. Dete of Injury (Month, Day Y building, etc. (2 □ ER/Ot 'ear) 28b. - At home, fe (Specify)	ulpetient 3 Time of Injury	28c. Inju 28c. Inju Wc 1 [factory, offica	26. Plece of Deciher: 4₺ Nursing H ry et rk? J Yas 2 □ No me, dete and plece	24a. Wes performent of the Check only of the Check only of the 28d. Describe 28f. Location (City or Total)	Yee 2 No en eutopsy med? Yes 2 No one) dence 6 □Oth now injury occur Streat end Numb wn, Stete) cause(s) end me dete end place,	3 Probabl 24b. Were eveloped eveloped of deel 1 Year (Specify) Tred Deer or Rural Receivant and due to the	autopsy findings ole prior to elion of cause th? es 2 No oute Number, d. o ceuse(s)
redical Certification: To Be Completed by Physician/Med	Pert II. Other significant conditions of exeminer? 1 Yes 2 No 27. Menner of Destine Investigation 1 Naturel Investigation 3 Suicide 4 Homicide 29a. Certifier (Check only 2 Medical Exem	Hospitel: 1 Inpatient 28a. Dete of Injury (Month, Day Y building, etc. (2 □ ER/Ot 'ear) 28b. - At home, fe (Specify)	ulpetient 3 Time of Injury	DDOA OI 28c. Inju Wo 1 [26. Plece of Deciher: 4₺ Nursing H ry et rk? J Yas 2 □ No me, dete and plece	24a. Wes performent of the Check only of the Check only of the 28d. Describe 28f. Location (City or Total)	Yee 2 No en eutopsy imed? Yes 2 No one) dence 6 □Oth now injury occur wn, Stete)	3 Probabl 24b. Were eveloped eveloped of deel 1 Year (Specify) Tred Deer or Rural Receivant and due to the	autopsy findings ole prior to elion of causa th? es 2 No outa Number, d. e ceuse(s)
redical Certification: To Be Completed by Physician/Med	Pert II. Other significant conditions of the con	Hospitel: 1 Inpatient 28a. Dete of Injury (Month, Day Y building, etc. (2 □ ER/Ot 'ear) 28b. - At home, fe (Specify)	ulpetient 3 Time of Injury	28c. Inju 28c. Inju Wc 1 [factory, offica	26. Piece of Decenter 4 Nursing Hary et rk? Yas 2 □ No	24a. Wes performent of the Check only of the Check only of the 28d. Describe 28f. Location (City or Total)	Yee 2 No en eutopsy imed? Yes 2 No one) dence 6 □Oth now Injury occur Street end Numb wn, Stete) cause(s) end me dete end plece, 29d. Dete signe	24b. Were a evellet comple of deel of deel of deel of deel of deel of the complete of the comp	outa Number, d. ceuse(s)
Medical Certification: To Be Completed by Physician/Med	Pert II. Other significant conditions of the con	Hospitel: 1 Inpatient 28a. Dete of Injury (Month, Day Y 28e. Placa of Injury building, etc. (Injury Control of the best of manner: On the best of manner states	2 ER/Ori Zeb. 1 At home, far Specify) my knowledge taminetion end.	utpetient 3 Time of Injury Arm, street, 1	28c. Inju Wc M 1	26. Piece of Decenter 4 Nursing Hary et rk? Yas 2 □ No	24a. Wes performent of the Check only of the Check only of the 28d. Describe 28f. Location (City or Total)	Yee 2 No en eutopsy med? Yes 2 No one) dence 6 □Oth now injury occur Streat end Numb wn, Stete) cause(s) end me dete end place,	24b. Were a evellet comple of deel of deel of deel of deel of deel of the complete of the comp	Butopsy findings ole prior to stion of causa th? ss 2 No outa Number, d. ceuse(s)

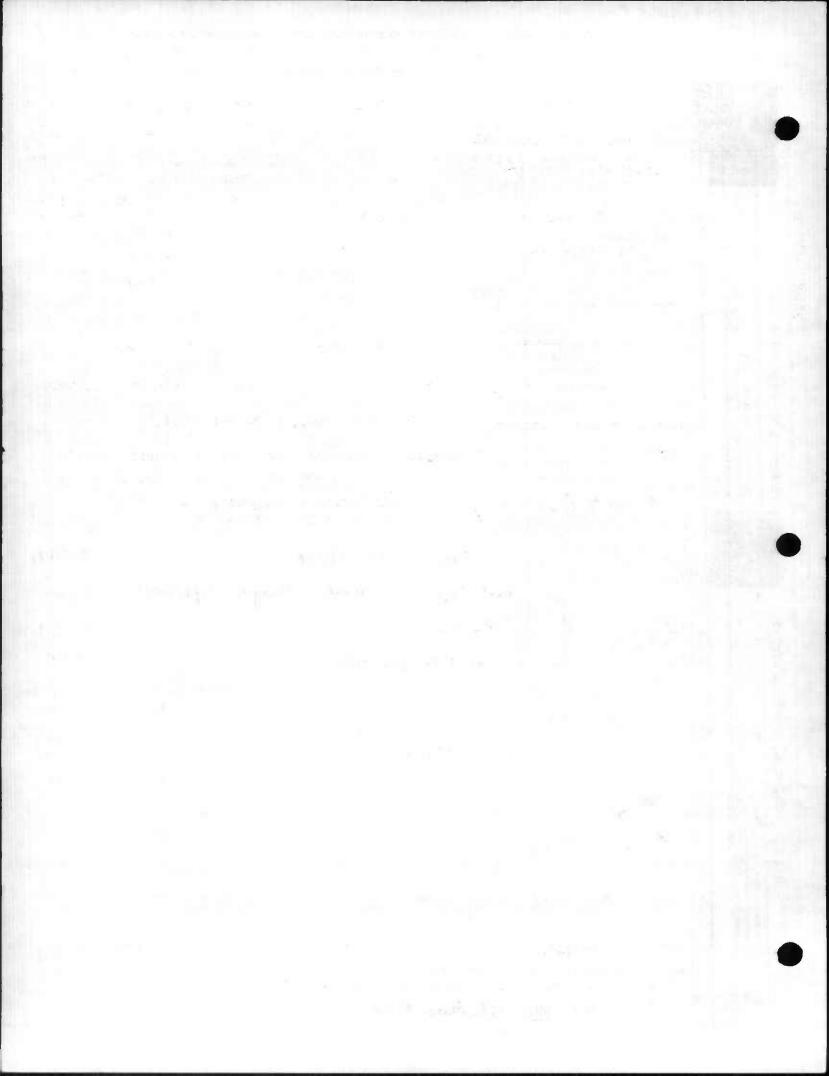


physician end s the burief-transit The law requires that the deeth certificate be executed Division of Vital Records, P.O. Box 68760, for usa as signed by the el page 2 After this cartificata To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartification of the funeral director, it is the funeral director.

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 1997 eer Month **Physician** PANSY ANN MONTE 9 11:59 AM DEC /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** TALBOT EASTON THE MEMORIAL HOSPITAL 5 Sociei Security Number If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) 10 M 25 220-34-9989 58 Yrs. March 11 1939 Maryland Usuel Residence of Decedent 10a State 10h Counts 10c, City, Town or Location 10d. Inside City Limits TAYES 2 No MD Dorchester Cambridge Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 214 Meteor Ave. 21613 U.S.A. Funeral 11. Maritai Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 Tes PNo Specify. Specify. ð white -3€Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) homemaker own home 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Hansel Travers Dewey Edna Melvina Travers P 19e. Informent'e Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 303 Nathan Ave., Cambridge MD 21613 Ruth T. Thomas - sister 20b. Pleca of Disposition (Name of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 20e. Method of Disposition Burial 2 Cremetion 3 Removel from State Dorchester Memorial Park 12-12-97 Cambridge Maryland 4 Donetion 5 Other (Specify) 21. Signature of Funerel Servica Licansee 22. Neme end Address of Fecility Thomas Funeral Home PA 700 Locust St. Cambridge MD 21613 23a Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock or heart failure. List only one cause on eart line. Approximete Intervel Between Onset end Deeth Immediete Ceuse (Final shrck disease or condition resulting in deeth) dralysis defendent. Examiner state reval desease Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest Peritouitus Physician/Medical Due to (or es e consequence of): year derivator Seigure Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown hyperfeution þ 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed awania of chronic disease 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Apatient 2 ER/Outpetient 3 DOA Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 3 ☐ Sulcide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. edicai 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) D 46020 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 506 Idlewild Ave., Easton MD 21601 Syed I. Ali, MD 31. Dete filed (Month, Dey, Year)
DEC 1 32. Registrer's Elgnature State Registrar



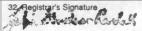
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physiciar	n	1. Decedent's Neme (First, Middle, I						2. Dete of De Month	eth Dev	Year	3. Time of Deeth
/Medica	_	Anna	Nichols					Decemb	0 000		10:17PM
Examine		4a. Facility Neme (If not institution, g	rive street end num	iber)			4b. City, Town, or I	ocation of Deet	h 4c. County	of Deeth	
		Spa Creek Cente					Annapo			Arun	
uneral irector		5. Sociel Security Number 6 217-56-4158 Usuel Rasidence of Decedent	Sex 1□M 2KXF	7. Age (In yrs. 94	lest birthday) Yrs.	Months Deys	Hours Min.	8. Dete of Bir (Month, De Aug 24	th by, Year) 1903	9. Birthpla Countr Gree	ce (Stete or Foreig y) C C
be notified at	2	10a. Stete 10b. County	Arundel	10c. Cit	ly, Town or Lo	cation				100	d. inside City Limit
noth)	Š	10e. Street end Number							40- 00	40	
8 2	5		11	0.		10f. Zlp Code	0.1		10g. Citizen of		
must l	e a	203 Duke of (12. Wes Dece			2140		2004 V 2 2 2 1 1	United	a - America	
	by Funeral Director	1 □ Never Merried 2 □ Merried 3 ◯ Widowed 4 □ Divorced	Armed For	ces? 2)(](No		Yes, specify Cub	Hispenic Origin? (S. ean, Mexican, Puert Specify:	Rican, etc.)	Specify	ck, White, et	ite
	Completed	15. Decedent's (Specify only highest g Elementery/Secondery (0-12)	4or 5+)		ent's Usuel Occu kind of work done OO NOT use retire	pation during most of wor id)	king	16b. Kind of B		stry	
1 5	2	17. Fether's Neme (First, Middle, La	Sf)		поп	lemaker	18. Mother's Nen	ne /First Middle	Maiden Sumen		
2 6 14	n n	Anagrio Halakos						ite Hal		10)	
traumatic eve	=	19e. Informent's Neme/Reletionship								Canto 7in C	Pada)
2 5		Evangelos Nicho				_	n Road An				
other tr	+	20e. Method of Disposition	(, , , , , , , ,			sition (Name of		Dete	20c. Location		
		1 Buriel 2 □ Cremetion 3		tete	cemetery, crem	etory or other ple					
in just	-	4 Donetion 5 Other (Spec	**	St			etery 12/				aryland
any injury o		23e. Pert1. Enter the disease, or co shock, or heart fellura. List on	quall		14	7 Duke	ess of Fecility Joh of Glouce	ster St	. Annapo	neral	Home, In MD 21401
for use as the burial-transit and for use as the burial-transit clary. Clary Medical Examiner	edicai	Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	6	Due to (c	or es a consequ or es a consequ or es a consequ	uence of):	lccidei				mos
the and for the dick	200	Pert II. Other significant conditions	contributing to dea	ath but not res	ulting in the un	derlying cause gi	ven in Pert i.	23b. Did	tobacco use co	ntribute to t	he cause of death
signed by the attending of be detached for usa a discountry.	by Finy	covonavy	autery	1	ase			10	Yes 2KNo	3 Probe	bly 4 ☐ Unknow
should the	palaidi							24a. Wes	an eutopsy ormed?	com	e autopsy findings able prior to pletion of cause eath?
page Com	5							1 🗆	Yes 2 No	10	Yes 2□ No
ertific sctor,	0	25. Wes case referred to medical examiner?					26. Place of Dee	th (Check only	one)		
		1 ☐ Yes 2 No	-l		ER/Outpetlent	3LI DOA		ome 5□ Resi	dence 8 Oth	er (Specify)	
or: After thing the funeral he fu	allon:	27. Menner of Deeth 1 Naturel 5 Pending 2 Accident investiget	on	Injury , Day Year)	28b. Time of injury	M 28c. inju Wo	ry et rk? I Yes 2 □ No	28d. Describe	how injury occur	red	
	27. Menner of Deeth 27. Menner of Deeth 28a. Dete of Injury 28b. Time of Injury 28c. Injury et Work? 28c								Poute Number,		
he Funer pletaly fii edical	2	(Check only 2 Medical Exp	miner: On the bas	is of axamina	wledga, daath tion end/or inv	occurred at the ti estigetion, in my	me, dete end piece opinion, deeth occu	, end due to tha	dete end plece,	ennar as state	ted. he causa(s)
Med Med		one) 29b. Signature englititle of certifler	end menne	er steted.		200 1 1000					
28		> 7. Delou	illes un	ι 0.		DI	9838	3	29d. Dete signe	3/97	oy, rodij
		30. Neme end address of person who		4 4 4 44	n 23a) (Type_F			^	^		

The Me of

The companies of the control of th				
Thomas Roosevelt Norris Jr. A Facility Name of Proceedings A	9032			
PRINCE CONTINUED ContinueDecorate ContinueDec				
Function Director Director Seeding Search Number 6 Sex 217-06-0402 NM 21 F 7, Age (in yet set benday) Elliotes Year Hours Min. (North, Day Year) 09-15-84 NM Modella Director				
Use Residence of Decoders 10c. Chy, Town or Location Capitol Heights 10c. State 10c. Chy, Town or Location Capitol Heights Capitol Hei	rthptaca (Stete or Foreign ountry) aryland			
Elementary/Secondary (0-12) College (1-4or 5+) Student Student Gove	10d. Inside City Limits			
Elementary/Secondary (0-12) College (1-4or 5+) Student Student Gove	Maryes 2 No			
Elementary/Secondary (0-12) College (1-4or 5+) Student Student Gove	ountry?			
Elementary/Secondary (0-12) College (1-4or 5+) Student Student Gove				
Student Stud	Industry			
Thomas R. Norris Sr. 15. Mather's Name (First, Middle, Last) Thomas R. Norris Sr. 16. Informant's Name First Indied, Mekelen Surmane) Thomas R. Norris Sr. 17. Father's Name (First, Middle, Last) Thomas R. Norris Sr. 18. Informant's Name First Indied, Mekelen Surmane) Valerie Ingram 19. Informant's Name First Indied, Mekelen Surmane) Valerie Ingram 19. Informant's Name First, Middle, Last) 19. Informant's Name First, Middle, Mekeles Supported for Town of Town	ernment			
Thomas R. Norris Sr. Valerie Ingram 198. Informati's Name/Relationship (Type, Print) 199. Melling Address (Street end Number or Rural Route Number. City or Town. State, Norris Sr. Valerie Norris/Mother 15 Cindy Lane #201, Capitol Heights, March 15 Consider, Capitol Heights, March 15 Cindy Lane #201, Capitol Heights, March 16 Cindy Hemorias #201, Capitol Heights				
Valet Notice Noti				
Physician Medical Examiner Physician Medical Examiner O O O O O O O O O O O O O	aryland 2074			
Physician Medical Examiner Physician Medical Examiner O O O O O O O O O O O O O	, raryrand			
Medical Examiner Medical Exa	and 20785			
Couse (Disease or Injury that intileted events resulting in death) Last Due to (or as a consequence of): D	Interval Between Onset and Death			
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Part I. 23c. Was case referred to medical examiner? 1 Yes 2 No 24d. Wes en eutopsy performed? 25c. Was case referred to medical examiner? 1 Yes 2 No 26c. Plece of Death (Check only one) 27c. Wenner of Death 1 Yes 2 No 28d. Date of Injury 28d. Date of Injury 28d. Date of Injury 28d. Describe how injury occurred work?	I I I			
Yes 2 No 25. Was case referred to medical examiner? 1 Yes 2 No 26. Piece of Death (Check only one) 27. Menner of Death 1 XNatural 5 Pending (Month, Dey Year) 28d. Date of Injury 28d. Time of Injury at Work? M 1 Yes 2 No 28d. Describe how injury occurred Work?				
Yes 2 No 25. Was case referred to medical examiner? 1 Yes 2 No 26. Piece of Death (Check only one) 27. Menner of Death 1 XNatural 5 Pending (Month, Dey Year) 28d. Date of Injury 28d. Time of Injury at Work? M 1 Yes 2 No 28d. Describe how injury occurred Work?	la to the sauce of death ?			
Yes 2 No 25. Was case referred to medical examiner? 1 Yes 2 No 26. Piece of Death (Check only one) 27. Menner of Death 1 XNatural 5 Pending (Month, Dey Year) 28d. Date of Injury 28d. Time of Injury at Work? M 1 Yes 2 No 28d. Describe how injury occurred Work?	Probably 4 Unknown			
Yes 2 No 25. Was case referred to medical examiner? 1 Yes 2 No 26. Piece of Death (Check only one) 27. Menner of Death 1 XNatural 5 Pending (Month, Dey Year) 28d. Date of Injury 28d. Time of Injury at Work? M 1 Yes 2 No 28d. Describe how injury occurred Work?	. Were eutopsy findings available prior to completion of cause of deeth?			
25. Was case referred to medical examiner? 100 Yes 2 No 25. Was case referred to medical examiner? 100 Yes 2 No 26. Plece of Death (Check only one) 27. Menner of Death 28. Date of Injury 29. Date of	10 Yes 2□ No			
Tigy Yes 2 No				
3 Sulcide 4 Homicide See. Place of trijury - At home, farm, street, factory, office See. Place of trijury - At home, farm, street, factory, office See. Place of trijury - At home, farm, street, factory, office City or Town, State City or Town, State	acify)			
29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end placa, and due to the cause(s) and menner of the course of the c	28f. Location (Street end Number or Rural Route Number, City or Town, State)			
Check only 22 Medicat Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and duand manner stated.				
O.C.M.E. DECEMBER 1	0, 155/			

State Registrar 31. Date flied (Month, Day, Year)
DEC 22 1997



97-7036-033 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. jhm State of Maryland / Department of Health and Mental Hygiene OSCAR NGEH Certificate of Death Reg. No. **NFOR** t. Decedent's Name (First, Middle, Last) 2. Date of Death Dev Yeer **Physician** Month OSCAR NGEH NFOR DECEMBER 06,1997 01:10 AM /Medical 4e. Facility Name (If not institution, give street and number) 4h City Town or Location of Death 4c. County of Death Examiner 4229 58th AVENUE PRINCE GEORGES BLADENSBURG If Under t Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign **Funeral** Months Days tXM 2□ F Yrs. 003-72-1870 Director 34 DEC. 29, 1962 CAMEROON Usuel Residence of Decedent t ne State 10b. County t Oc. City, Town or Location t 0d. Inside City Limits 28a-1 show munt be notified at 1 Yes 2 No Director PRINCE GEORGES BLADENSBURG MD 10e. Street and Number the t Of. Zip Code 10g. Citizen of What Country? ŏ items 23a 20710 4229 58th AVE. APT. #5 CAMEROON Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) t 4. Race - American Indien, Black, White, etc. 1 Never Married 2 Married t ☐ Yes 2X No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 ŏ Specify: BLACK 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced "natural". Completed the Medical 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) t5. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry than Elementery/Secondery (0-12) College (1-4or 5+)
5 YRS. PRIVATE ENGINEER ent of Health and Mental Hy t: If Nem 27 Is marked 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be SUSAN KIBAM 0 ANDREW SANGU NFOR 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20903 9737 MT. PISGAH RD. APT. 211, SILVER SPRING, MD. 19e. Informant's Name/Relationship (Type, Print) OSCAR AMOROW 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition Pages 1XX urial 2 ☐ Cremation XXX memoval from State permit. Page Department of Important: If any Injury or once. 17 Dec 7 NDU DONGA, CAMEROON W.A NDU TEA ESTATE 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Eugeral Service Licenses 22. Name and Address of Fecility JOHNSON & JENKINS INC. 23a. Part 1. Enter the disease, or comblications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. and 716 KENNEDY ST. N.W., W.D.C. Approximete ntervat Betw Onset and Death **Physician** Immediate Cause (Final Gunshot disease or condition resulting in death) wound Examiner Due to (or es e consequence of) -tran Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting In death) Lest Due to (or as a consequence of): and be exec 68760 physician Physician/Medical the Due to (or as a consequence of): 80 Box atten P.O. Part II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2XNo 3 Probably 4 Unknown Records. by 24b. Were autopsy findings evallable prior to completion of ceuse of death? 24e. Wes en autopsy performed? Be Completed peen page Yes 2 No t XYes 2□ No of Vital 25. Was cese referred to medical 26. Place of Death (Check only one) Hospitel: t ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 NOther (Specify) SCENE 2 MYes 2□ No this 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28e. Dete of Injury (Month, Day Year) 華 Division Attending 5 Pending Investigation t Natural Injury death. 1 ☐ Yes 2 No 0030 2 Accident 12-6-97 subject was shot or Attend after death Director. 6 Could not be determined 3 Suicide 281. Location (Street and Number or Aural Aoute Number, City or Town, State) 4229 58th Avenue 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) B 4 Homleide To the Hospital within 24 hours a To the Funeral C Medical (Check only 29b. Signeture end title of certifler 29c. License number 29d. Date signed (Month, Dey, Year) DECEMBER 06, 1997 OCME 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) 10

State Registrar Stephen S.
31. Dete filed (Month, Dey, Year) DEC 1.2 1997

S. Radentz 32. Registrar's Signature

111 Penn Street, Baltimore, Maryland 21201

12 mm - 198 86 170

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** December 10 1997 8:10pm Raymond Daniel Posey /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Physicians Memorial Hospital La Plata Charles Hours Min. November 191923

8. Data of Birth (Month, Day, Year)
November 191923

9. Birthplaca (Steta or Fon Country)
Pennsylvania If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Steta or Foreign Country) **Funeral** Days 1 M 2 □ F Months 74 Director 190-16-7960 Usuel Residence of Decedent 10a. Stata show 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Director 1 ☐ Yas 2 No Maryland Charles Nanjemoy 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? USA 11145 Spike and Virginias Place 20662 Funeral deeth 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian. Black, Whita, etc. filed within 72 hours after 1 TYas 2 No If Ŷas Giva 1 Nevar Marriad 2 Married Specify: Black 21215-0020 1 ☐ Yas 2 TNo Specify: by 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elemantary/Secondary (0-12) Collega (1-4or 5+) Explosive Tech./Operator US Government Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) . Peges 1 and 2 should be fit ment of Health and Mental Hant: If item 27 is marked oth lury or other traumatic even Be Samuel Posey Matilda Smith 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zlp Code) Julia Posey same as #10 20b. Plece of Disposition (Nama of camatary, cramatory or other placa) December Data 1997 oc. Location - City or Town, State 20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ Ramoval from Stata permit. Pege Department of important: If any injury or once. Oak Grove Baptist Church 4 ☐ Donation 5 ☐ Other (Spacify) Nanjemoy, Maryland 21. Signature of Funeral Service Licensee 22. Nama and Address of Facility Williams Funeral HOme M00668 4270 Hawthorne Rd. Indian Head, Marland 20640 23a. Part1. Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Betwaan Onsat and Death **Physician** Immedieta Causa (Final disaasa or condition rasulting in death) /Medical Cevabral Hemourhage **Examiner** Canduae Arrhythmeni Dua to (or as a consequence of): Examiner physician end the bunal-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest C.O.P.D. axacervation Physician/Medical Dua to (or as a consequence of): Raymond Daniel Pase partensin Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobageo use contribute to the cause of death? 1 Tos 2 No 3 Probably 4 Unknown Cicarette Smoking been signed t should be dete by 24b. Wera autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? page 2 2 1 NO 1 ☐ Yas 2 ☐ No certificate or Attending Physician: director, Be 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Hospitel: Other: 4□ Nursing Homa 5□ Rasidanca 6□Othar (Specify) 1 Yas 2 No 1 Inpatiant Certification: To 2 ER/Outpatient 3 DOA this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of Injury 28d. Dascribe how injury occurred 28c. Injury at Work? After 1 Netural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not ba 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homleide To the Hospital or within 24 hours after To the Funeral Discompletely filled in 13 Certifying Physician: To the best of my knowladga, daath occurred et the time, dete and plece, and dua to tha causa(s) and menner as steted.

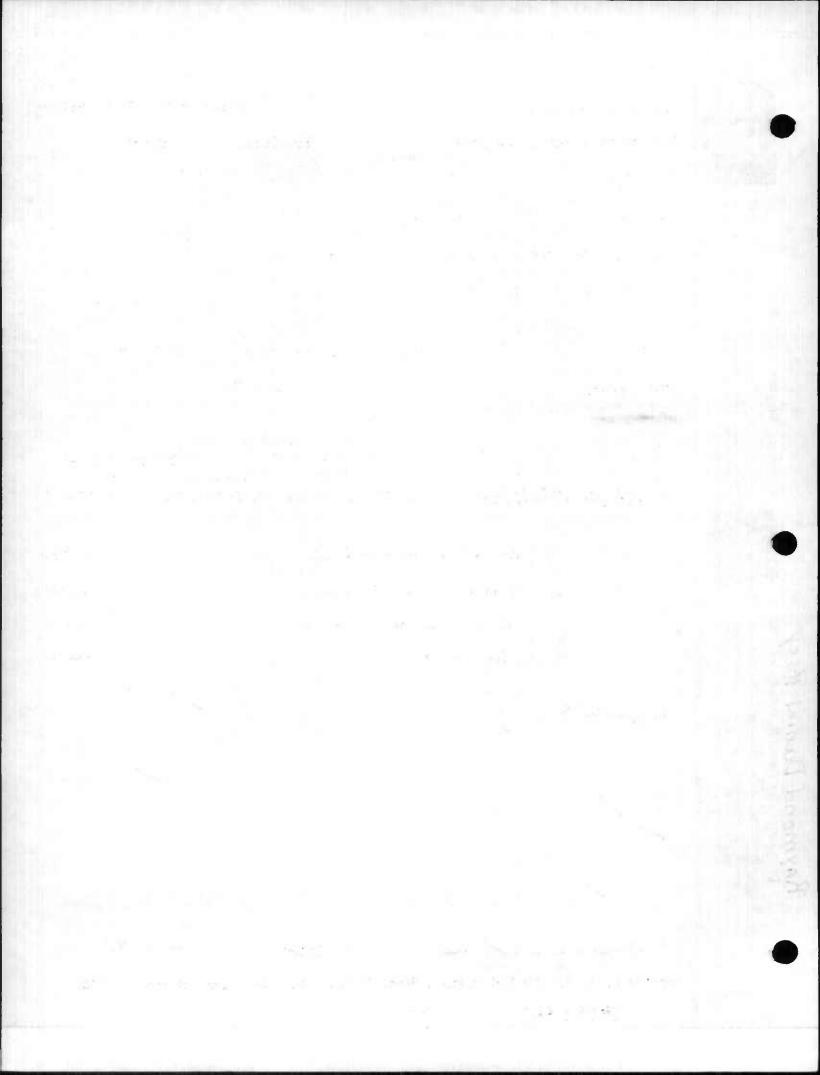
2 Medical Examiner: On the bests of axamination and/or investigetion, in my opinion, daath occurred at the time, date and plece, end due to the cause(s) and manner stetad. Medical 29e. Cartifler (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 12-11-97 anula Calela D - 16160 30. Nama and eddress of person who completed causa of death (Itam 23a) (Type, Print) Aurelio De la Paz,MD 128 Route 6 West, P.O.Box 1230 La Plata, Maryland 20646 31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura

DHMH 16 Rev 6/95

State

Registrar

DEC1 5 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month 1825 Joseph Marvin Peddicord, Sr. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO if Under 1 Year 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) **Funeral** Days XX 2 F Yrs Director 213-34-6100 61 April 30 1936 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits MD Anne Arundel Annapolis 1 Yes 2(XNo Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 631 Edwards Road 21401 United States Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 10 Land Surveying Land Surveyor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Joseph Henry Peddicord Ruth Leitch King 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lillian M. Peddicord (Wife) 631 Edwards Road Annapolis, Maryland 21401 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State Hillcrest Memorial Cemetery 12/5/97 Annapolis, Maryland 22. Name and Address of Facility
John M. Taylor Funeral Home, Inc. Signature of Funeral Service Linensee mala 147 Duke of Gloucester St. Annapolis, MD 21401 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final · anterioscleratio Candievascular disease or condition resulting in deeth) **Examiner** Due to (or es a consequence of) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Be Completed by 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an eutopsy performed? 1 TYes 2 No 25. Was case paterred to medical 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Dives 32 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of 1 ONatural 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner es stated.

2 Modical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Day, Year) 17-1-97

The law requires that the death certificete be executed Box 68760. P.O. Division of Vital Records, Attending Physician: spital or Attending Physical selections of the Court of t To the Hospital of within 24 hours of To the Funeral D completely filled in

and the burief-tran

signed by the ette

After this certificate

director,

ns 23s or 28a-f show must be notified at

Home 23a

the Medical Examiner

Maryland

State Registrar

cai

Medi

29a. Certifier

(Check only one)

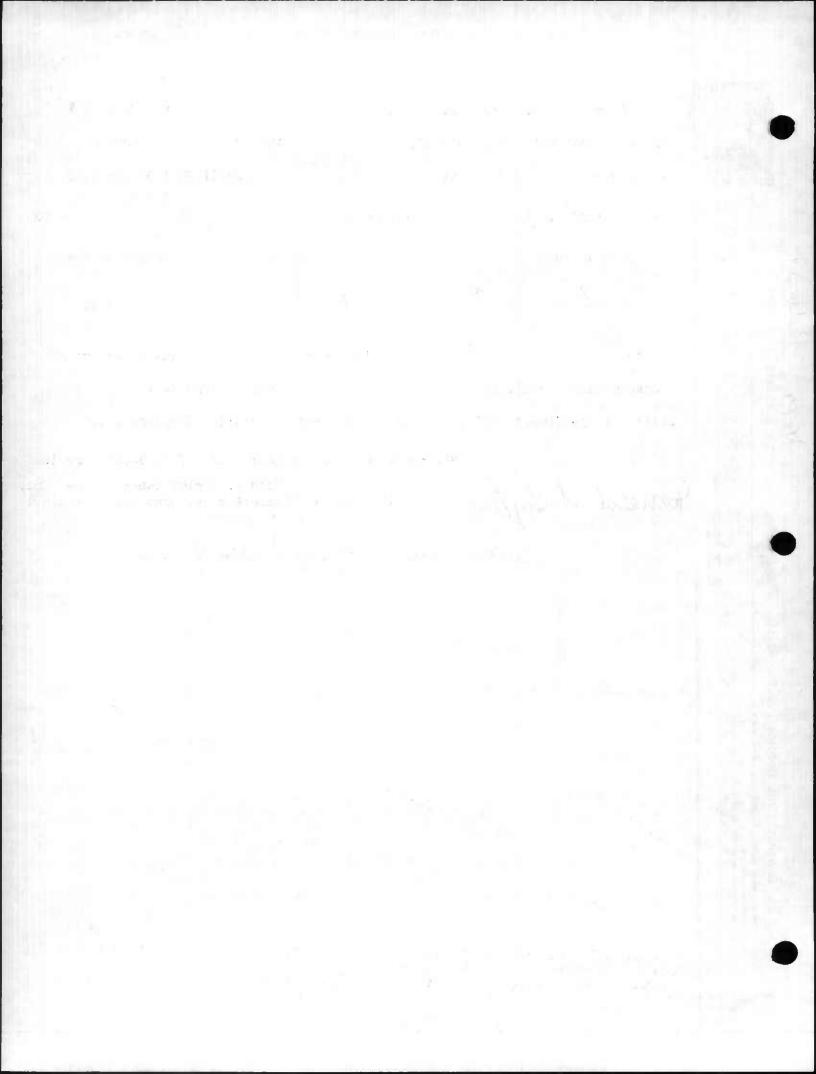
31. Date filed (Month, Day, Year) DEC 0 4 1997

29b. Signature end title of certifier

M.E. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

Bulkeley, M.D. 108 Pine Bluff Rd, Salisbury, Md whia Davidson

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle Last) 2. Date of Death 3. Time of Death DEC PATTERSON DONALD 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death 996 Melvin Road Annapolis Anne Arundel 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 8. Date of Birth (Month, Day, Sept 2 9. Birthplace (State or Foreign Country) Maryland 7. Age (In yrs. last birthday) 1 M 2□ F Days Yrs. 217-26-6515 81 Sept Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 996 Melvin Road 21403 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 □Xes 2 □ No IfXes, Give Year or Dates: WWII 11 Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 1 Never Married 2XX Married 1 ☐ Yes 2 No Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) 12 Publisher News/Publishing 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Paul C. Patterson Elsie Maclean 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Elizabeth M. Patterson (Wife) 996 Melvin Road Annapolis, Maryland 21403 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State XXBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Christ Church Cemetery 12/6/97 West River, Maryland 22. Name and Address of Facility John M. Taylor Funeral Home, Inc. 21. Signeture of Fung 147 Duke of Gloucester St. Annapolis, MD 21401 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between CANCER Immediate Ceuse (Finai METASTATIC PROSTATE disease or condition resulting in death) Due to (or as e consequence of) Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown

Physician /Medical Examiner

the

use as

signed by

this certificata has

After

s aftar death.

To the Hospital o within 24 hours aff To the Funeral Di complataly filled in

diractor.

illed in by the funeral

To

Certification:

Medical

8

The law requires that the death certificate be axecuted

P.O. Box 68760,

Division of Vital Records,

or Attanding Physician:

Physician

/Medical

Examiner

10a State

Funeral

Director

show

munt be notified at

"naturel", or iten

the Medical

r than

marked other

nt of Health a if item 27 is or other tra

Department of Important: if any injury or

Director

Funeral

Completed by

Be

the Maryland

death

21215-0020

Baltimore, Maryland

Pagas 1 and 2 should be filed within 72 hours efter a nent of Health and Mental Hygiene.

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last þ Be Completed

24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deett 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Naturel 5 Pending investigation 1 Yes 2 No 2 Acciden 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homleide

29e. Certifier Certifying Physician: To the best of my knowledge, death occurred et the time, dete and placa, and due to the ceuse(s) end manner as atated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s) and menner stated. 29b. Signature and the of certifier

29c. License number 29d. Date signed (Month, Day, Year)

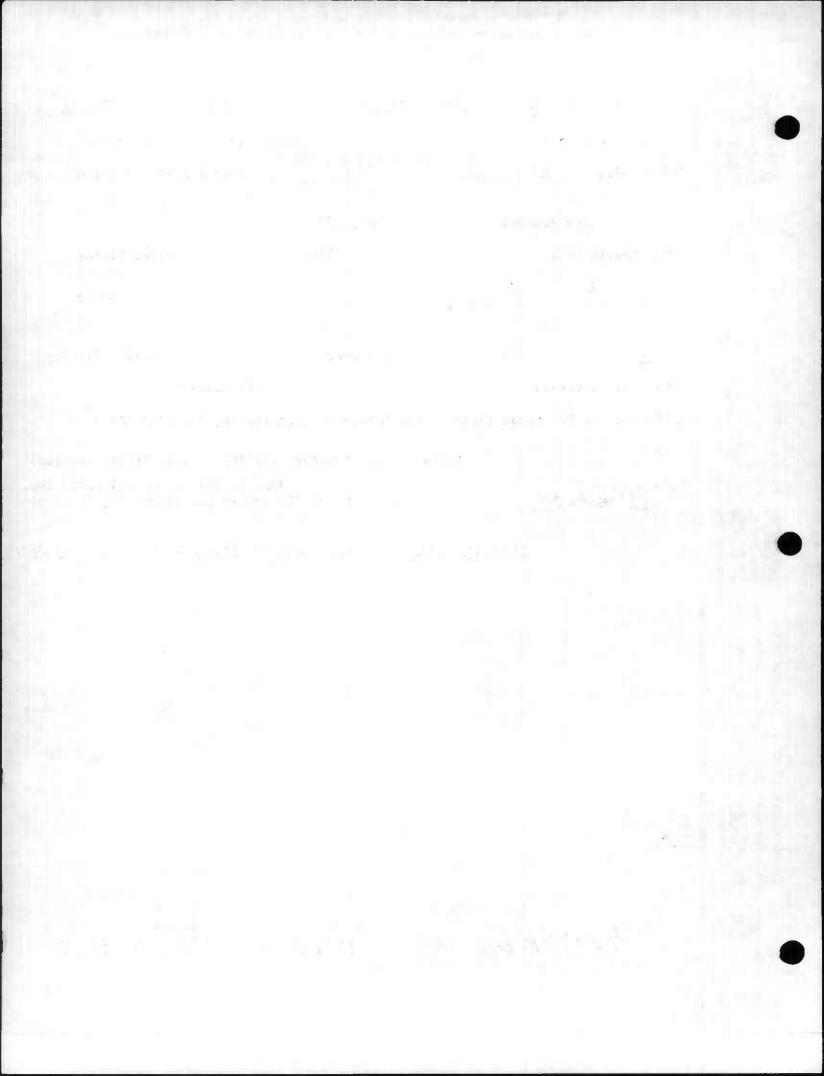
30. Name and address of person,

gate Road Annapolis mo 21401 Enser 31. Date filed (Month, Day, Year)

State Registrar

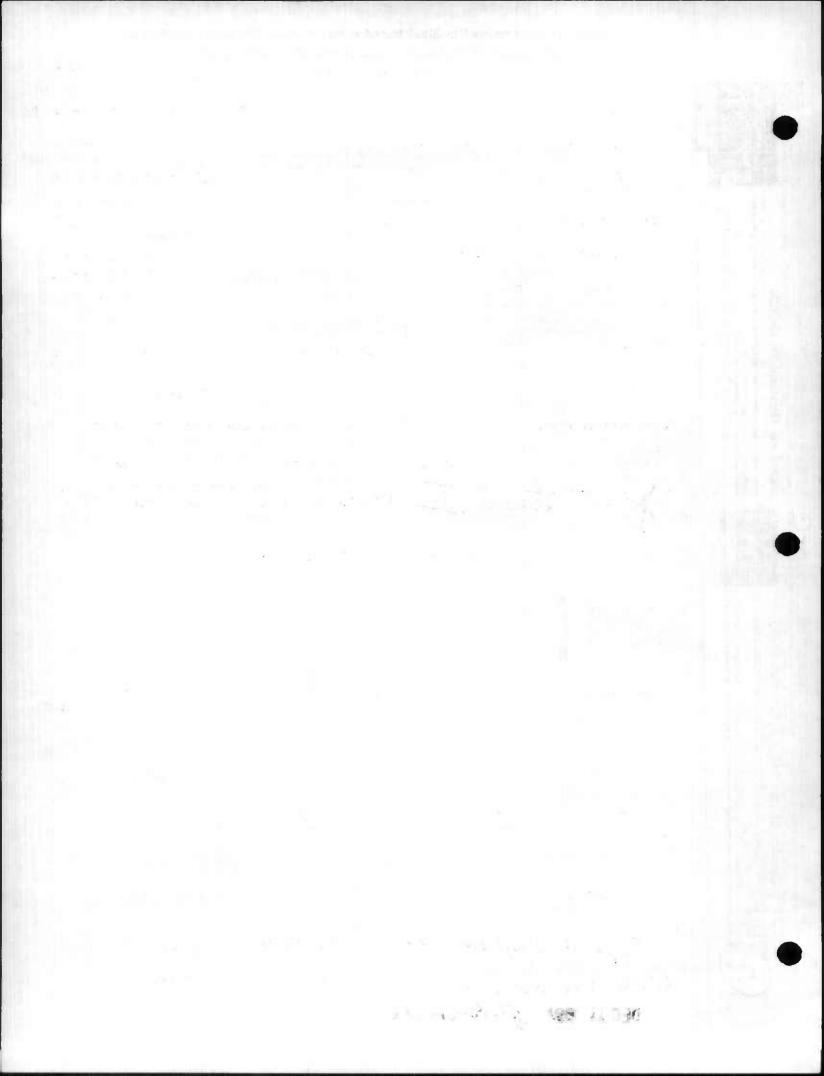
DEC 04 1997

32. Registrar's Signature relia Davidson



State of Maryland / Department of Health and Mental Hygiene

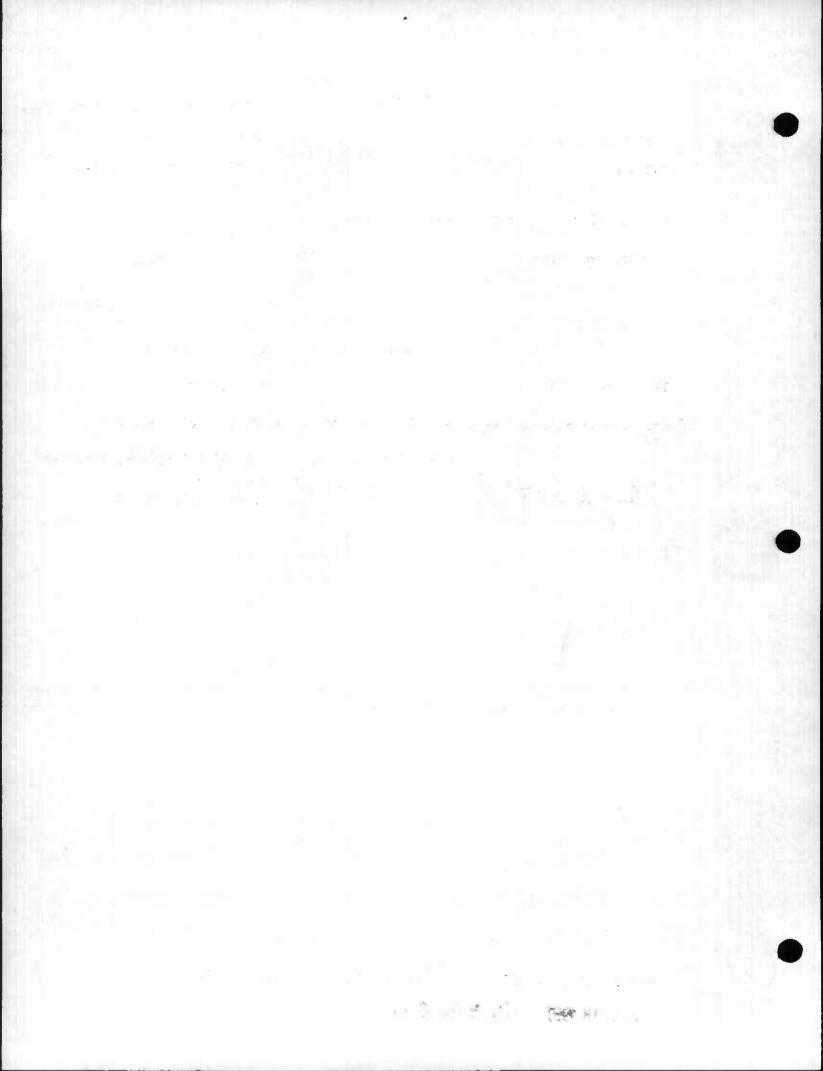
	-					Certific	cate of	Death		Reg. No.	00	
Physicia	an	Decedent's Nam	e (First, Middle, La	st)					2. Date of De Month	ath Day	Year	3. Time of Death
/Medic		Harr		Pryor					Decembe		997	6:00 I
Examin	er	14		a street and number)				4b. City, Town, or I	_ocation of Deat	4c. County	of Death	
				e's Hospit			lada d Masa	Cheve		Princ		
Funeral Director		5. Social Security N 234-32-7 Usual Residence of	342	M 2□F	76		inder 1 Yaar hths Days	If Undar 24 Hrs. Hours Min.	(Month, Da	th y, Year) 7, 1921		nd, WV
8 ₩		10a. State	10b. County		10c. City	y, Town or Location					100	f. inside City Lim
5 5	tor	Maryland	Prince (George's		Landove	r					1 Yes 2 1
23a or 28a-f show ust be notified at	Irec	10e. Street and Nur		8-			. Zip Code			10g. Citizen of V	Vhat Country	13
3a o	0	1107 Ca	pitol Vie	w Dr. #4	34		20	785		Unit	ed Sta	ates
rai', or items Examiner m	by Funeral Director	11. Maritai Status 1 ☐ Never Marri 3 ☑ Widowed	ied 2□ Married	12. Was Decedent Armed Forces? 1 12 Yes 2 11 If Yes, Give Yaar or Datas:			ecedent of I specify Cub es 2 🖽 No	Ilspanic Origin? (S an, Mexican, Puert Specity:	pecify Yes or No o Rican, etc.)		a - Amarican k, White, etc. Ameri	Africar Lean
netur light	ted	(Sner	15. Decedent's Ed	ducetion		16a. Decedent's	Usual Occup	pation	tina	16b. Kind of Bu	isiness/Indu	stry
nd Mentel Hygiene. marked other than "natural", imatic event, the Medical Exa	Completed	Elementary/Seco		College (1-4or:	5+)			during most of word)	Kirig			
Hygiene. other than	Son	12t1	n			W	arehou	seman		D.C	. Gove	ernment
of Hoth	Be	17. Father's Nama	(First, Middle, Last,					18. Mother's Nar	Maiden Sumam	e)		
Mentel I	Harriette V. Ow 20a. Method of Disposition 1 Surial 2 Cremation 3		nown					Un	known			
end is m			ame/Relationship (Type, Print)	19b. Mailing Address (Street and Number			ral Route Numb	er, City or Town,	State, Zip C	(ode)	
Health em 27 i			te V. Owe	20b. Placa of Dis				Terrace,	Landove	r, MD	20785	5
T ite				Damayai from State	20b. P	laca of Disposition emetery, crematory	(Nama of or othar pla	ce)	Data	20c. Location -	City or Town	n, State
ant: h					Mar	yland Ve	terans	Ceme. 1	2/12/97	Chelten	ham, M	ID
Department Important: I any injury o		21. Signature of Fu	ınarai Service Licer	. Jan Jan Vecela				es of Facility				
8 = 3		Nah	An / I	Stewart III 4001 Be							eral Home ., D.C. 20019	
		23a. Part Enter ti	he disease, or com	pilcations that cause one cause on each ii	the death						A	opproximate nterval Between
caminer	aminer	resulting in death) Sequentially list co	nditions	b		r as a consequence	of):					
	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last						of):				1	
physicia se the bu			nmadiate orlying injury Last	c	Dua to (or	as a consequenca						
0 0	n/Medica	cause. Enter Under Cause (Disease or that initiated events resulting in death) I	nmadiate orlying injury s Last	c	Dua to (or							
0 0	ician/Medica	resulting in death) (Last			as a consequenca	of):		00. 8/4			
by the ettending ached for use ea	y Physician/Medical	resulting in death) (Last	cd		as a consequenca	of):	ven in Part I.		tobacco use cor Yes 2□ No	ntributa to ti	
igned by the ettending be detached for use ea	þ	resulting in death) (Last			as a consequenca	of):	ven in Part I.	1 □		3 Probe	e autopsy finding able prior to pletion of cause
s been signed by the ettending 2 should be detached for use a	þ	resulting in death) (Last			as a consequenca	of):	ven in Part I.	1 □	Yes 2 No an autopsy	3 Proba	e autopsy finding able prior to pletion of cause ath?
s been signed by the ettending 2 should be detached for use a	Completed by	Part if. Other signif	icant conditions o			as a consequenca	of):		1 ☐ 24a. Was perfo	an autopsymmed?	3 Probe	e autopsy finding able prior to pletion of cause ath?
his certificate has been signed by the ettending al director, page 2 should be detached for use a	To Be Completed by	Part if. Other signif	icant conditions of the condit	ontributing to death b	out not rasu	as a consequence ulting in the underly ER/Outpatient 3E 28b. Time of Injury	of): ing cause gi	26. Place of Dea ner: 4 □ Nursing H ry at rk?	24a. Was perfo	an autopsymmed?	3 Proba 24b. Were availation of de 1 1 1	e autopsy finding able prior to pletion of cause ath?
fler death. Fleetor: After this certificate has been signed by the ettending in by the furnistal director, page 2 should be detached for use a:	To Be Completed by	Part if. Other signif 25. Was case referexaminer? 1 Yes 2 2	icant conditions of	Hospital: 1 Plnpatik 28a. Date of Inju	ut not rasu	as a consequence Ulting in the underly EP/Outpatient 3E 28b. Time of Injury Mome, farm, street, fa	of): ing cause git DOA Ott 28c. inju Wo 1	26. Place of Dea	24a. Was perfo	an autopsymmed? Yes 2 ■ No one) dence 6 □ Othehow Injury occurr	3 Proba 24b. Were available composited to the composite of the composite	bly 4 Unkr e autopsy findin able prior to oletion of cause ath? Yes 2 No
fler death. Fleetor: After this certificate has been signed by the ettending in by the furnistal director, page 2 should be detached for use a:	Certification: To Be Completed by	Part if. Other signif 25. Was case referexaminer? 1 Yes 2 2 27. Manner of Death 1 Natural 2 Accidant 3 Suicide 4 Homicide	red to medical No h 5 Pending Invastigation 6 Could not bedetermined	Hospital: 28a. Date of inju (Month, Da) 28e. Placa of inju 28e. Placa of inju	ont 2 vy Year) ury - At hoc. (Specify of my know examinat	as a consequence ulting in the underly ER/Outpatient 3E 28b. Time of finjury Mome, farm, street, farth	DOA Ott	26. Piace of Dea ner: 4 □ Nursing H ry at rk? Yes 2 □ No	24a. Was performent of the control o	Yes 2 No an autopsy med? Yes 2 ™No one) dence 6 □Oth how Injury occurr Street and Numb wn, State) cause(s) and ma	3 Proba 24b. Were availation of de the second of the seco	e autopsy finding able prior to oletion of cause ath? Yes 2 No
fler death. Fleetor: After this certificate has been signed by the ettending in by the furnistal director, page 2 should be detached for use a:	To Be Completed by	25. Was case referexaminer? 1 Yes 2 2 27. Manner of Deatl 1 Natural 2 Accidant 3 Suicide 4 Homicide	red to medical No 5 Pending Invastigation 6 Could not be determined	Hospital: 1 Planpate 28a. Date of inju (Month, Da 28e. Piaca of injuiding, ef	ont 2 ry y Year) uury - At hou. (Specify examinat	EP/Outpatient 3E 28b. Time of Injury Mome, farm, street, far)	DOA Ott	26. Place of Dealer: 4 □ Nursing H ry at rk? Yes 2 □ No me, date and placa ppinion, death occu	24a. Was performent of the control o	Yes 2 No an autopsy med? Yes 2 ™No one) dence 6 □Oth how Injury occurr Street and Numb wn, State) cause(s) and ma	3 Proba 24b. Were available composite of de the composite of the composit	e autopsy finding able prior to oletion of cause ath? Yes 2 No Route Number, ed. ne cause(s)
is also death. So Director: After this certificate has been signed by the ettending led in by the funeral director, page 2 should be detached for use a	Certification: To Be Completed by	Part if. Other signif 25. Was case refere examiner? 1 Yes 2 2 27. Manner of Deatt 1 Natural 2 Accidant 3 Suicide 4 Homicide 29a. Certifier (Check only one)	red to medical No 5 Pending Invastigation 6 Could not be determined	Hospital: 1 Planpate 28a. Date of inju (Month, Da 28e. Piaca of injuiding, ef	ont 2 ry y Year) uury - At hou. (Specify examinat	EP/Outpatient 3E 28b. Time of Injury Mome, farm, street, far)	DOA Office or red at the tition, In my of the case of	26. Place of Dealer: 4 □ Nursing H ry at rk? Yes 2 □ No me, date and placa ppinion, death occu	24a. Was performent of the control o	Yes 2 □ No an autopsy med? Yes 2 □ No one) dence 6 □ Othe how Injury occurr Street and Numb cause(s) and ma date and placa, a 29d. Date signed	3 Proba 24b. Were available composite of de the composite of the composit	e autopsy finding able prior to oletion of cause ath? Yes 2 No Route Number, ed. ne cause(s)
fler death. Fleetor: After this certificate has been signed by the ettending in by the furnistal director, page 2 should be detached for use a:	Certification: To Be Completed by	25. Was case reference aminer? 1 Yes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	red to medical No 1 Pending Invastigation 6 Could not be determined 1 Cartifying Phenomena Cartifier The Cartifier	Hospital: 28a. Date of injumonth, Date of injumont	ont 2 Ury Year) uury - At hoc. (Specify examinat atad.	EP/Outpatient 3E 28b. Time of Injury M me, farm, street, fa y) wledge, death occur ion and/or Investigate.	DOA Ott 28c. Inju Wo 1 ctory, office rred at the ti ation, In my c	26. Place of Dearer: 4 Nursing Hory at rk? Yes 2 No	24a. Was performent of the control o	Yes 2 □ No an autopsy med? Yes 2 □ No one) dence 6 □ Othe how Injury occurr Street and Numb cause(s) and ma date and placa, a	3 Proba 24b. Were available composite of de the composite of the composit	bly 4 Unku e autopsy findin able prior to oletion of cause ath? Yes 2 No Route Number, ed. ne cause(s)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No: 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Peacock Ι., Agnes 5, 1997 11:00 P.M. December /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's 701 Loch Ness Circle Fort Washington H Under 1 Year Hours Min. 8. Date of Birth (Month, Day, Year) July 27, 1901 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (Steta or Foreign Country) 1 □ M 2 AF Months Yrs. 578-01-7862 96 Director Maryland Usual Residance of Dacedant 10b. County 10c. City, Town or Location worle 10d. Insida City Limits In Pagas 1 and 2 should be filed within 72 hours after death with the Maryla artifert of Health and Mariet Hygiens.

That if I fam 27 is marked other than "natural", or items 23a or 28a-f show injury or other traumatic event, its Mariet Francisc must be notified as 1 Yas 2 No Director Maryland Prince George's Fort Washington 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whal Country? 20744 Funeral 701 Loch Ness Circle U.S.A. 12. Was Decedani Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Dates: 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 Navar Marriad 2 Married Baitimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Be Completed by Specify: 3 Widowed 4 □ Divorced White 16e. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilege (1-4or 5+) 12 Bookkeeper - Stenographer Tire Co. 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meiden Sumema) James W. Burch Emma Canter 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rurel Routa Number, City or Town, Stete, Zip Coda) 5803 Rexford Dr. #D, Springfield, Va. 22152 Clare M. Peacock/Granddaughter 20a. Method of Disposition 20b. Place of Disposition (Nema of camatary, cramatory or other place) 20c. Location - City or Town, Slata 1 Burial 2 Cramation 3 Ramoval from Stata Cedar Hill Cemetery 4 ☐ Donation 5 ☐ Othar (Spacify) 12/10/97 Suitland, Maryland 21. Signature of Funeral Service Licental 22. Name and Address of Facility George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.20745 nter the disease or complications that caused the death. Do not antar tha mode of dying, such as cerdiac or respiratory arrest, Approximata Interval Batwaan Onsal and Death **Physician** /Medical Immediata Causa (Finel disaasa or condition rasulting in deeth) ACUTE MYOCARDIAL INFARCTION Examiner Due to (or as a consaquance of): Examiner sician and bunal-transit The law requires that the death cartificate be executed Sequantially list conditions, if any, laading to Immediata causa. Enter Underlying Causa (Diseesa or injury that initiated events rasulting in daath) Last Dua to (or as a consequence of) Box 68760. physician s the burial Physician/Medical Dua to (or as a consequence of): 8 usa signed by the at d be datached for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. P.O. 23b. Did tobecco use contribute to the ceuse of death? CEREBROVASCUAR DISEASE. 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Ware eutopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed' page 2 s cartificata 1 ☐ Yas 2 🗓 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: funaral director, 25. Was case refarred to medical axaminar? Be 26. Pleca of Daath (Check only ona) Hospital: 1 | Inpatiant 2 | ER/Outpatient 3 | DOA Othar: 4 Nursing Homa 5 ARasidance 8 Othar (Specify) 2 1 Yas 2 No After this 27. Mennar of Daath 28a. Data of Injury (Month, Day Yaar) 28b. Time of Certification: 28d. Describe how injury occurred 28c. Injury at Work? 1. Neturel 5 Pending invastigation aftar death. 2 Accidant 1 Yas 2 No tha 3 Sulcida 6 Could not be datarmined 28a. Place of injury - At homa, farm, straat, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide Hospital 24 hours a 1 Cartifying Physicien: To tha best of my knowledge, deeth occurred at tha tima, date end place, and dua to tha causa(s) and mennar as stated.

2 Medical Examinar: On tha basis of axaminetion and/or invastigation, in my opinion, daath occurred at the time, deta and place, and dua to tha causa(s) and mannar statad. Medical 29a. Cartifiar plataly (Check only one) To the Vithin 2 29b. Signatura and tills of certilies 29c. Licansa number 29d. Dala signed (Month, Day, Year) D13072 12/8/9 30. Name end addrass of person who completed causa of daath (Item 23a) (Type, Print) 8926 Woodyard Rd. #601, Clinton, Md. 20735 Gurbux Nachnani, M.D. 31. Date filed (Month, Day, Year) 32 Registrar's Signetura Michen Karlatt DEC 08 1997 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.-1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** millard December 4:30 Am /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Prince George's Hospital Center Cheverly Prince George's 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign Country) West Virginia 6. Sex 7. Age (In yrs. last birthdey) **Funeral** 1⊠M 2□ F Days Hours Min. 233-28-2702 Yrs. 78 Director July 22, 1919 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Reme 23s or 28s-f show ther must be nothed at 1 ☑ Yes 2 ☐ No Director Maryland Prince George's Hvattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5609 Quincy Street 20784 U.S.A. Funeral deeth 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: 11 Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. traumatic event, the Medical Examiner. filed withIn 72 hours efter 1 ☐ Never Married 2 X Married 21215-0020 6 1 ☐ Yes 2 No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorced "naturel", Completed 16a. Decedent's Usuet Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry el Hygiene. Etemantary/Secondary (0-12) Cotlege (1-4or 5+) Computer Programmer U.S. Government Maryland 17. Father's Name (First, Middle, Last) mit. Peges 1 and 2 should be file partment of Health and Mentel Hy portant: if Item 27 is marked oth y injury or other traumatic eventy injury or other traumatic eventy. 18. Mother's Name (First, Middle, Meiden Sumeme) Millard F. Perry Edna Mae Jeffries 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Coda) Lois L. Perry - Spouse 5609 Quincy Street, Hyattsville, Maryland 20784 Baltimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Ramovel from State permit. Pege Department of Important: If any injury or once. 4 □ Donation 5 □ Other (Specify) Fort Lincoln Cemetery 12/09/97 Brentwood, Maryland 22. Name end Address of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signeture of Funeral Service Licenses 4739 Baltimore Avenue, Hyattsville, MD 20781 ersa 23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrast, shock, or heert failure. List only one cause on each lina. Approximate Interval Batw **Physician** Immediata Cause (Finel diseese or condition resulting in daath) /Medical Compared to Pullunonia
Due to (or es a consequence of): Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequentially fist conditions, if eny, teading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last pue the buriel-tran Box 68760. Due to (or es e consequence of): signed by the e P.O. Part tt. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Nonknown alather res Leurion Division of Vital Records, þ 24b. Ware autopsy findings aveileble prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No lai or Attending Physician: The safer death.

Is after death.

In Director: After this certificet ed in by the funeral director, pr Be 25. Was case rafarred to medicel examiner? 26. Place of Death (Check only one) Hospitet: 1 Inpatient 2 ER/Outpatient 3 DOA 10 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. Menner of Death 28c. tnjury at Work? 28e. Date of tnjury (Month, Day Year) Certification: 28d. Describe how injury occurred 5 Panding investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Coutd not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 24 hours 1 Cartifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, data and place, and dua to the causa(s) and mannar stated. Medical 29a. Certifier (Check only one) To the Vithin 2 29c. License number 29d. Date signed (Month, Day, Year)

31. Data filed (Month, Day, Year) State Registrar

DEC 08 1997

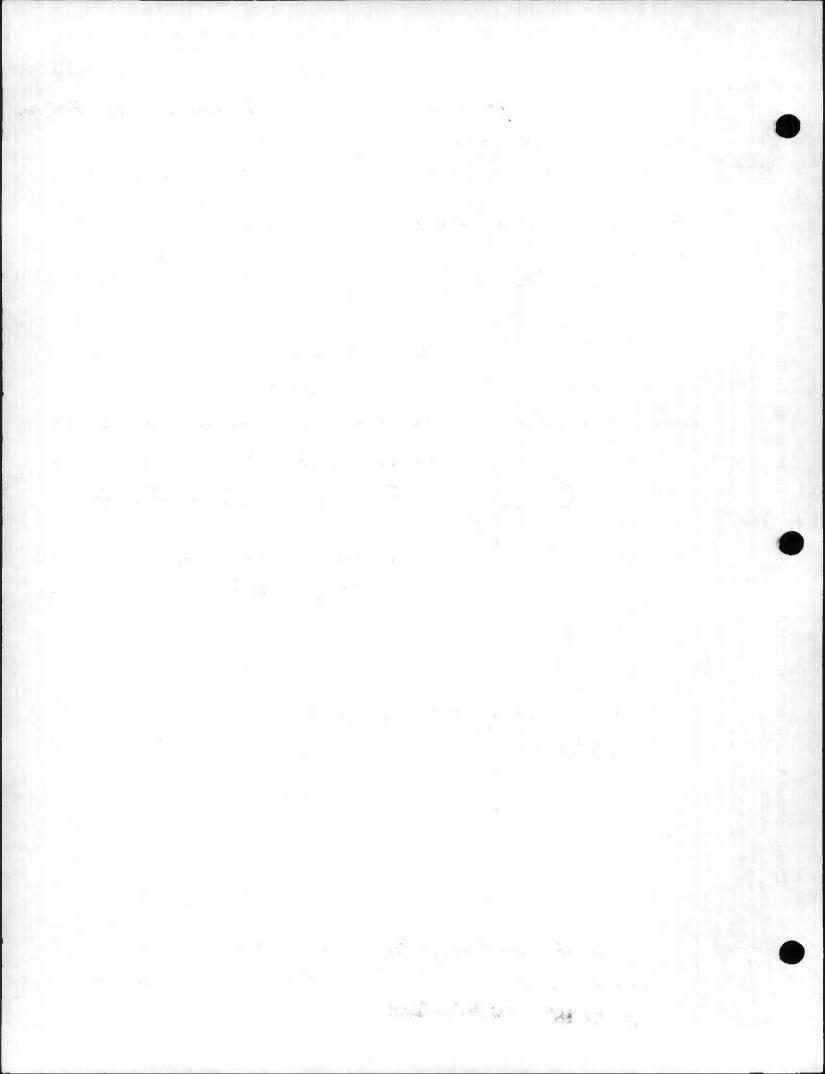
avi

yawte MD

32 Registrat's Signature 115 centercelay greene It no zoro

30. Name and addrass of parson who complated cause of death (Itam 23a) (Type, Print)

Juli to ro



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ΔM State of Maryland / Department of Health and Mental Hygiene MICHAEL PETERSONItem: 23a part I per MEO G-756 2/20/98 dh Certificate of Death 1. Decedant's Name (First, Middle, Last) 2 Date of Deeth 3. Time of Deeth Dey **Physician** DECEMBER 06,1997 10:15 P MICHAEL DARNELL PETERSON /Medical 4e. Fecility Name (If not institution, giva straet end numbar) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1911 BROOKS DRIVE APT. #203 CAPITOL HEIGHTS PRINCE GEORGES

If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey Leer)
August 27,1973 Washington D.C. If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Days Months Yrs. Director 578-96-0165 with the Maryland 10a Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits must be notified at 1 ¥Yas 2 □ No Director MARYLAND PRINCE GEORGE'S CAPITOL HEIGHTS 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ 1911 BROOKS DRIVE # 203 20743 USA 238 Funeral items 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 P No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) Race - American Indian, Bleck, Whita, etc. 1 Never Married 2 Married filed within 72 hours efter 21215-0020 6 1 Yas 2 No Specify: BLACK py 3 Widowed 4 Divorced natural Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry / Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) DOORMAN PRIVATE other 1 12th Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Peges 1 and 2 should be send Mentel 2 traumetic PAUL PETERSON ROSIE ROBINSON 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e, Informent's Neme/Relationship (Type, Print) of Health : If item 27 is ROSIE PETERSON/ MOTHER 1911 BROOKS DRIVE #203 CAPITOL HEIGHTS, MD 20743 other 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 0 ₩Buriel 2 Cramation 3 Ramoval from State permit. Pege Depertment of Important: If any injury or HARMONY MEMORIAL PARK 12 - 12LANDOVER, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility MARSHALL'S FUNERAL HOME 21. Signeture of Funeral Service Licensee 10nuc 4308 SUITLAND ROAD SUITLAND, MD 23a. Part 1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear feilure. List only one cause on each line. ntervel Between Onsat and Death Physician CARDIOMYOPATHY /Medicai Immediate Ceuse (Finel CARDIOMYOPTHY ASSOCIATED WITH MORBID OBESITY AND disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner HYPERTENSION Sequentielly list conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Disease or Injury that Initiated events pue Due to (or es e consequence of): The law requires that the deeth certificate be exec physician Physician/Medical thet initieted events resulting in death) Lest the Due to (or es a consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 K Unknown þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to peen completion of causa of death? INSPECTION hes 1 ☐ Yes 2 No certificate 1 ☐ Yes 2 X No Be 25. Wes case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 \$\infty\$ Residence 6 Other (Specify) Hospitel: 10 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Manner of Death Dete of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After 1 Neturel 5 Pending invastigation 1 ☐ Yes 2 ☐ No 2 Accident

Box 68760 P.O. Records, Division of Vital Attending s after dea. ò To the Hospital or within 24 hours at To the Funeral D

6 Could not be determined 3 ☐ Suicida 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end piaca, and due to the ceuse(s) and menner stated. 29a. Certifier (Check only one) 29b. Signeture and title of certifier

OCME

29c. License number 29d. Date signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

DECEMBER 08, 1997

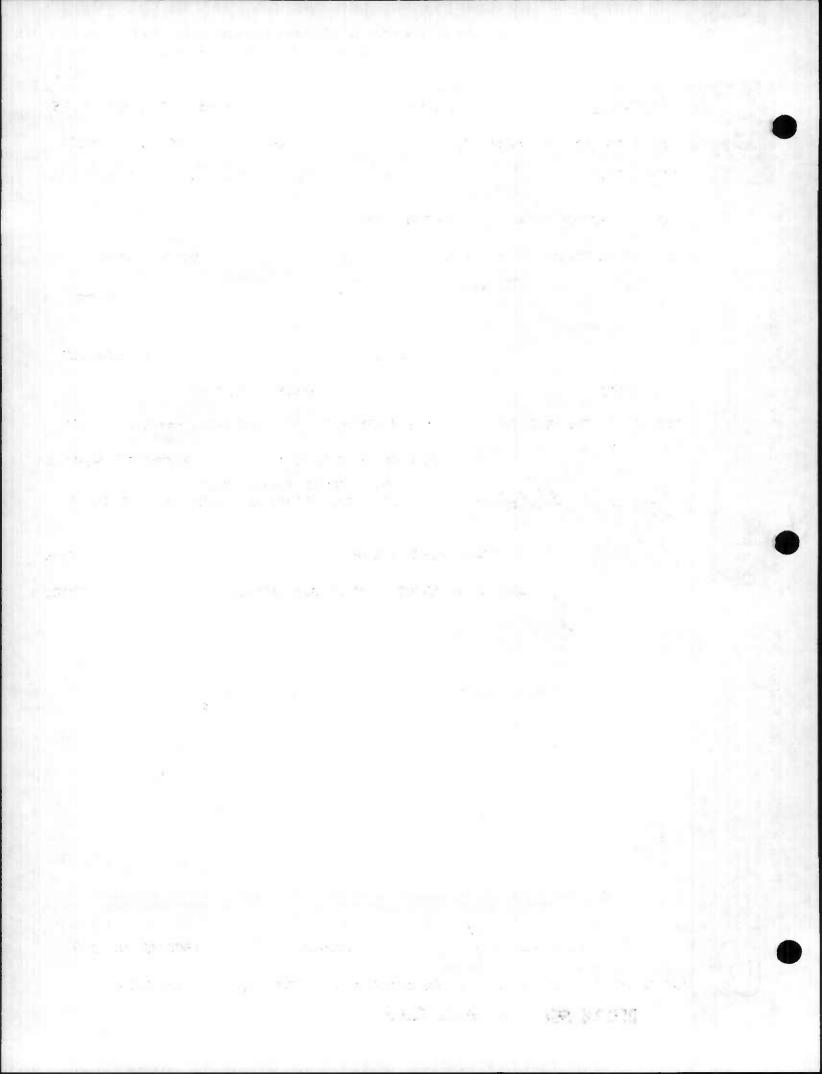
Dennis Chute M.D. 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Year)
DEC 12 1991

State Registrar

edical

when it is some of the

	1 Decedent's No	ma (First, Middla, L				tificate of	Death	1	Reg. No. 7	39	
ysician	100 000	lora	151)	Por	rter			2. Data of De Month Decemb	Day	997	3. Time of Dea 9:15
ledical aminer			va straat and number		LUCI		4b. City, Town, or				3.13
eral tor	9014 RH 5. Social Security 181-26- Usual Rasidance	Number 6. 3773	D AVENUE, Sax 7. A	#508 Aga (In yrs. le 84	ast birthdey) Yrs.	If Undar 1 Year Months Days		8. Deta of Bir (Month, Da	PRINC	9. Birthpl Count	RGE Sace (State or Formy)
	10a. Stata	10b. County	y	10c. City	, Town or Loc	ation				10	d. Inside City Lin
ctor	MARYLAND	PRINCE	GEORGE'S	COL	LEGE E	PARK					1□ Yas 2X
Director	10e. Street and N	lumber				10f. Zip Coda			10g. Citizan of	What Count	try?
			D AVENUE,			2074			UNITED S		
by Funeral	3 🖾 Widowed	rried 2 Marriad	12. Was Dacedan Armed Forcas 1 Yas 2 If Yas, Giva Year or Datas	XNo	1f	as Decedant of I Yas, specify Cub ☐ Yes 2 ☑ No	Hispanic Origin? (Spen, Maxicen, Puar Specify:	pacify Yas or No to Rican, etc.)		ck, White, a	itc.
Completed	(Sp	15. Dacedant's E acity only highest gr condary (0-12)	ducetion eda complated) Collaga (1-4or	5+)	(Give k lifa. D	O NOT usa retire	during most of wo	rking	18b. Kind of B		
	17. Fathar's Nam	a (First, Middle, Las	1)		SEAMS	TRESS	18. Mothar's Nar	na (First, Middle	TEXTILI , Maiden Suman		JSTKY
To Be	JOHN TO	OLE					ANNIE RO	OCKOWITC	Н		
-		Name/Ralationship	(Type, Print)		19b. Mailing	Address (Street	t and Number or Ru			State, Zip	Code)
		WILSON, G	RANDSON				DRIVE, RO	CKVILLE	, MARYLA	AND :	20850
20a. Mathod of Disposi 1 ☐ Burial 2 🛣 4 ☐ Donation 5 [Removal from State		ace of Dispos matary, crem	ition (Neme of atory or othar ple	ice)	Deta	20c. Location	City or To	wn, Stata
		5 ☐ Othar (Speci	* *	FOR		OLN CRE		2/10/97	BRENTWO	DOD, 1	ARYLAND
once	21. Signatura	uneral Service Lice	1/_		FC	Nama and Addra	ass of Facility OLN FUNER	RAL HOME			
	Doen	Det	trant		34	01 BLAD	ENSBURG F	D., BRE	NTWOOD,	MD 20	
n	thock, or he	eart failura. List only	plications that ceuse ona ceuse on each	line.	. Do not ente	r the mode of dyl	ng, such as cerdia	or raspiratory a	rrast,		Approximate Intarval Between Onset end Death
al	Immediate Causi disaasa or condit	(Finel	PULMON	ARY HY	PERTEN	ISTON					2 YEARS
r	rasulting in death)	θ.		as a consequ						LILAND
iner			CHRONI	C OBST	RUCTIV	E PULMO	NARY DISE	EASE			YEARS
al Examiner	Sequantially list of any, leading to ceuse. Enter UnCause (Disease that initiated ever	conditions, immadiata darlying or injury	c		as a consaqu					1	
an/Medical	rasulting in deeth	Last	d	Dua to (or	as a consequ	ance of):					
sicia	Pert II. Other sign	ificant conditions	contributing to death	but not rasul	lting In tha un-	darlying ceusa gi	van in Pert I.	23b. Did	tobacco usa co	ntribute to	the cause of de
by Physician/M								1 X 1	Yes 2□No	3 Prob	ebly 4□Unki
Completed								24e. Was perfo	en autopsy omed?	eva	ra eutopsy findin ilable prior to apletion of ceuse leath?
Co								10	Yas 2 No	1	Yes 2□ No
Be	25. Was cesa ref axaminar?		Hospital:			0		ath (Check only o	ona)		
To To	1 Yas 2		1 ☐ Inpat		R/Outpatient 28b. Tima of	2000		lome 5 Resi	dance 6 Oth)
ition	1 Natural 2 Accident	5 Panding invastigation	(Month, D	ay Year)	Injury	28c. Inju Wo M 1	rk?]Yes 2 □ No	200. Dascribe	now injury occur	160	
Certification:	3 Suicida 4 Homicide	6 ☐ Could not b	e 28e. Place of Ir	njury - At hor tc. (Specify)	ma, farm, stre	at, factory, office		28f. Location (City or To	Street and Numb wn, Stata)	ber or Rural	Routa Number,
edical (29a. Cartifier (Check only one)	1X Certifying Pl 2☐ Medical Exam	nysician: To the best minar: On the basis of and manner s	of examination	ledga, daath on and/or inva	occurred at the ti astigation, in my o	ma, data and place opinion, daath occu	, and due to the irred at tha tima,	ceuse(s) and ma data and place,	annar as sta end dua to	ated. tha cause(s)
Σ	29b. Signeture en	d titla of certifier	1 /	1		29c, Licens	se number		29d. Date signe	d (Month, L	Dey, Year)
	1	Juld-	6			D250	079	1	DECEMBER	R 9, 1	1997
	30. Nama and ed	dress of person who	completed ceusa d	death (Item	23a) (Typa, P	rint)					
/	JON H. Y.	ABLONOWIT	Z, M.D.,	7404 E	XECUTI	VE PLACI	E, SEABRO	OK, MARY	YLAND 20	706	
State gistrar	31. Data filad (Mo		32, Regist	trer's Signeti				,			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

					Ce	rtificate	of	Death		Re	g. No.	1 3:	1042
Physician		1. Decedent's Name (First, Middle, La								2. Date of Deet Month	h Dey	Yeer	3. Time of Dea
/Medical		Henry Melvin Ri								December		1997	4:18pm
Examiner	ľ	te. Facility Neme (If not institution, git						4b. City, To	wn, or Lo	ocation of Death	4c. Cour	nty of Deeth	
	Ļ	Physicians Memor		•				La P			Cha	rles	
Funeral Director		216-14-3366	Sex 1ĎM 2□F	7. Age (In yrs. II	est birthday) Yrs.	Months C	ays	If Under: Hours	Min.	8. Dete of Birth	1920	9. Birthpl Count Mary	ece (Stete or Fo nx) Land
p ≥	- 1-	Usual Residenca of Decedent 10e. State 10b, County		10c, City	, Town or Lo	ocation						14	d. Inside City Li
Aaryl or	,	Maryland Charles			lian H								1X Yes 2
vith the Marylen or 28s-1 show be notified at	-	10e. Street and Number		1110	alan n	10f. Zip Co	de			1	10g. Citizen of What Country?		in/2
23a or		87 Mattingly Aver	1110				64	0			USA		
urs efter des		11. Marital Status 1 Never Married 2 Married 3 Midowed 4 Divorcad	1	2 □ No			of H Cubi		pin? (Sp. Puerto	ecify Yes or No- Rican, etc.)			etc.
ed within 72 hours ygiene. wr than "naturel", rt, I're Medical Ext		15. Decedent's E (Specify only highest gr	ducation		16a. Dece	dent's Usuai C	ccup	ne during most of work		ina		Business/Ind	
en	-	Elementary/Secondary (0-12)	College (1-	4or 5+)	life.	DO NOT use	etire	one during most of work etired)		n g			
Co to the co		12			Pa	ainter						overnm	ent
be filed within 72 h ttel Hygiene. d other than "netu event, the Medica Be Completed		17. Fether's Name (First, Middle, Last								e (First, Middle, M		eme)	
Ment Ment arked To		Richard Henry R	isson			Mollie b. Mailing Address (Street end Number or F				. Sulliv	7an		
s 1 end 2 should f Heelth end Men tem 27 is marke other traumatic		19a. Intormant's Neme/Reletionship									-		Code)
end eelth		Melvin Rison(son)	9955 Del.									
9 = 5	1	20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		State Trin	laca ot Dispo emetery, cred nity M	osition (Neme metory or othe emoria	r ple	Dece Garden	mber s	154997	_	n-city or To	
permit. Pa Depertmen Important: any Injury once.	-	21. Signature of Funeral Service Lice		Trinity Memorial Gardens 22. Name end Address of Fecility Wi					l.			-	
Depermination of the sany from	ŀ	12/11 A	1	22. Name end Address of Fecility W M00668 4270 Hawthorne Ro									206 pag
Ine law requires that the death certificete be executed ate has been signed by the attending physician and pege 2 should be deteched for use es the buriel-transit completed by Physician/Medical Examiner		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest	bC	Due to (dr	as e consecutive of the consecut	ATTO I quence of): MA	J E	550	PH	1Agw.)	FEL	sminu sminu smon
that the death cert ed by the attendin deteched for use	1	Part II. Other significant conditions of	contributing to dea	ath but not resu	ilting In the u	inderlying caus	e giv	ven in Pert f.			bacco use		the cause of deably 4 Unit
igned be de by F										7			
The law requires that safe has been signed to pege 2 should be detected by P						24a. Wes e perform		eve	re autopsy findir illeble prior to inpletion of causi leath?				
om Sege										1 □ Ye	s PAIO	10	Yes 2□ No
		25. Was case reterred to medical						26. Place	of Deat	h (Check only on	e)		
		exeminer?	Hospital:	patient 2 E	ER/Outpatier	nt 3 DOA	Oth	oer:		me 5 Reside		Other (Specify	')
Attending Print death. octor: After this by the funeral iffication: 1	1	27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Date of (Month)		28b. Time o Injury	f 28c.	Injui Woi	yat rk? Yes 2 □ I		28d. Describe ho	w Injury occ		
rs effer death. al Director: Affer ted in by the funeral Certification:		3 Suicide 6 Could not be determined	28e. Pleca o	ot Injury - At hor g, etc. (Specify)	me, farm, str	reet, fectory, o	ffice			28t. Location (St. City or Town	reet end Nu n, Stete)	mber or Rura	Route Number,
to the neoptial or Amending I'm within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral Medical Certification: 1		29a. Certifier Certifying Pt (Check only one) 2 Medical Example 1	nysician: To the b niner: On the bas end mann	sis of examineti	vledge, deeti ion end/or in	h occurred et t vestigation, in	he tir my o	me, dete an opinion, deal	d placa, th occum	end due to the ce red at the time, de	euse(s) end ete end plec	manner as st e, and due to	ated. the cause(s)
within To th Comp	3	29b. Signature and this of certifier	1	HEN	Din			44436			-	ned (Month, I	
State Registrar	P	30. Name and Ledgess of person who Ashvinkumar J. 31. Dete filed (Month, Dey, Year) DEC1	Patel,			Indus	re	ston ial I	Squ	uare II c Rd,Wa	, Sui Idori	ite 61 E,MD	B 20 604

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene-Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 1997 HARRY RICHARD ROWETT Dec. 7:05 PM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Harford Abingdon 604 Otter Point Road if Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Ye 5. Social Security Number 9. Birthplece (Stete or Foreign Country) New Jersey 7. Age (In yrs. lest birthday) 181 M 2 F 77 Yrs 149-03-9381 1920 Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Abingdon Maryland Harford 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? USA 21009 604 Otter Point Road 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, atc 1 Yes 2 No WW II If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried White 3 ₩ Widowed 4 Divorced 15. Decedant's Education (Specify only highest grade completed) 16e. Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) 5+ Elemantary/Secondery (0-12) Defense Contractor Sales Engineer 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Stella (UK) Wintermute William (UK) Rowett 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1307 Darley Court, Bel Air, MD 21015 Paul R. Rowett/Son 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) R. A. Ferris & Co., Inc. 12/6/97 West Chester, PA 21. Signature of Munerei Service Licensee 22. Neme end Address of Fecility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, MD 21009 Part! Enterthe disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Rulmonary Disease Immediata Ceuse (Finel disease or condition rasulting in deeth) Sequentially ilst conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that Initiated evants resulting in deeth) Lest Due to (or es a consequença of) Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings aveilable prior to completion of cause of death? 24e. Wes an eutopsy performad? 1□ Yes 2ENo 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Othar (Specify) 1 | Inpatiant 2 | ER/Outpatient 3 | DOA 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pieca, end due to the ceuse(s) and menner es steted.
2 Medical Examinar: On tha basis of examination and/or investigation, in my opinion, deeth occurred at the tima, data and piece, and due to the causa(s) end mennar stated.

29c. License number

Batto MD 21224 Carmen

29d. Dete signed (Month, Dey, Year)

or Attending Physician: The law requires that the death certificate be executed Box 68760,

Physician

/Medical

Examiner

Funeral

Director

28a-f ahow

6

234

6

"natural",

al Hygiene.

permit. Peges 1 and 2 should be file Department of Health end Mental Hy Important: If Item 27 is marked other any lipiny or other treumatic event, 9068.

Physician

/Medical Examiner

ettending physician for use es the bune

been si

hes

Physician/Medical

by

Completed

Be

Certification: To

Medical

29a. Certifier

(Check only one)

Director

Funerai

by

Completed

Be

treumstic event, the Medical Examiner must be notified at

filed within 72 hours efter death with the Maryland

21215-0020

Baltimore, Maryland

Division of Vital Records, P.O.

certificate After this death. efter death Director: / filled in by 24 hours e pletely

12 H

within 2 To the I

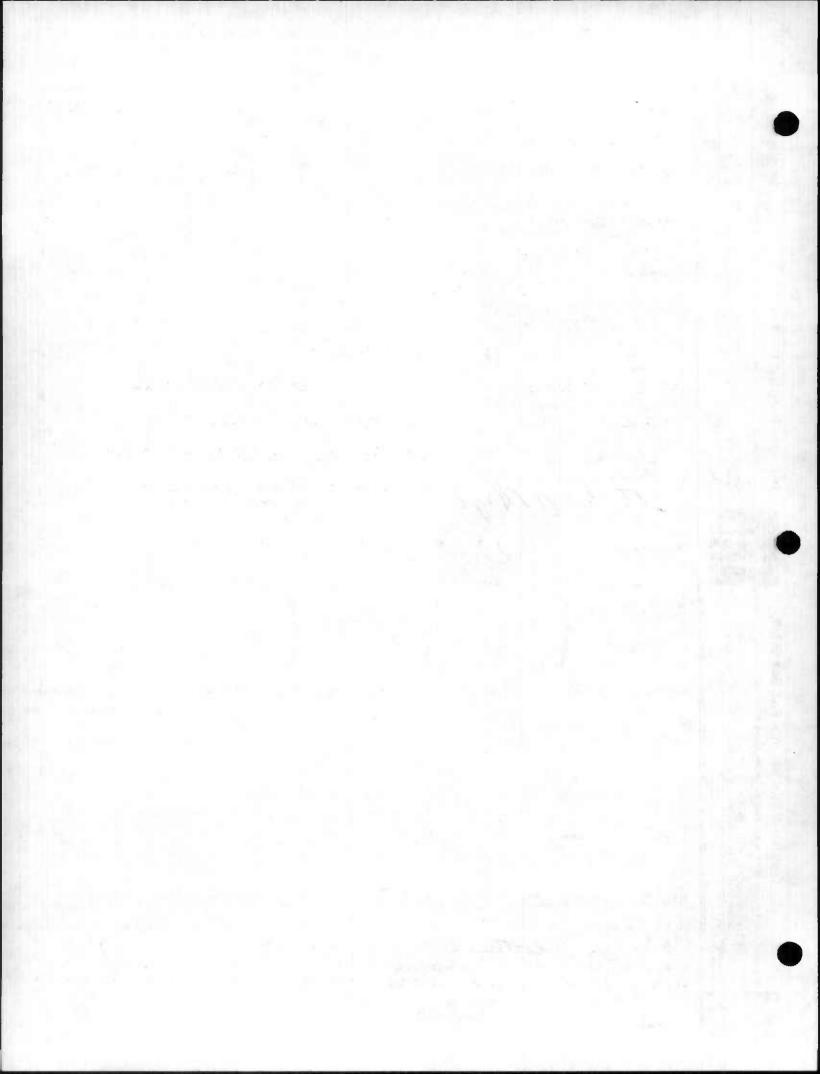
State Registrar 31. Deta filed (Month, Day, Year)

00

29b. Signature and title of certifier

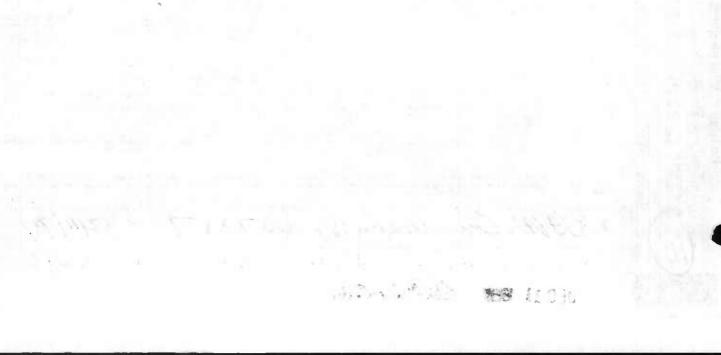


30. Nama and address of parson who complated cause of daeth (Itam 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Nan	ne (First, Middle	. Last)						2. Data of De	ath		3. Time of Deat
Physicia	an									Month	Day	Year	
_/Medic		Ruth Et		an , give street end nui	mharl			Ab Ciby 1		DECEMBER cation of Deat	er 10, 1		3:50PM
Examin	ier			THE WALL OF								y of Death	1
		5. Sociel Security I		Hospital 6. Sax	7. Age (In yrs.	lo ná ležiale do vil	If Under 1 Yaar		Wash ar 24 Hrs.	ington		ce Geo	
Funeral Director		250-01-82	291	1□M 2∏F	84	Yrs.	Months Days			8. Date of Bir (Month, De August	y, Year) 11,191	9. Birthp Coun 3 Lou	leca (Stete or Fore try) isiana
* 3		Usual Residence of	10b. County		100 C	ity, Town or Loc	nation						
sho	20		'	e George's	1 -	ccokeel	-					11	0d. Inside City Llm 1 Yes 2 □
Pottin	Director	Maryland	1	e George :	5	CCOKeel							1AL 195 Z
200	Ö	10e. Street and Nu	ımber		*		10f. Zip Coda				10g. Citizen of	Whet Coun	try?
238	rai		ld Marsh	nall Hall	Rd.		20607				U.S.A.		
"natural", or items 23a or 28a-f show takeal Examiner must be notified at	by Funeral	11. Marital Status 1 Never Man 3 □ Widowad	ried 2 Marrie	Armed Fo	2 No /e		Vas Decedent of I Yas, specify Cub			ecify Yes or No Rican, etc.)		ice · Americ ack, White, o ity: White	etc.
al E	8		15. Decedent's			16a Deced	ent's Usuel Occup	nation			16b. Kind of B		
- 485	Completed		cify only highast	grade completed)		(Give I	kind of work done	Pation during most of working d)			TOD. KING OF	JUSII 1455/11 IC	ustry
ther then	mo	Elementery/Seco	ondary (0-12)	College (1	1-4or 5+)		nistrato				F.B.I		
ither int,	Ö	17. Father's Neme	(First, Middle, L	ast)		Mullian	itstrato		her's Name	(First Middle	, Meiden Sume		
marked other	Be C	Edwin Jo									nces Bl	,	
meti	2					405 44-115-	g Address (Street						
2 2	Katherine R. Ve	e R. Ves			15496	6 01d Ma	rshal						
			3 Demousi from t	20b.	Piaca of Dispos cemetery, crem	sition (Neme of netory or other ple	ica)		Date	20c. Location	- City or To	wn, State	
			Met	ropoli	tan Crem	atory	1 12,	/11/97	Alexan	dria,	Va.		
		shock, or had	off failure. List o	complications friet ca inly one couse on e	aused the deal	th. Do not enta	160 Oxon or the mode of dyl	Mill ng, such a	s cardiac o	UXON H	rrest,	1. 207	Approximata Interval Between
g physicia as the bur	n/Medical Examiner	shock, or his shock, or shock as the shock of each shock as the shock of each shock of the s	(Final on ditions, mmediate styling shipury s	a. Res	Due to (c	th. Do not enter tory or as e consequence or es e consequence or as a consequence or as a consequence	Taclus Jaclus Jaclus Upnca of): Jenca of):	ng, such a	s cardiac d	Ture	rrest,	sea.	Approximata Interval Between
ittending physician and ittending physician and items as the bunal-transit	ledical	Immediate Ceuse disease or condition resulting In death) Sequentially list confidery, leeding to incause. Enter Under Ceuse (Disease or that initiated events resulting in deeth)	(Final on onditions, mediate strying lingury stast	a. Red b. Pre c. Ch d. De	Due to (c	th. Do not enter the property of as a consequence of the property of the prope	July July July July Jenca of): June of the state of	ng, such a	ve b	r respiratory a	rrest,	201	Approximata Interval Between
ittending physician and ittending physician and items as the bunal-transit	ledical	Immediate Ceuse disease or condition resulting In death) Sequentially list confidery, leeding to incause. Enter Under Ceuse (Disease or that initiated events resulting in deeth)	(Final on onditions, mediate strying lingury stast	a. Res	Due to (c	th. Do not enter the property of as a consequence of the property of the prope	July July July July Jenca of): June of the state of	ng, such a	ve b	Tune	p Du	ontributa to	Approximata Interval Between Onsef and Deat
ached for use as the burial-transit	Physician/Medical	Immediate Ceuse disease or condition resulting In death) Sequentially list confidery, leeding to incause. Enter Under Ceuse (Disease or that initiated events resulting in deeth)	(Final on onditions, mediate strying lingury stast	a. Red b. Pre c. Ch d. De	Due to (c	th. Do not enter the property of as a consequence of the property of the prope	July July July July Jenca of): June of the state of	ng, such a	ve b	Tune Le ty 23b. Did	p Du	ontributa to	Approximata Interval Between Onsef and Deat
igned by the attending physician and be detached for use as the build-transit	by Physician/Medical	Immediate Ceuse disease or condition resulting In death) Sequentially list confidery, leeding to incause. Enter Under Ceuse (Disease or that initiated events resulting in deeth)	(Final on onditions, mediate strying lingury stast	a. Red b. Pre c. Ch d. De	Due to (c	th. Do not enter the property of as a consequence of the property of the prope	July July July July Jenca of): June of the state of	ng, such a	ve b	23b. Did	Du Du tobacco uss cr	ontributa to 3 □ Prob	Approximata Interval Between Onsef and Deat the cause of death of
has been signed by the attending physician and the physician and t	by Physician/Medical	Immediate Ceuse disease or condition resulting In death) Sequentially list confidery, leeding to incause. Enter Under Ceuse (Disease or that initiated events resulting in deeth)	(Final on onditions, mediate strying lingury stast	a. Red b. Pre c. Ch d. De	Due to (c	th. Do not enter the property of as a consequence of the property of the prope	July July July July Jenca of): June of the state of	ng, such a	ve b	23b. Did	Ductobacco uss co	ontributa to 3 Prob	Approximate Interval Between Onser and Death Dea
ate has been signed by the attending physician and page 2 should be detached for use as the bunit-transit	e Completed by Physician/Medical	Immediate Ceuse disease or condition resulting in death) Sequentially list conferm, leading to incause. Enter Under Ceuse (Disease or that initiated event). Part II. Other significant in the condition of the	(Final on onditions, mediate strying Injury s Last	a. Red b. Pre c. Ch d. De	Due to (c	th. Do not enter the property of as a consequence of the property of the prope	July July July July Jenca of): June of the state of	ng, such a	re brief	23b. Did 1 24a. Was perfo	tobacco use co	ontributa to 3 Prob	Approximate Interval Between Onser and Death Onser and Death the cause of death of death of the cause of death of death of the cause of death of
certificate has been signed by the attending physician and Doilector, page 2 should be detached for use as the bunal-transit and property of the property of t	o Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list confirm, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death) Part II. Other significant contents in the contents of the c	(Final on onditions, mediate styling Injury s Last	a. Res b. Pre c. Ch d. De	Due to (c	th. Do not enta	ar the mode of dyling and the mode of dyling cause ghands and the mode of the	ng, such a	se cardiac c	23b. Did 1 24a. Was perfo	tobacco use co	24b. We ava con of c	Approximata Interval Between Onser and Deat onser and Deat the cause of deathy 4 Unk of the cause of death 4 Unk of the cause of death?
is certificate has been signed by the attending physician and director, page 2 should be detached for use as the bunel-transit and page 2.	To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list confirm, leading to incause. Enter Under Cause (Disease or that intileted events resulting in death) Part II. Other significant in the confirm of the confirmation o	(Final on onditions, mediate strying Injury s Last	a. Reconstructions to describing to describing to describing to describe the contributing to describe the contributions of the contributi	Due to (c) Due to (c) Due to (c) Pue to	th. Do not enter the property of the property	ar the mode of dyling and the mode of dyling cause ghas a pool of the mode of	yen in Peri	es cardiac construction of the construction of	23b. Did 1 24a. Was perfo	tobacco use co	ontributa to 3 Prob 24b. We awa con of c	Approximata Interval Between Onser and Deat onser and Deat the cause of deathy 4 Unk ra autopsy findir illable prior for noletion of cause leath?
is certificate has been signed by the attending physician and director, page 2 should be detached for use as the bunel-transit and page 2.	To Be Completed by Physician/Medical	Immediate Ceuse diseese or condition resulting in death) Sequentially list confermed from the course. Enter Under Ceuse (Disease or that initiated events resulting in deeth) Part II. Other significant in the course of the co	(Final on onditions, mediate strying Injury s Last	a. Res b. Pre c. Ch d. De d. Ch d. De d. Ch c. (Montilating to de	Due to (c	th. Do not enta	ar the mode of dyling and the mode of dyling cause ghouse of the deriving cause ghouse	yen in Peri	es cardiac o	23b. Did 1 24a. Was perfo	tobacco uss co	ontributa to 3 Prob 24b. We awa con of c	Approximata Interval Between Onser and Deat onser and Deat the cause of deathy 4 Unk ra autopsy findir illable prior for noletion of cause leath?
is certificate has been signed by the attending physician and director, page 2 should be detached for use as the bunel-transit and page 2.	To Be Completed by Physician/Medical	Immediate Ceuse diseese or condition resulting in death) Sequentially list confirm, leading to incause. Enter Under Ceuse (Disease or that initiated eventive resulting in deeth) Part II. Other significant in the confirm of the co	(Final on onditions, mediate strying Injury street to medical No the Street Investigated on the Street Investigated on the Street Investigated On Could not the Street Investigated On	a. Res b. Pro c. Ch d. De d. Ch	Due to (c) Due to (c) Due to (c) Pue to (c) Due to (c) Pue to	th. Do not enter the property of the property	ar the mode of dyling and the mode of dyling cause ghow the mode of the mode o	yen in Peri	te of Death dursing Hor	23b. Did 1 24a. Was perfo	tobacco uss cr Yes 2 No an autopsy med? Yas 2 No one) dence 8 Othow injury occur	ontributa to 3 Prob 24b. We ava con of c 1 L	Approximata Interval Betweer Onser and Deati onser and Deati of the cause of of the caus
is certificate has been signed by the attending physician and director, page 2 should be detached for use as the bunel-transit and page 2.	To Be Completed by Physician/Medical	Immediate Couse disease or condition resulting in death) Sequentially list condition of the course. Sequentially list conditions are considered sequentially list conditions are considered sequentially list conditions. The course of the indicated events resulting in death) Part II. Other significant conditions are conditions are conditions. The course conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions. The conditions are conditions ar	(Final on onditions, mediate strying Injury s Last	a. Res b. Pru c. Ch d. De d. De as contributing to de	Due to (c) Due to (c) Due to (c) Pue to (c) Due to (c) Pue to	th. Do not enta	ar the mode of dyling and the mode of dyling cause ghouse of the deriving cause ghouse	yen in Peri	te of Death dursing Hor	23b. Did 1 24a. Was perfo	tobacco use co	ontributa to 3 Prob 24b. We ava con of c 1 L	Approximate Interval Between Onser and Death onser and Death the cause of death 4 Unknown under the cause of death? I Ves 2 No
is certificate has been signed by the attending physician and director, page 2 should be detached for use as the bunel-transit and page 2.	Certification: To Be Completed by Physician/Medical	Immediate Ceuse diseese or condition resulting in death) Sequentially list confermed for the ceuse. Enter Under Ceuse (Disease or the initiated eventiresulting in deeth) Part II. Other significant in the ceuse of the ceuse o	red to medical No th Could no Could no determin	a. Res b. Pro c. Ch d. De d. De d. De d. De d. De d. Dele c. (Month ation at be led 28e. Piece buildin Phyalclan: To the baxaminer: On the bax	Due to (c	th. Do not enter the property of the property	ar the mode of dyle approa of): July a control of the time of time of the time of time o	yen in Peri	te cardiac of the second secon	23b. Did 1 24a. Was perfo	tobacco uss or Yes 2 No an autopsy med? Yas 2 No one) dence 8 Ot how injury occu Street end Num wn, Stete)	ontributa to 3 Prob 24b. We ava con of c 1 L her (Specify rred	Approximate Interval Betweer Onser and Deati onser and Deati of the cause of death of the cause of death of the cause of death? The autopsy finding of the cause leath? Pour of the Number, on the cause of the cau
Funeral Director: After this certificate has been signed by the attending physician and tely filled in by the funeral director, page 2 should be detached for use as the bunal-transit of the funeral director, page 2 should be detached for use as the bunal-transit of the funeral director.	ledical Certification: To Be Completed by Physician/Medical	Immediate Ceuse diseese or condition resulting in death) Sequentially list conference in the conference of the conference of eny, leeding to incause. Enter Under Ceuse (Disease or that initiated events resulting in deeth) Part II. Other significance of the conference of the confe	red to medical No th 5 Pending Investiga 6 Could not determin	a. Res b. Pro c. Ch d. De d. De d. Hospital: 110 In ation at be led 28e. Piece building	Due to (c	th. Do not enter the property of the property	ar the mode of dyling are the mode of dyling cause ghow the control of the contro	26. Piece ven in Peri	te cardiac of the second secon	23b. Did 1 24a. Was perfo (Check only of the Sign of	tobacco use control to tobacco use control tob	Dentributa to 3 Prob 24b. We ava con of contributa to several to the contributa to several to the contributation of con	Approximata Interval Betweer Onser and Death Death Onser and D
To person the funeral director, page 2 should be detached for use as the bunal-transit of persons the funeral director, page 2 should be detached for use as the bunal-transit of persons the funeral director, page 2 should be detached for use as the bunal-transit of persons the funeral director.	ledical Certification: To Be Completed by Physician/Medical	Immediate Ceuse diseese or condition resulting in death) Sequentially list confermed for the ceuse. Enter Under Ceuse (Disease or the initiated eventiresulting in deeth) Part II. Other significant in the ceuse of the ceuse o	red to medical No th 5 Pending Investiga 6 Could not determin	a. Res b. Pro c. Ch d. De d. De d. De d. De d. De d. Dele c. (Month ation at be led 28e. Piece buildin Phyalclan: To the baxaminer: On the bax	Due to (c	th. Do not enter the property of the property	ar the mode of dyle approa of): July a control of the time of time of the time of time o	26. Piece ven in Peri	te cardiac of the second secon	23b. Did 1 24a. Was perfo (Check only of the Sign of	tobacco uss or Yes 2 No an autopsy med? Yas 2 No one) dence 8 Ot how injury occu Street end Num wn, Stete)	Dentributa to 3 Prob 24b. We ava con of contributa to several to the contributa to several to the contributation of con	Approximata Interval Between Onser and Deat onser and Deat the cause of death of the cause of death? The cause of death of the cause leath? The cause of death of the cause leath? The cause of death of the cause leath?
Funeral Director: After this certificate has been signed by the attending physician and tely filled in by the funeral director, page 2 should be detached for use as the bunal-transit of the funeral director, page 2 should be detached for use as the bunal-transit of the funeral director.	ledical Certification: To Be Completed by Physician/Medical	Immediate Ceuse diseese or condition resulting in death) Sequentially list conference in the conference of the conference of eny, leeding to incause. Enter Under Ceuse (Disease or that initiated events resulting in deeth) Part II. Other significance of the conference of the confe	red to medical No th 5 Pending Investiga 6 Could not determin	a. Res b. Pro c. Ch d. De d. De d. De d. De d. De d. Dele c. (Month ation at be led 28e. Piece buildin Phyalclan: To the baxaminer: On the bax	Due to (c	th. Do not enter the property of the property	ar the mode of dyling are the mode of dyling cause ghow the control of the contro	26. Piece ven in Peri	te cardiac of the second secon	23b. Did 1 24a. Was perfo (Check only of the Sign of	tobacco use control to tobacco use control tob	Dentributa to 3 Prob 24b. We ava con of contributa to several to the contributa to several to the contributation of con	Approximata Interval Betweer Onser and Deati Interval Betweer Onser and Deati Interval Betweer Onser and Deati Interval Betweer Interval Betweer Interval Between Interval Betwe
Funeral Director: After this certificate has been signed by the attending physician and tely filled in by the funeral director, page 2 should be detached for use as the bunal-transit of the funeral director, page 2 should be detached for use as the bunal-transit of the funeral director.	Medical Certification: To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list confidence in the cause. Enter Under Cause (Disease or that initiated eventive resulting in death) Part II. Other significant in the cause of the cau	conditions, mediate strying st	a. Res b. Pro c. Ch d. De as contributing to de	Due to (c	th. Do not enter the property of the property	ar the mode of dyling are the mode of dyling cause of): June of the control of the control of the cause of t	26. Pied Per de la pinion, de se number	to cardiac of the car	23b. Did 1 24a. Was performe 5 Pesi. Resident City or Towns and due to the end et the time,	tobacco use co	pontributa to 3 Prob 24b. We ava con of control of contro	Approximate Interval Betwee Onser and Dear onser



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death **Physician** Month ANN ROBINSON 11.478. November 9 /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner CHEVERLY DU PRINCE 4EOR4E HOSPITAL 5. Social Security Number If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys 1□M 2√2 F 578-20-5557 74 Yrs. Director May 8, 1923 Columbia, SC Usual Residenca of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits worle rail, or items 23a or 28a-f shov Exemple: must be notified at MD PG Cheverly Yes 2 No Director 10e. Street end Number 10f. Zip Code 10a. Citizen of What Country? 20785 U.S.A. 4900 Mercy Lane Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S Armed Forces? 14. Raca - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours efter 1 Never Married 2 Merried 1 Yes 2 No If Yes, Give Year or Dates: 21215-0020 "natural", or 1 Yes 2 No Specify: Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry lith end Mental Hygiene. 27 Is marked other than *r r traumatic event, me Med Elementary/Secondary (0-12) College (1-4or 5+) Lighthouse for the Blind Presser 12th Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pages 1 end 2 should be nent of Health end Mental Lo Annie Seals John Sullivan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) or other tra Constance Russell- Daughter 6700 Belcrest Rd.,#410, Hyattsville, MD 20782 20a. Method of Disposition
1 ☑ Burial 2 ☑ Cremation 3 ☑ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date permit. Page Depertment of Important: If any injury or once. 4 □ Donetion 5 □ Other (Specify) 12-6-97 Landover, MD Harmony Memorial Park 21. Signature of Funeral Service Licenses Marshall s Funeral Home, Inc. 4217 9th Street N.W. Washington DC 20011 234. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, book, or heart failure. List only one cause on each line. Onset end Death **Physiclan** /Medical Immediate Cause (Final CHRONIC OBSTRUCTIVE DULMONARY disease or condition resulting in death) Examiner DISEASE Due to (or as a consequenca ot): Examiner DIABETES MELLITUS The law requires that the death certificate be executed burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. PNEUMONIA Physician/Medicai Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Nothknown HYPERTENSION ata has been signed page 2 should be del Records, by Completed 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? RENAL INSUFFICENCY certificata 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: Be 25. Was case reterred to medical 26. Place of Death (Check only one) Hospital: 1 Suppatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To this 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Affer Division 1 Natural 5 Pending Investigation efter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) in by 4 Homicide To the Hospital or within 24 hours eft To the Funeral Di complately filled in Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 10seple 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) 6510 KENILWORTH AVENUE RIVERDALE GILL 32 Registrar's Signature 31. Date tiled (Month, Day, Year) State

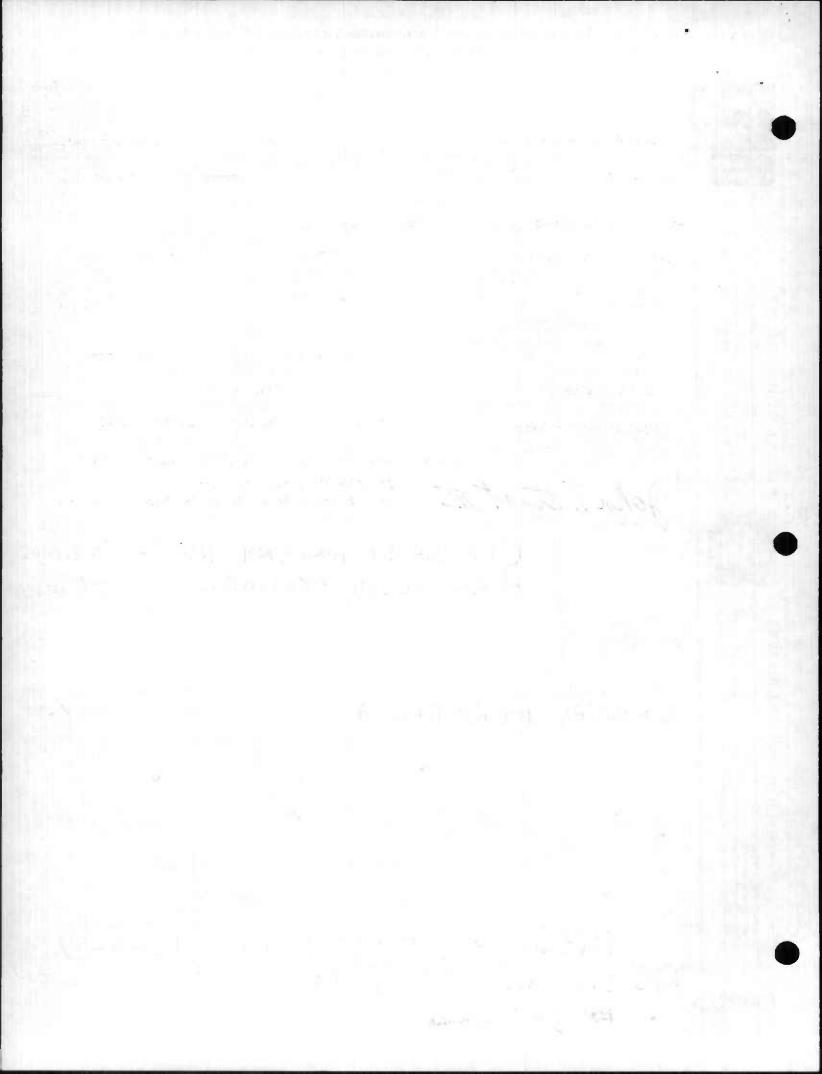
DHMH 16 Ray 6/95

Registrar

DEC 1 0 199

Andrews & Mary 198 (17.15)

164 11	11	7 PG, GC, 12/1	2/9/			Cei	rtificate	of L	Death			Reg. No	1 3	19116	5
ysician	_	1. Decedent's Neme (First, Mic	idie, Last)							2	2. Dete of De Month	ath Dev	Yeer	3. Time o	f Deeth
viedicai	ī.	Mable	1000	Robi							Decemb	er 3,	199	7 5:00	P.I
aminer	r f	4e. Fecility Neme (If not institut BIRCHWOOD G			ber)						ation of Deeth		inty of Dea		
2000	4	5. Social Security Number	6. Sex		Ano (In um	last birthday)	If Under 1		Oxon					eorge's	
eral ctor	1	142-16-0008		M 2⊠F	90			Deys	Hours	Min.	8. Dete of Bir (Month, De			inthplece (State country)	
		Usuel Residence of Decedent									Jan. 9, Sept.			50, 5.0.	
dat -		10a. Stete 10b. Coun	ity		10c. Ci	ty, Town or Lo	ocation				F	,		10d. Inside (
Director	1 2	Maryland Prince	e Geo	rge's		Oxon	Hill				1		1 DXYes 2		2[][
2 2		10e. Street end Number	7	18			10f. Zip C	207	4.0				en of Whet Country?		
Most must	D .	1602 Jarvis A		2. Wes Deced	ent Ever in U).S. 13. 1				ain? (Spec	ify Yes or No				
Examiner must be notified at by Funeral Director	2	1 Never Merried 2 Mi		Armed Forc 1 ☐ Yes 2 If Yes, Give	⊠ No		lf Yes, specify 1 □ Yes 2≸			i, Puerto P	cify Yes or No lican, etc.)	or No- lc.) 14. Rece - American Indien, Bleck, White, etc. Specify: Black			
a pa		15. Daced		Year or Dete	es:	18e Dece	dant's Usuel (Occupe	ation				of Business		
event, the Medical Se Completed		(Specify only high	hest grade	completed)		(Giva	kind of work	done d	uring most	t of workin	g	TOD. KING C	n Duames:	Silidustry	
E O	5	Elamantary/Secondary (0-12	'	Collage (1-4	or 5+)		Nurs	se's	Ass	istan	t	Go	vern	ment	
event, the M	0	17. Fether's Neme (First, Middl	e, Last)						18. Motha	r's Name	(First, Middle,	, Meiden Sun	neme)	100	
-	O 15	Elias Lee E	arle							ella	Wright				
traumetic		19a. Informent's Neme/Reletio	nship (Typ	pe, Print)											
r other tr		Joyce Massey 20e. Method of Disposition	- N:	iece	20h i					Temp1	e Hill		207	48 r Town, Stete	
ō		Burial 2 Cremation		emovel from St	ara	Plece of Dispo cemetery, crer				17.0	13.33				
Injury		4 ☐ Donetion 5 ☐ Other 21. Signeture of Funerel Service			нат	rmony M					/6/97	Lando	over,	MD	
any Ir		21. Signotoro di 1 gioro Sorvic	70 LICOITS	1 1	1-	54	יוים גלולותים יויי	Louis.	A YES BUILT	How	e, Inc				
		11-1	H	- 4.1	-111										
		23a 111. Enter the disease	St.	rwart stions that can	7//	4	1001 B∈	enni	ng R	oad,	N. E.,	Washir	ngton	, D. C.	te.
lan	14	23a. 11. Enter the diseese, ock, or haart failure. Li	or complic	cations thet cause on eed	JIII used the deet ch line.	4	1001 B∈	enni	ng R	oad,	N. E.,	Washir	ngton	, D. C. Approxima interval Be Onset end	te tween Deeth
ilan icai	1	Immediate Ceuse (Finel	or complicing the street of th	cations that cause on eed	ised the deet the line.	4	er the mode of	enni of dying	ng Reg, such es	oad, cerdiac or	N. E., respiretory e	Washir rrest,			te tween Deeth
icai ner			or complic list only one	cations thet cause on eed	ROI	4	er the mode o	enni of dying	ng Ro	cerdiac or	N. E., respiretory e	Washir			te tween Deeth
icai ner		Immediate Ceuse (Finel	or complicing one only one	cetions thet cau e ceuse on eed CO	ROI	th. Do not ent	er the mode o	enni of dying	ng Ro	cerdiac or	N. E., respiretory e	Washir			te tween Deeth MC
icai ner		Immediate Ceuse (Finel diseese or condition resulting in daath)	or complicited only one e.	cations that cau e ceuse on eed	ROI Due to (0	th. Do not ent	on Beautiful Bea	enni of dying	ng Ro	cerdiac or	N. E., respiretory e	Washir			te tween Deeth MC
ner Examiner	Lyanimie	Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury	or complicient only one	cuant cause on each cause on e	Due to (c	th. Do not ent NAR or es a consec BLO or es a consec	er the mode of the	enni of dying	ng Ro	cerdiac or	N. E., respiretory e	Washir			te tween Deeth MC
ire bural frankling	Dicai Evaluated	Immediate Ceuse (Finel diseese or condition resulting in daath)	or complicitionly one	cations that cau e ceuse on each	Due to (c	th. Do not ent UAR or es a consec BL	er the mode of the	enni of dying	ng Ro	cerdiac or	N. E., respiretory e	Washir			te tween Deeth MC
ire bural frankling	Dicai Evaluated	Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieled events	or complicitionly one b. c. d.	cuant cause on each cause on e	Due to (c	th. Do not ent NAR or es a consec BLO or es a consec	er the mode of the	enni of dying	ng Ro	cerdiac or	N. E., respiretory e	Washir			te tween Deeth MC
ire bural frankling	Dicai Evaluated	Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	6. b. c.	Co	Due to (c	th. Do not ent NAR or es a consec B L or es a consec or es e consec	quance of):	enni	ing Rights Right	oad, cerdiac or ERY SSU	N. E., respiretory e	Washir rrest, ISEA	SE	Approximatinterval Be Onset end	40
ire bural frankling	Dicai Evaluated	Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieled events	6. b. c.	Co	Due to (c	th. Do not ent NAR or es a consec B L or es a consec or es e consec	quance of):	enni	ing Rights Right	oad, cerdiac or ERY SSU	N. E., respiretory e	Washir rrest, ISEA	SE	Approximatinterval Be Onset end	MO MO
be deflacted for use as the burst-fransit and by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	6. b. c.	Co	Due to (c	th. Do not ent NAR or es a consec B L or es a consec or es e consec	quance of):	enni	ing Rights Right	oad, cerdiac or ERY SSU	N. E., respiretory e	Washir rrest, ISEA	SE	Approximatinterval Be Onset end	MC MO
be deflacted for use as the burst-fransit and by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	6. b. c.	Co	Due to (c	th. Do not ent NAR or es a consec B L or es a consec or es e consec	quance of):	enni	ing Rights Right	oad, cerdiac or ERY SSU	N. E., respiretory e	Washir rrest, ISEA	SE contribut	Approximatinterval Be Onset end 7 6 /	M C MO
be deflacted for use as the burist-fransit and by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	6. b. c.	Co	Due to (c	th. Do not ent NAR or es a consec B L or es a consec or es e consec	quance of):	enni	ing Rights Right	oad, cerdiac or ERY SSU	N. E., respiretory e	Washir rrest, ISEA tobacco use Yes 2 N	SE contribut	Approximatinterval Be Onset end 7 6	M C MO
Completed by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	6. b. c.	Co	Due to (c	th. Do not ent NAR or es a consec B L or es a consec or es e consec	quance of):	enni	ing Rights Right	oad, cerdiac or ERY SSU	N. E., respiretory e	Washir rrest, ISEA tobacco use Yes 2 N en eutopsy	SE contribut	Approximatinterval Be Onset end 7 6 /	of death
Be Completed by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initied events resulting in deeth) Lest	e. b. c. d.	CD Hi (Due to (c) Due to (c) Due to (c)	th. Do not ent NAR or es a consec or es a consec or es e consec sulting in the un	quance of): uence of): uence of):	enni	ng Reg, such es	cerdiac or SSU	N. E., respiretory e	Washir rrest, ISEA tobacco use Yes 2 N en eutopsy rmed? Yes 2 N one)	SE contribut to 3 = F	Approximatinterval Be Onset end 7 6 / / / / / / / / / / / / / / / / / /	of death
al director, page 2 should be detached for use as the burst-transit. To Be Completed by Physician/Medical Examiner.		Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions.	e. b. c. d.	CD Hi (Due to (c) Due to (c) Due to (c) The but not reserved the but not reserved to (c)	th. Do not ent NAR or es a consec or es a consec or es e consec sulting in the un THM	and	enni of dying AR V Other	ng Reg, such es	cerdiac or SSU	N. E., respiretory e	Washir rrest, ISEA tobacco use Yes 2 N en eutopsymmed? Yes 2 N one) dence 6 0	SE contribut to 3 F 24b.	Approximatinterval Be Onset end 7 6 / / / / / / / / / / / / / / / / / /	of death
To Be Completed by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Pert II. Other significant conditions are sufficient to the ceuse examiner? 1 Yes 2 No 27. Manner of Daeth	e. b. c. d. thone contri	CD Hi (Due to (c) Due to (c) Due to (c) The but not reserved the but not reserved to (c)	th. Do not ent NAR or es a consec or es a consec or es e consec sulting in the un	and	enni	ng Reg, such es	cerdiac or SSU	N. E., respiretory e	Washir rrest, ISEA tobacco use Yes 2 N en eutopsymmed? Yes 2 N one) dence 6 0	SE contribut to 3 F 24b.	Approximatinterval Be Onset end 7 6 / / / / / / / / / / / / / / / / / /	of dea unknown
To Be Completed by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Pert II. Other significant conditions are sufficient to medic examiner? 1 Yes 2 No 27. Manner of Daeth 1 Naturel 5 Pene 2 Accident 3 Suicide 6 Coul	e. b. c. d. tlone control cal Ho ding stigetion d not be	ributing to deal ACI ospital: 1 Inp. 28a. Dete of (Month,	Due to (c) Due to (c) Due to (c) Due to (c) The but not res A H U Destient 2 Injury Dey Year)	th. Do not ent NAR or es a consec or es a consec or es e consec sulting in the un THM DER/Outpetier 28b. Time of Injury	and	enni of dying A R V Other Injury Work 1 U Y	en In Pert i	cerdiac or SSU	N. E., respiretory e	Washir rrest, ISEA tobacco use Yes 2 N en eutopsy ormed? Yes 2 N ene) dence 6 D how injury oc	SE contribut to 3 F 24b. Other (Specured	Approximatinterval Be Onset end 7 6 / / / / / / / / / / / / / / / / / /	of dea
ertification: To Be Completed by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Pert II. Other significant conditions are sufficiently for the ceuse in the conditions of the ceuse in the ce	e. b. c. d. thone contri	ributing to deal ACI ospital: 1 Inp. 28a. Dete of (Month,	Due to (c Due to (c Due to (c Due to (c) Injury Dey Year)	th. Do not ent NAR or es a consec or es a consec or es e consec sulting in the un THM DER/Outpetier 28b. Time of Injury	and	enni of dying A R V Other Injury Work 1 U Y	en In Pert i	cerdiac or SSU	P. E., respiretory e	Washir rrest, ISEA tobacco use Yes 2 N en eutopsy ormed? Yes 2 N ene) dence 6 D how injury oc	SE contribut to 3 F 24b. Other (Specured	Approximatinterval Be Onset end 7 6 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	of dea
Certification: To Be Completed by Physician/Medical Examiner	a compared by the compared by	Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Pert II. Other significant conditions are sufficient to medic examiner? 1 Yes 2 No 27. Manner of Daeth Naturel 5 Pend Investage of Could dete	e. b. c. d. ttlone control eal Ho ding stigetion d not be mined	ributing to deal ARA ospital: 1 Inp 28a. Dete of (Month, 28e. Place of building	Due to (c) Injury - At h., etc. (Specification of the control	th. Do not ent NAR or es a consec or es a consec or es e c	and	enni of dying A R Other Work 1 1 V Office	28. Placa	cerdiac or SSU	N. E., respiretory e	Washir rrest, ISEA tobacco use Yes 2 N en eutopsy prmed? Yes 2 N cone) dence 6 D how Injury oc Street and Num, State)	Contribution 3 F	Approximatinterval Be Onset end Onse	of dead tinding to the sause
edical Certification: To Be Completed by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Pert II. Other significant conditions are sufficient to medic examiner? 1 Yes 2 No 27. Manner of Daeth Naturel 5 Pend Investage of Could dete	e. b. c. d. ttlone control eal Ho ding stigetion d not be mined	ributing to deal ARA ospital: 1 Inp 28a. Dete of (Month, 28e. Place of building	Due to (c) Injury - At h., etc. (Specification of exeminary in the content of	th. Do not ent NAR or es a consec or es a consec or es e c	and	enni of dying A R Other Work 1 1 V Office	28. Placa	cerdiac or SSU	N. E., respiretory e	Washir rrest, ISEA tobacco use Yes 2 N en eutopsy prmed? Yes 2 N cone) dence 6 D how Injury oc Street and Num, State)	Contribution 3 F	Approximatinterval Be Onset end 7 6 1 7 6 1 7 6 1 Were autopsy available prior completion of daath? 1 Yes 2 2 ecify)	of dea
Certification: To Be Completed by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions are sufficient conditions. 25. Was casa raferred to medic examiner? 1 Yes 2 No 27. Manner of Daeth 1 2 Accident 3 Suicide 6 Coul dete 4 Homicida 29a. Certifier (Check only 2 Medical 1 Medical 2	b. c. d. tlone control ding stigetion d not be mined	ributing to deal ARI ospital: 1 Inp 28a. Dete of (Month, 28e. Place of building	Due to (c) Injury - At h., etc. (Specification of exeminary in the content of	th. Do not ent NAR or es a consec or es a consec or es e c	and all DOA Market, factory, concerned et vestigetion, in	enni	28. Placa	cerdiac or SSU	N. E., respiretory e	Washir rrest, ISCA tobacco use Yes 2 N en eutopsy rmed? Yes 2 N en	Contribution 3 5 24b.	Approximatinterval Be Onset end Onse	of dea
edical Certification: To Be Completed by Physician/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in daath) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Pert II. Other significant conditions are sufficiently in deeth of the ceuse caminer? 1 Yes 2 No No No No No No No	b. c. d. tlone control ding stigetion d not be mined	ributing to deal ARI ospital: 1 Inp 28a. Dete of (Month, 28e. Place of building	Due to (c) Injury - At h., etc. (Specification of exeminary in the content of	th. Do not ent NAR or es a consec or es a consec or es e c	and all DOA Market, factory, concerned et vestigetion, in	enni	a, date endinion, dae	cerdiac or SSU	N. E., respiretory e	Washir rrest, ISCA tobacco use Yes 2 N en eutopsy rmed? Yes 2 N en	Contribution 3 5 24b.	Approximal interval Be Onset end 7 6 1 7 6 1 7 6 1 7 6 1 Were autopsy available prior completion of daath? 1 Yes 2 1 Brurel Route Nur	of dea



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No: 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Leslie Lawrence Robinson Dec 4,1997 05:17am /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Silver Spring I Munder 1 Yeer If Under 24 Hrs. | 6. Date of Birth (Month, Day, Year) Montgomery

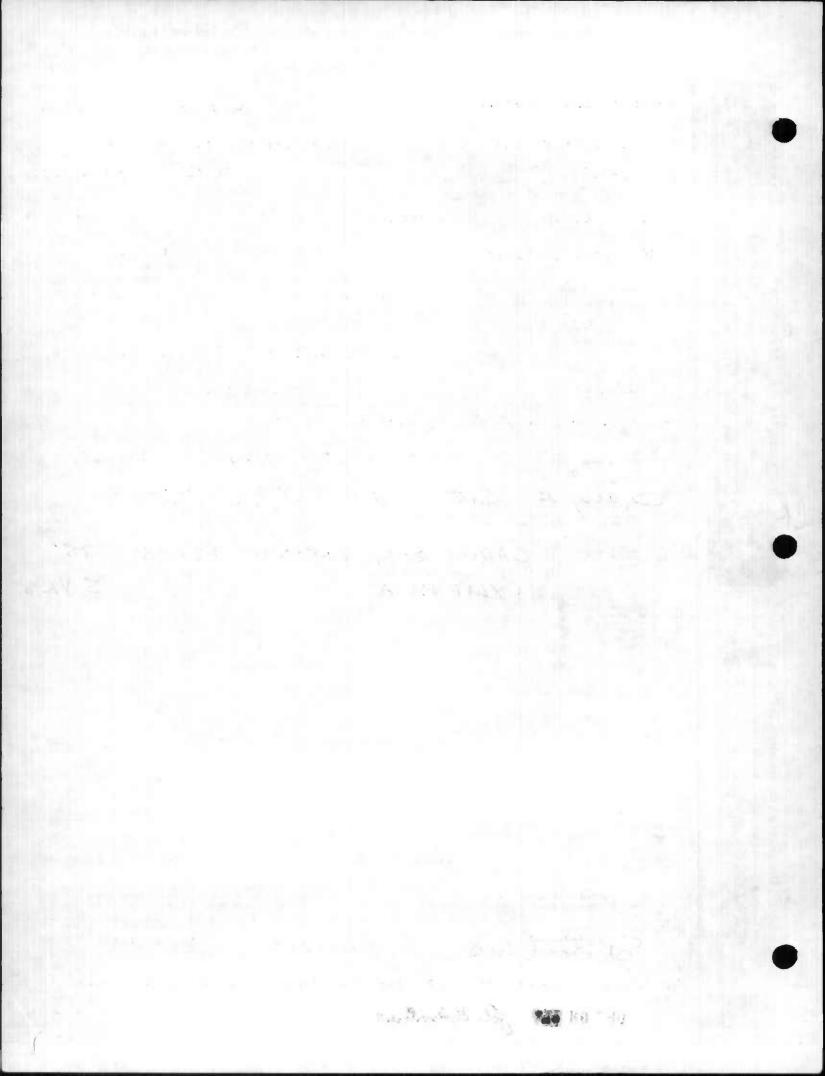
9. Birthplace (State or Foreign Country) Holy Cross Hospital 7. Age (in yrs. iast birthday) 5. Social Security Number 6. Sex **Funeral** 100M 20 F Months Yrs. 9/18/52 45 578-72-2289 Wash., D.C. Director Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic avent, tra Modical Examinar must be notified at 1 X Yes 2 No Md. P.G. Clinton Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Counfry? 4800 Rodgers Drive 20735 U.S.A. parmit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiena. Important: If itam 27 is marked other than "natural", or items 23a any Injury or other traumatic avent, the Medical Example France. Funeral 14. Race - American Indian, Black, White, etc. 12. Was Decedenf Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Maritel Status 1 Never Married 2 A Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Elementary/Secondary (0-12) Police Officer D.C. Government 1 yr 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Jean Robinson Unknown 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Regina L. Robinson/Wife Same as # 10 above 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Seurial 2 Cremation 3 Removal from State Lincoln Mem. Cem. 12/11/97 Suitland, Md. 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility H.S.Washington & Sons, Co., Inc. 4925 Burroughs Ave., N.E. Lany H. Gratt 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervei Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting In death) HRREST CARDIO RESPIRATIONY Examiner 5 YRS Examiner LYMPHOMA tha death certificate be axecuted physician and s the burial-trans Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of) Box 68760. Physician/Medical Due to (or as a consequence of): 88 esn 0 signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Were autopsy findings eveilable prior to 24a. Was an autopsy Completed peen completion of ceuse of death? page 2 has 1 Yes 2 ANO 1 □ Yes 2 □ No certificate or Attending Physician: funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: 1 ☐Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No After this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. injury at Work? Certification: 1 Natural 5 Pending 1 Yes 2 No 24 hours after death.

Funeral Director: Af investigation 2 Accident 6 Could not be 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 - Homleide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. edical 29a, Certifier To the Hosp within 24 hos To the Fune completely fi (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier Dec 4,1997 MO 30. Neme end address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar STEP I HEW S

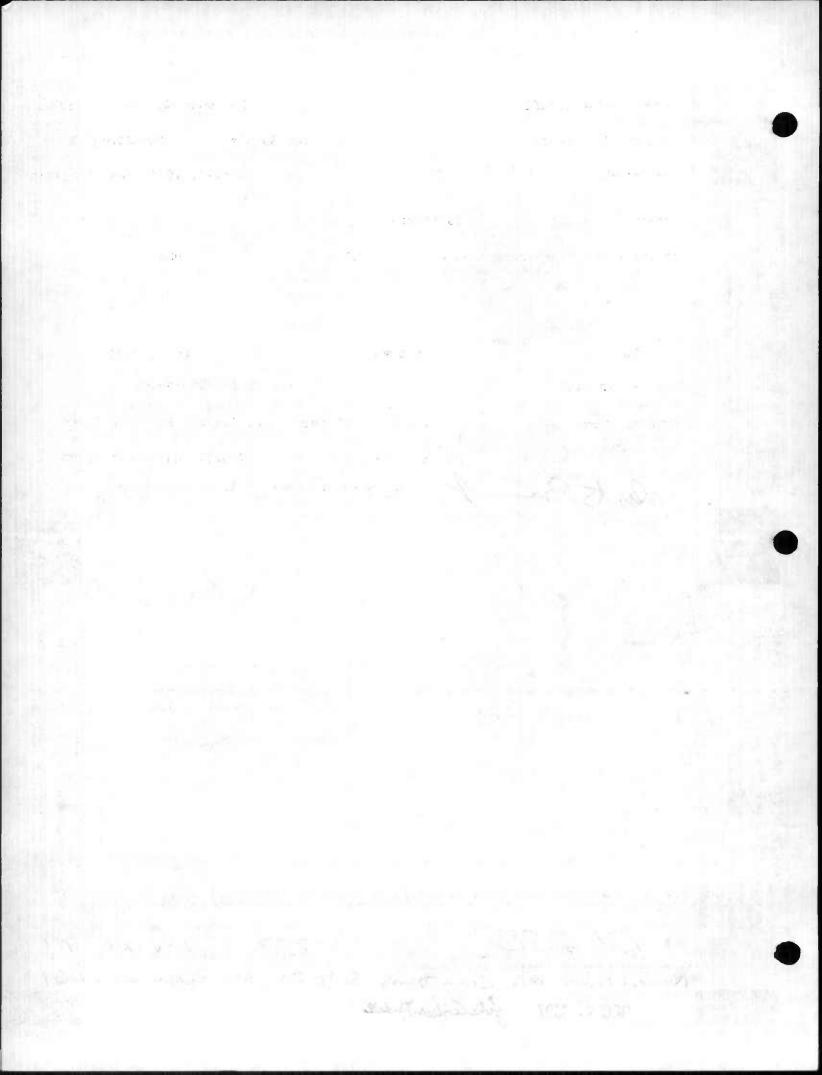
DEC 08 1997



State of Maryland / Department of Health and Mental Hygiene

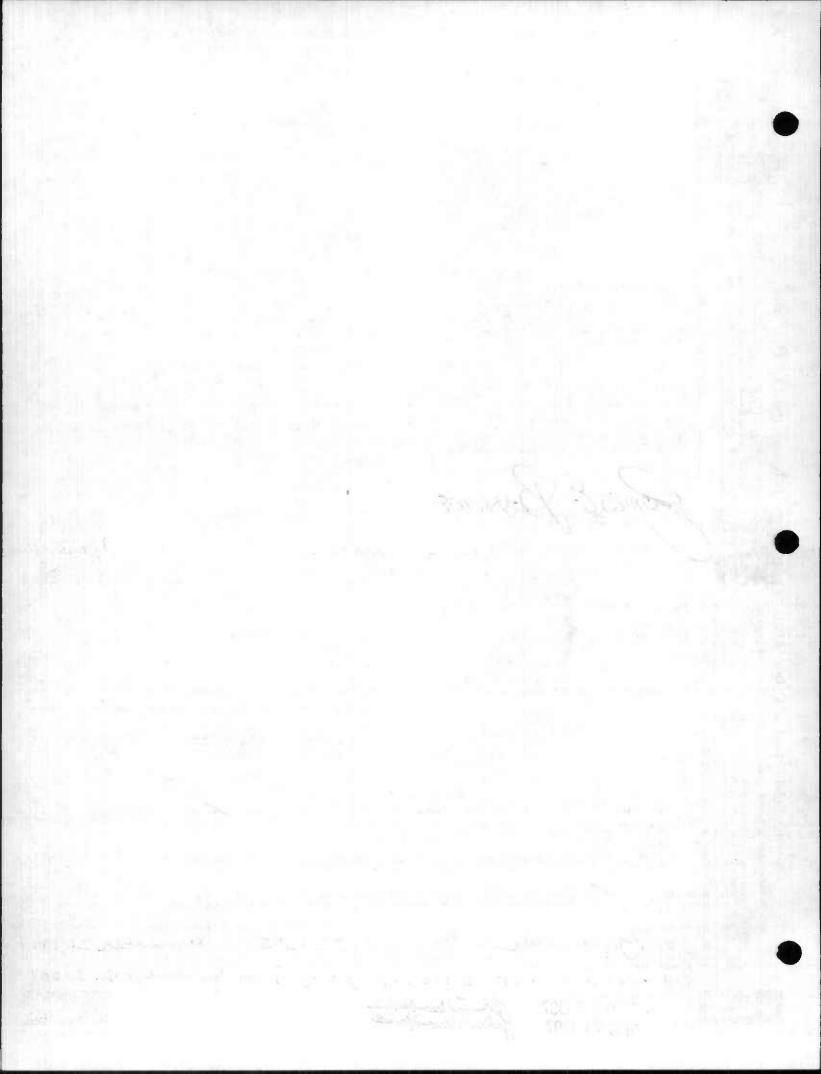
"natural", or from 23a or 284-184ow when the notified at the control of the contr	neren rourse	Steudl on, give street and nu	umba sl	9.4		9		2. Dete of Deel Month		Vaar	3. Tim	e of Death
/Medical Examiner uneral	4e. Fecility Neme (If not institute Mariner Healt 5. Social Security Number	on, give street end nu	umbo el					TOTAL TOTAL				
uneral rector	4e. Fecility Neme (If not institution Mariner Healt 5. Social Security Number		mbo el					November	r 24, 1	997	9:	25am
rector	5. Social Security Number	heare	imber)			4b. City,	Town, or L	ocation of Deeth	4c. County	of Deeth		
rector		ilcarc				Gle	n Bur	nie	Ann	e Aru	ndel	
null be notified at		6. Sex 1 ☐ M 2 🖾 F	7. Age (In yrs. 7	lest birthday) 6 Yrs.	if Under 1 Y Months D	eys Hours	er 24 Hrs. Min.	8. Dete of Birth (Month, Dey, Jan.13,	Year)	9. Birthp Coun West	lece (Ste try) Vir	te or Foreig
runt be notified at runt be notified at gral Director	Usual Residence of Decedent											
runt be notice runt be notice eral Directo	10e. Stete 10b. Count		10c. Cit	y, Town or Lo	cation					11		City Limit
rust be no	Maryland	I/A	Bal	timore							1.K.I Y	es 2 N
ral l	10e. Street end Number				10f. Zip Co	de		1	0g. Citizen of \	Whet Coun	try?	
0 F 7		erson Park	Avenue		212:	31			USA			
al, or thems 23s Examiner must by Funeral	3 ☐ Widowed 4 ☐ Divorce	Armed Fo	2₹ No ve		Vas Decedent f Yes, specify □ Yes 21			pecify Yes or No- Rican, etc.)	Biad	e-Americ ck, White, whit	etc.	
te la	15. Decede	nt's Education		16e. Deced	lent's Usuel O	ccupetion	petion		16b. Kind of Bi			
	Elementery/Secondary (0-12)	st grade completed) College (1.4or 5.1	life. E	kind of work d OO NOT use re	one during m etired)	ost of work	king				
omp	10	Conege (1-401 0+)	waitr	ess				restau	rant		
event, Be Cc		Lest)				18. Mol	her's Nem	e (First, Middle, I	Maiden Sumen	10)		
0		vitt				Mat	tie L	ouise Di	ckenso	n		
traumati	19e. Informent's Neme/Relation	ship (Type, Print)		19b. Mailin	n Address (St	reet and Num	her or Ru	ral Route Number	City or Town	State Zin	Code)	
r trai	Lorraine Danko							, Severn				6
other	20e. Method of Disposition		20b. P		sition (Name o		Laire		20c. Location -			
or othe	1 ☐ Burlel 2 ♣ Cremetion		Stete	emetery, cren	natory or other	plece)						
jury	4 Donetion 5 Other (5		Met	ro Cre	matory		1	1/25/97	Caton	svill	e, M	D
any injury or o	21. Signeture of Funeral Service	Licensee	N	Ba	Name end Adrianco	ahd S	ons,	P.A. Fun verna Pa	neral H	ome 2114	6	
	23e. Pert1. Enter the disease, o shock, or heart feilure. Lis	complications that of	caused the deeth								Approxi	nate
ing prysician and in page as the burial-transit and Medical Examiner	Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest		Pue to (or	r es e consequences es e consequences es e consequences es e consequences es e	uenca of):	rceilu c Ca	erde	ilasa	sler.	Dise	945	2
Physician/Me		d										
ched sys	Pert II. Other significant condition	ons contributing to de	eath but not resu	ulting in the un	derlying cause	given in Per	t I.		bacco use co			
de de la	Myacarde	al to	2 for	ctro	as			1 Y	98 20 No	3 Prob	ably 4	Unknow
should be d	/							24e, Wes er perform		con	re eutopo illeble pri npletion of leeth?	sy findings or to of cause
Page 2	CINCLE IN							1□ Ye	s 2DNo	10	Yes 2	No
Be Co	25. Wes case referred to medica					26 Pla	ce of Deet	h (Check only on				
director,	exeminer?	Hospital:	Inpatient 2	ER/Outpetlent	a∏ DO4	Other				10 11		
<u>a</u>	27. Menner of Deeth	28e. Dete		28b. Time of	OL DON	7 (80 1	vursing Ho	me 5 Reside)	
e fune	1 Neturel 5 Pendin	g (Moni	th, Day Year)	Injury		njury et Work? 1 ☐ Yes 2 [□No	200. Describe no	w injury occur	eu		
d in by the funera	3 ☐ Suicide 6 ☐ Could	3 Suicide 6 Could not be 28e. Place of Injury - At home farm street factory office							reet and Numb , Stete)	er or Rurai	Route N	umber,
Medical Certification	29e. Certifier 1 Certifylr (Check only one) 2 Medical	g Physician: To the Examiner: On the be end many	best of my know esis of examinet	wledge, deeth ion end/or Invi	occurred et th estigetion, in n	e time, dete e ny opinion, de	and place, seth occur	end due to the ce red et the time, de	use(s) end me ete end place, s	nner as sta and due to	ated. the caus	B(S)
M M	29b. Signeture end title of certifie				29c. Lic	ense number		29	d. Dete signed	(Month, E	Dey, Year)
0	30 Name and address of person	25/			7	200	5/9		Nov	24	9	77

State Registrar 31. Dete filed (Month, Day, Year)
DEC 01 1997



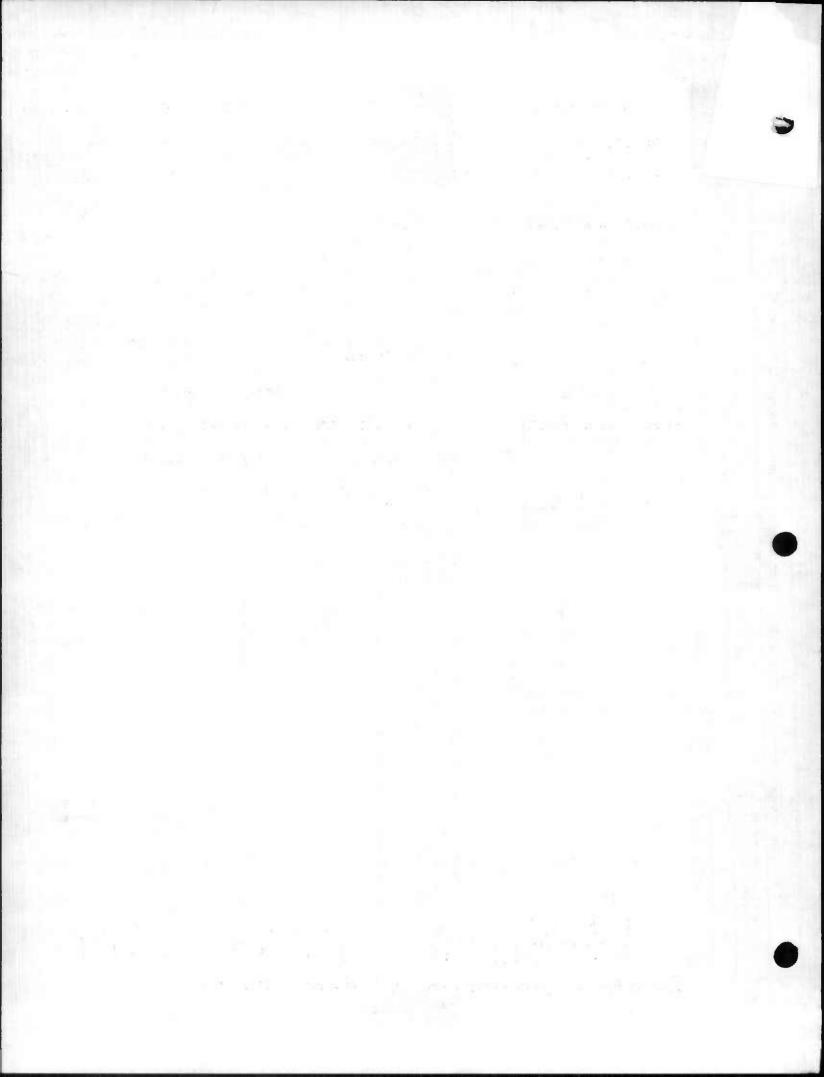
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	ian	1. Decedent's Neme (First, Middle, Le Herman Adam	Seifert		100			2. Dete of De Month	Day	Year	3. Time of Dea 2:40 am
/Medic	cal	4a. Facility Name (If not institution, give					4b Oh Tour and	Novemb	T		
Examir	ner	815 Aylesbury (4b. City, Town, or Lo Arnold		A	ty of Deeth nne A	rundel
Funeral Director		5. Social Security Number 6. S 212-28-3346 Usual Residence of Decedent	TY OF F	e (In yrs. last bir 67	thday) If Under Yrs. Months	1 Year Days	If Under 24 Hrs. Hours Min.	8. Date of Bi (Month, D Oct. 7	th Year)		place (State or Fo intry) 'land
ahow	or	10e. State 10b. County MD Anne A1	rundel	10c. City, Town							10d. Inside City L
s or 28a-	Director	10e. Street end Number			10f. Zip	Code			10g. Citizen of	What Cou	The state of the
natural', or items 23s or 28s-f show dical Examiner must be notified at	by Funeral	815 Aylesbury (11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Tyes 2 XI If Yes, Give Year or Dates:			dent of H cify Cub	dispenic Origin? (Spen, Mexicen, Puerto	ecify Yes or N Rican, etc.)	0- 14. Ra Bl	USA 14. Race - American India Black, White, etc. Specify: Wh	
than the Me	Completed	15. Decedent's E. (Specify only highest ground (Specify only highest ground (Specify October 12)	ducetion ede completed) College (1-4or 5	-	Decedent's Usua (Give kind of wo life. DO NOT us licopte:	rk done se retire	during most of work d)	16b. Kind of Business/Industry Maryland Nationa Guard			
d other event, t	Be C	17. Father's Name (First, Middle, Last,)			18. Mother's Name (First, I			, Maiden Suma	me)	
# D .	ToB	Solomon Seifer	t		Emma			ngelhar	rdt		
s ma		19a. Informant's Name/Relationship (19b.	. Malling Address (Street and Number			al Route Numb	per, City or Town	n, State, Zi	ip Code)
of Health item 27 r other tra		Margaret Seifert	/wife	81	5 Ayles	oury	Garth, A				
O T TO		20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐	Removel from State	20b. Place of cemeter	Disposition (Nar y, crematory or o	ne of ther plea	ce)	Nov 29	20c. Location	- City or T	
Department Important: If any injury o		4 Donetion 5 Other (Specification of Funeral Service Ocean	w)	Meadow	ridge Me	mori	ial Park ss of Facility P. A	1997	Elkrid	-	
ysician Medical	/	An Part) Enter the disease, or one shoot, or heart failure. List envi	olications that caused one cause on each life	the death. Do r	495 Gov	Rj	tchie Hwy ng, auch as cerdiac			rk, r	Approximete Interval Between Onset end Deet
aminer	7	linese or condition resulting in death)	a	Due to (or as a c	consequence of):	ce		-			3 Mou
nsit	Examiner		b								
physician and s the buriel-transit		Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events	c	Due to (or as a o	consequence of):					1	
0 0	Medical	resulting in death) Last	d	Due to (or es e c	onsequence of):						
attendir 3 for use	Iclan	Dort II. Other elections and tiles a								- 1	
igned by the be detached	y Physician/N	Part II. Other significant conditions of	ontributing to death bi	it not resulting in	the underlying c	euse giv	en in Pert I.		Yes 2□ No		to the cause of de obably 4 Unk
s been s 2 should	Completed by						24a. V		performed?		Vere autopsy findin vailable prior to ompletion of cause i death?
								1 🗆	Yes 20 No	1	☐ Yes 2☐ No
pag	Be	25. Was cese referred to medical examiner?	Hospital:			Oth	26. Piece of Death				
ertificate ector, pag		1 ☐ Yes 2 ☐ No	1 inpatie	y 28b. T		8c. Injun Wor	y at		how injury occu		(fy)
his certificate il director, pag	tlon: To	27. Mennar of Death 11 Natural 5 Pending	(Month, Day		141	. 🗆	. 20 E LI140				
Nector: After this certificate in by the funeral director, par			(Month, Day	iry - At home, far . (Specify)	m, street, factory	, office		28f. Location (City or To		ber or Rur	al Route Number,
Nector: After this certificate in by the funeral director, par	Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifler 2 Pending Investigation 6 Could not be determined	(Month, Day	(Specify) f my knowledge, examination and	death occurred	at the tin	ne date end niace	City or To	wn, State)	anner as e	etatad
mer deam. Nrector: After this certificate In by the funeral director, par	edical Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifler (Check only one)	28e. Plece of Injubulding, etc. ysician: To the best of and manner sta	. (Specify) f my knowledge, examination and ted.	death occurred	at the tin	ne, date end place, a pinion, death occurr	City or To	wn, State) cause(s) end m dete end place	nanner as s , and due t	stated. o tha cause(s)
in 24 nous ener geam. Ne Funeral Director: After this certificate pletely filled in by the funeral director, par	edical Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifler (Check only one) 1 Pending Investigation 6 Could not be determined	28e. Plece of Injubulding, etc. ysician: To the best of and manner sta	. (Specify) f my knowledge, examination and ted.	death occurred	at the tin	ne, date end place, a pinion, death occurr	City or To	wn, State) cause(s) end m dete end place	nanner as s , and due t	stated. o tha cause(s)



State of Maryland / Department of Health and Mental Hygiene

DI	_	1. Decedent's Nama (First, Middle, Last)			tificate o		2. Date of De Month	Reg. No.	Year	3. Time = Lineth
Physician /Medical	_	SAMUEL SIMM	S JR.					DEC. 1	1997	Year	11:10 am
Examiner	-	la. Facility Name (If not Institution, give	street and number)			4b. City, Town, or	Location of Deat	h 4c. County	of Death	
		1901 CECIL COURT					CHESTER			N AN	NE
uneral irector	1	5. Social Security Number 6. Sa 214-54-0876	7. A	ga (In yrs. last 47	Vrs.	Months Day		8. Data of Bi (Month, Do		9. Birthp Cour MARY	place (Stata or Foraign http:) LAND
9		10a. State 10b. County		10c. City, To	own or Loc	ation				1	0d. Insida City Limits
other traumities event, the Medical Examiner roust to incition at To Be Completed by Funeral Director		MARYLAND QUEEN AND	NE	CHE	STER						XXYas 2 No
S S		10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cour	ntry?
2	3	1901 CECIL COURT				2161				IS	
by Funeral	5	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forcas' 1 X Yes 2 ☐ If Yes, Give Year or Dates:	Evar In U,S. P No		Vas Decedent o Yas, specify Cu	f Hispanic Orlgin? (Suban, Maxican, Puerlo o Specify:	pecify Yes or No o Rican, etc.)		ce - Amaric ck, Whita, v: BLA	
ted		15. Decedent's Edu (Specify only highast grad	cation	1	6a. Decede	ent's Usual Occ	upation ne during most of wor red)	tina	16b. Kind of B	usiness/In	dustry
Completed		Elementary/Secondary (0-12)	Coilege (1-4or	5+)	life. D	O NOT use reti	red)	Kiriy	STATE O	F MAI	RYLAND
3	5	12th	31/2		POLIC	E MAJOR			DEPT. 0	F GE	NERAL SERV
Be	3	17. Father's Name (First, Middla, Last)					18. Mothar's Nar	na (First, Middle	, Ma <i>idan Sum</i> an	ne)	
10		SAMUEL SIMMS						LLE FOR			
		19a. Informant's Name/Relationship (Ty					et and Number or Ru			State, Zip	Code)
	-	DEBORAH SIMMS (WII	EE)			CECIL C	OURT CHES				
1 Burial 2 Cramation 4 Donation 5 Other (Sp		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cramation 3 ☐ F	lemoval from State	ceme	etery, crem	atory or other p	lace)	Date	20c. Location -		
		4 Donation 5 Other (Specify)		MEIR	O CRE	MATORY	1	2/3/97	BALTIMO	RE, I	MD.
SUCE		21. Signature of Funeral Service License Lavy & Rec	90 NAC		W		rass of Facility E & SONS ST. ANNA			1	
	T	23a. Part1. Entar the disaasa, or compi shock, or heart failure. List only or	cations that cause	d the death. D	o not ente	r the mode of d	ying, such as cardiac	or respiratory	irrest,		Approximate Interval Between
n	1		1	-	1						Onset and Death
al er		Immediate Cause (Final disease or condition	. (1)	NG	CA	NZER					ZYEARS
	-1	resulting in death)		Due to (or as	a consequ	uence of):					
Examiner			,							i	
xan		Sequentially list conditions,		Due to (or as	a consequ	ience of):				1	
		Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events	·							1	
edicai		that initiated events rasulting in death) Last		Dua to (or as	a consequ	ence of):					
1 000			ı							i	
cian										i	
Physician/N	1	Part II. Other significant conditions cor	tributing to death t	out not resulting	g in the un	darlying causa	given In Part I.	23b. Dld	tobacco une co	ntribute to	the cause of death?
		(Atomic ORS	STRUCTI	VE. PV	ZWE	MARG	DISEAS	t 19	Yes 2 No	3 Pro	bably 4 Unknow
ted by		Annan						24a. Was	an autopsy	av	ere autopsy findings ailable prior to
Completed		1 1 10 EARLITE									mpletion of causa death?
0								10	Yes 2 No	1[Tyes 200
Be		25. Was case referred to medical examiner?					26. Place of Dea	ith (Check only	one)		
0		1 ☐ Yes No	lospital: 1 ☐ Inpati	ent 2 ER/	Outpatient	3□ DOA	Other: 4 Nursing H	lome 5 Res	idence 8 DOth	er (Specif	y)
Ë	2	27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Inju	ly Year) 28	o. Time of Injury	28c. In	jury at /ork?	28d. Describe	how injury occur	red	
Cati		2 Ascident Investigation					Yes 2 No				
Certification:		3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of In building, e	jury - At home, ic. (Specify)	farm, atre	et, factory, offic	е		(Street and Numb wn, State)	er or Run	Il Routa Number,
S		N/									
edical		(Check only _ @ Madical Examin	ner: On the besis of	f examination	ige, death and/or inve	occurred at the estigation, in my	time, date and place opinion, death occu	, and dua to the	causa(s) and mo	anner as s	tated. the cause(s)
Medical Certification: 7		one)	and mannar st	ated.		-		/		- 1	
-	1	29b. Signatura and title of bertifier	Janal	111		29c Lice	nse number 2	4	29d. Date sign	d (Moder)	Day, Year)
		March 14	Nuxer	Chr			INDE	1	14	W	VT
	3	0. Name and address of person who co			a) (Type, P	Print)	14 4 1	A	-		
		DR, GRAZE 9	00 Bes	togate	- Re	d. AA	ina. Md.	21401			
State	3	31. Date filed (Month, Day, Year)	32. Regist	rar's Signature	70.1	00.					



State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death Novem BER 28 1997 **Physician** 12:50 R.M. SARAH J. SIMMS /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NORTH ARUNDEL HOSPITAL BLA GLEN BURNIE ANNE ARUNDEL 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Days Hours 1 □ M 2 € F Yes. Director 220-30-3533 JULY 13 1923 MARYLAND Usual Residence of Deceden with the Marylend 10a Stata 10h County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f show MARYLAND ANNE ARUNDEL ANNAPOLIS 1 XYes 2 No Director 10e. Street and Numbar 10f. Zip Code 10g. Citizen of Whet Country? 28 SOUTH STREET 21401 US Funeral 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐XNo If Yas, Giva Yaar or Dates: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Marital Status traumatic event, the Medical Examiner 1 Never Marriad 2 Married ŏ Maryland 21215-0020 1 ☐ Yas 2 ☐ No by Specify: BLACK 3 XWidowed 4 ☐ Divorcad Specify: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry of Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 9th DOMESTIC OUT SIDE THE HOME 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) 1 and 2 should be lii Health and Mentel H tem 27 is marked oth Be JOHN HENDERSON BESSIE JONES 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) RITA COATES (DAUGHTER) 231 ASH LANE ANNAPOLIS, MD. 21401 Pages 1.4 sent of Hea st: If Nem 2 or other Baltimore, 20b. Placa of Disposition (Neme of 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cramation 3 □ Removal from State ANNAPOLIS MEM. GARDENS Department of Important: If any injury or 12/4/97 ANNAPOLIS, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility WM. REESE & SONS MORTUARY, P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** ASPRATION /Medicai Immediata Cause (Final disease or condition resulting In death) **Examiner** Due to (or as a consequence of): Examiner CON GESTIVE The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as e consequence of): Records, P.O. Box 68760, physician Physician/Medical the Due to (or as a consequence of): Part fl. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the ceuse of death? ate has been signed by page 2 should be detact 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Was an autopsy performad? 24b. Were autopsy findings available prior to complation of causa of death? 21 No certificate 1 Tyas 2 No Division of Vital i or Attending Physician: "after death," Director: After this certifica director, Be 25. Was case referred to medical examinar? 26. Place of Daath (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 20 No 1: Inpatient Certification: To 2 ER/Outpatient 3 DOA Iuneral 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of Injury 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Pending Invastigation Natural 1 TYes 2 TNo 2 Accidant the To the Hospital or Atter within 24 hours after des To the Funeral Director completely filled in by th 6 Could not be 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) end manner as atated. 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) 29b. Signature and titla of certifier 29c. License number mo

DRIVE, CHEN BURNE. no. 21061.

30 Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

31. Datr/filed (Month, Dey, Year)
DEC 03 1997

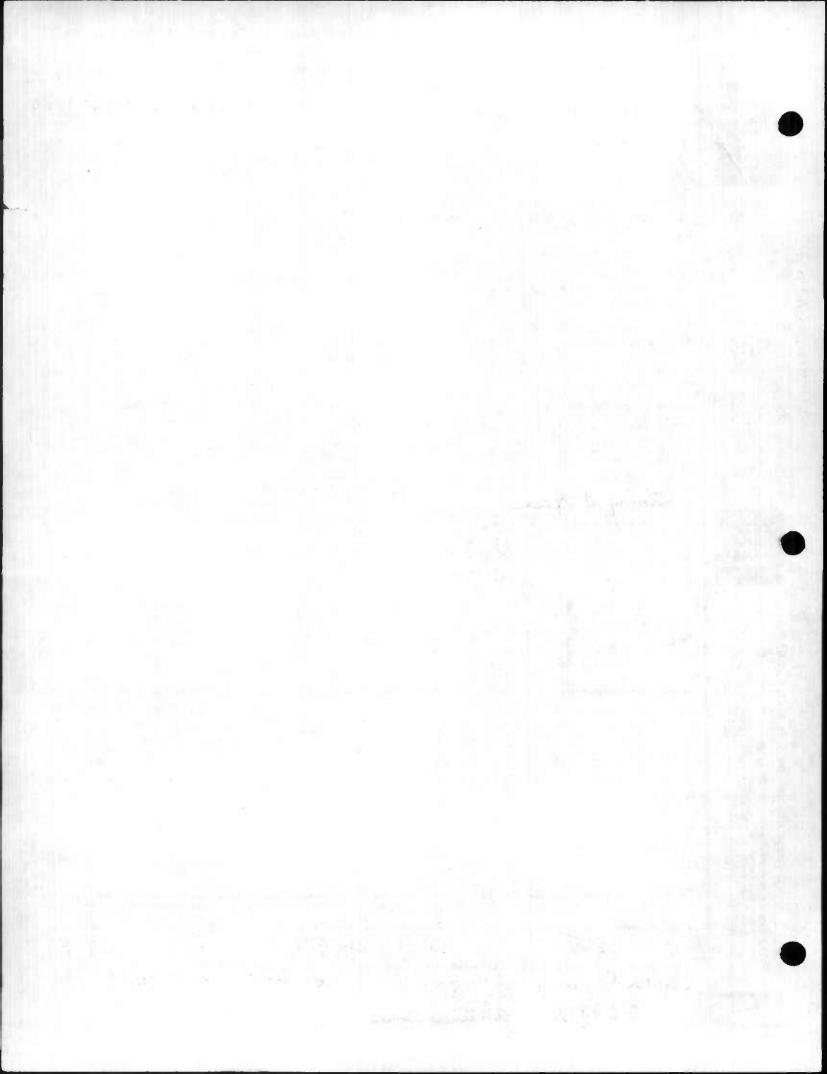
Dutimy 301 Hospital

Sulia Davidson

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State

Registrar

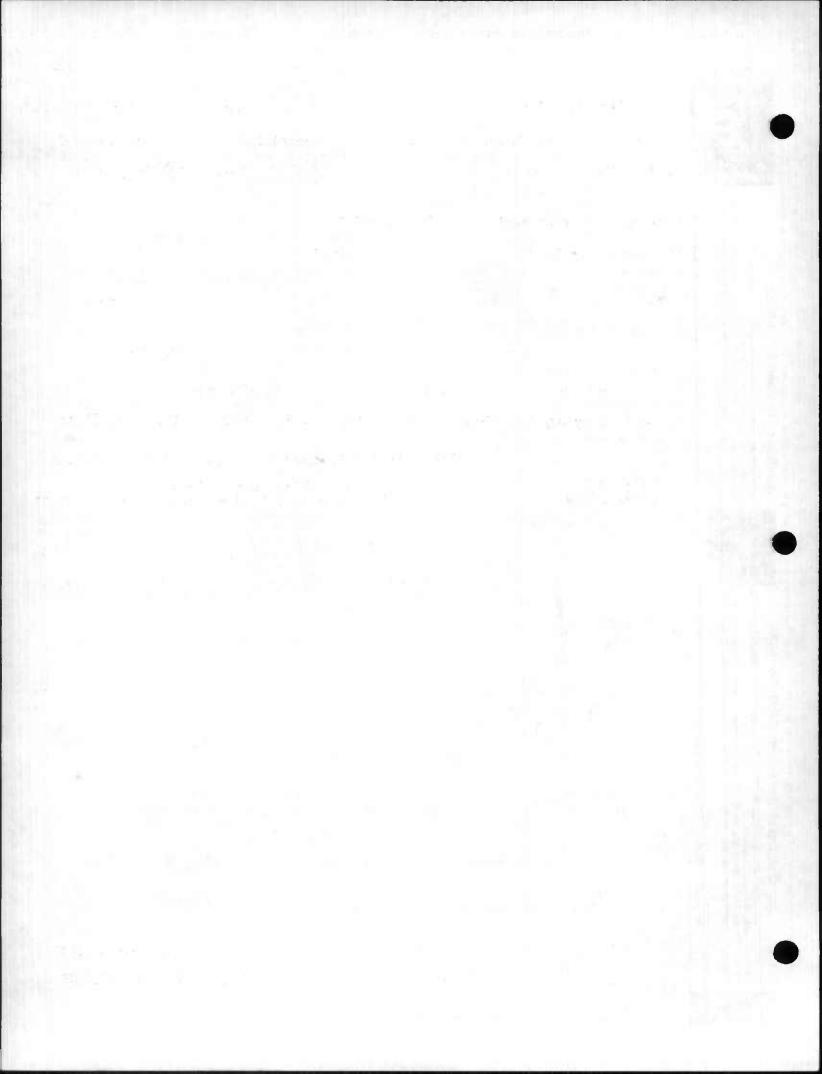


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month 2, 1997 Alice R. Smith 6:25 P.M. December /Medicai 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Genesis Eldercare Center Spa Creek Annapolis Anne Arundel 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) June 2, 1905 9. Birthplace (State or Foreign Country) **Funeral** Deys 1□ M 2寸 F 212-30-0188 Director Indiana Usuei Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Heelih and Menleth Hygiene. Important: If ferm 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinator maintenance in principal as 10d. inside City Limits 1 Yes 2 No Director Maryland Anne Arundel Davidsonville 10a. Street end Number 10f. Zip Code 10g. Citizen of What Country? 703 Appomattox Road 21035 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ঐ No if Yes, Give Year or Detes: 13. Wes Decedent of Hispanic Orlgln? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: p Specify: 3 Widowed 4 □ Divorced White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Teacher yrs. High School 17, Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Unknown Rowe Blanche Woodbury 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Susan B. Traylor/ Granddaughter 703 Appomattox Rd. Davidsonville, Md. 21035 20b. Piece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlai 2 Cremetion 3 Removel from State Arlington Nat'l. Cemetery 12-11-9 Arlington, Virginia 4 □ Donetion 5 □ Other (Specify) 22. Name end Address of Fecility
George P. Kalas Funeral Home 21. Signeture of Funeral Survice Licensee 2973 Solomons Island Rd. Edgewater, Md. 21037 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeti Physician /Medicai Immediate Cause (Final disease or condition resulting in deeth) Examiner Gordio myo pathu Examiner buriel-trensit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last and physician s the buriel Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): 88 esn been signed by the ette should be deteched for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown Hup Fracture þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed hes certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certificat completely filled in by the funeral director, I 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2XXNo Certification: To 27. Menner of Death 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1XXVaturei 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 ☐ Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 \ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and place, end due to the cause(s) and menner stated. Medical 29a. Certifier 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 38563 December 3, 1997 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 134 avengville Road Rper West MN 20778 WAYNE D. BIERBAUM, M.D. 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State relia Davidson DEC 04 Registrar

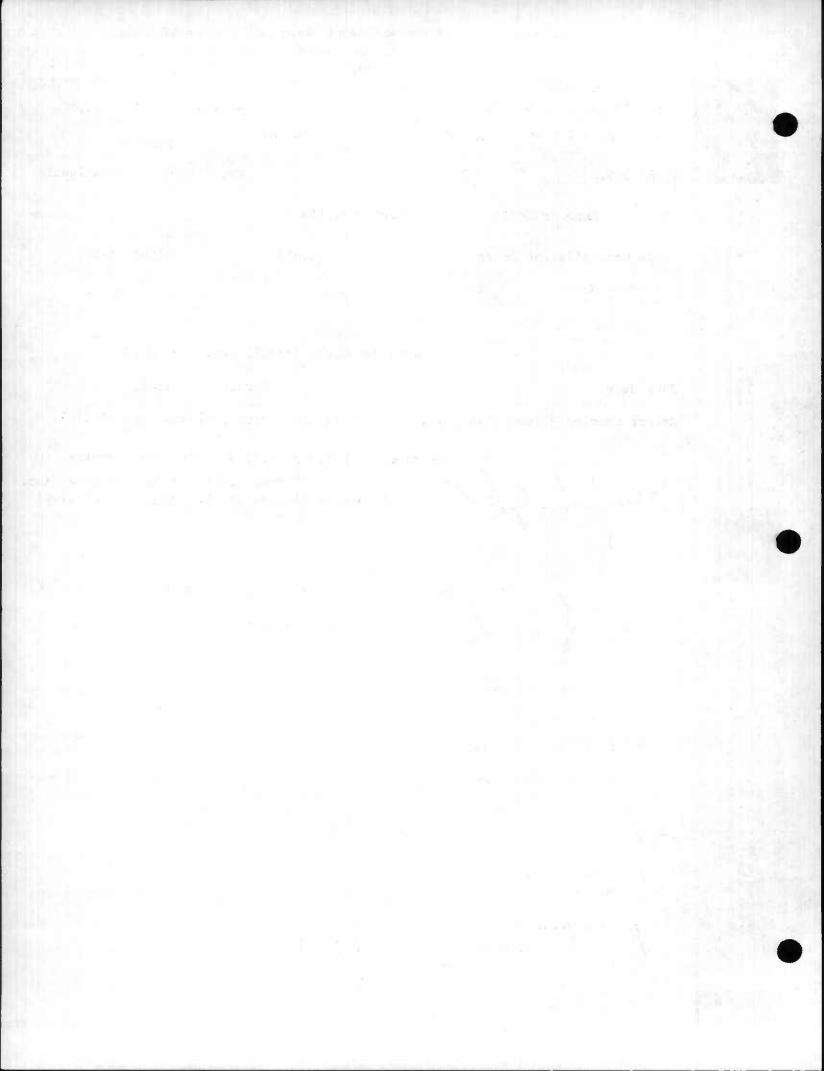


Physicia		1. Decedant's Name	e (First Middle 1	est)		061	tificate of	Dealli	2. Date of De	Reg. No	39	3. Time of
	_			rriet	Shu11				Month November	Day	Year 97	1:45
/Medic Examin	_	4a. Facility Nama (II		ve street and nu	mber)			4b. City, Town, or Lo				25
Examin		51 Bay	Drive					Annapol:	is	Anne	Arur	nde1
Funeral		5. Social Security N		Sex	7. Age (In y	rs. last birthday)	If Under 1 Year	If Under 24 Hrs.	8. Date of Bir (Month, Da			
Director		140-12-9 Usual Residence of		1□ M 2XXF	75	Yrs.	Months Days	Hours Min.	March	17 1922	New	ace (State o ry) Jerse
show	-	10a. State	10b. County		10c.	City, Town or Lo					10	od. Inside Ci
188-4 184-4	Director	MD		rundel		Aı	nnapolis					
8 6	급	10e. Street and Nur	nber				10f. Zip Code			10g. Citizen of V		*
23	rai	51 Bay	Drive	1				21403			d Sta	
stal thygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be nothing at	by Funeral	11. Maritai Status 1 Never Marri 3 Widowed	ed 2 X Marriad	12. Was Dec Armed Fo Navas If Yes, Gi Yaar or D	orces? 2 No		Vas Decedent of F f Yes, specify Cubi I ☐ Yes 2☐XNo	lispanic Origin? (Sp an, Mexican, Puarto Specify:	ecify Yas or No Rican, etc.)	Specify	e - Amarica k, White, e	etc.
tura in	Pa		15. Decedent's E		vatas. WW	III	lent's Usuai Occup	netion	-	16b. Kind of Bu		
Sed Ked	Completed		ify only highest g	rada complated)	-	(Giva	kind of work done	during most of work	ing	TOD. KING OF BE	13111033/1110	ustry
Hygiene. ort, the M	E O	Elementery/Second 1.2	ndary (0-12)	College (cher			Edu	catio	n
ent,	Be C	17. Father's Name (First, Middle, Las			1.Cd		18. Mother's Nam	e (First, Middle,			
and Mental Hygiene. Is marked other than raumatic event, the M	To B	Willi	am B. Mo	ebius				Agnes	s Franc	es Mathi	s	
N Dui	Thomas S.		me/Relationship	(Type, Print)		19b. Meiling Addresa (Street end Number of			el Route Numb	er, City or Town,	State, Zip	Code)
atth a			. Shu11	Sr. (H	usband	51	Bay Driv	e Annapo	olis. M	arvland	21403	3
Item othe			position		201	. Place of Dispo			Data	20c. Location -		
Depertment of H Important: If ite any Injury or ot once.			Cremation 3 5 Other (Spec		Stata			atory 12/4	4/97	Brentwo	od. N	Marvla
ortar Injui		21 Signature of Fu		-	1)			1				
Deper Impor		terral	ol &	Tuy	ton	14	47 Duke of	of Glouce:	ster St	. Annapo	lis,	MD 21
ysician				,				ng, such as cardiac	or respiratory a	rrest,		Approximate Interval Beh Onset and E
Medical taminer		Immediate Causa (disease or condition resulting in death)	rinai	a. Co	rein.	omu o	f the	lung				>/ye
	-	,			Due to	(or as a conseq	uence of):				1	
is.	Examiner			b								
physician end is the burial-transit	xar	Sequentially list cor if any, leading to im cause. Enter Under	nditions, mediate		Due to	(or as a conseq	uence of):				ĺ	
bunia		Cause (Disease or I that initiated events	injury	c								
phys	edicai	resulting in death) L			Due to	(or as a consequence	uance of):				į	
				d								
attending for use	clar					,						
the	Physician/M	Part II. Other signifi	cant conditions	contributing to d	eath but not i	esulting in the ur	nderlying cause giv	en in Pert I.	23b. Did	tobacco usa cor	tribute to	the cause o
	by Ph								18	Tes 2□ No	3 Prob	ably 4 🗍
ed by	Ω									an autonsy	24b. We	re autopsy fi
be d									24a, Was			iiabla prior to
be d									24a. Was perfo	rmed?	con	pletion of c
has been signer ye 2 should be d									perfo	ormed?	con	npletion of caleath?
ate has been signer page 2 should be d	Completed								perfo		of d	pletion of cleath?
ertificate has been signer sctor, page 2 should be d	Be Completed	25. Was case referr		Hospital:			Oth	26. Place of Deet	perfo	ormed? Yes 2 ☐No	of d	leath?
his certificate has been signed al director, page 2 should be d	To Be Completed	examiner?	NO"			ER/Outpatien		er: 4 Nursing Ho	perfo	Yes 2 ☑ No one) dence 8 ☐ Oth	com of d	eath?
his certificate has been signed al director, page 2 should be d	To Be Completed	examiner? 1 Yes 2 27. Menner of Death 1 Natural	No 5 □ Pending	28a. Dete		28b, Time of	28c. Injur	er: 4 Nursing Ho	perfo	Yes 2 Ano	com of d	eath?
eam. or: After this certificate has been signed the funeral director, page 2 should be d	To Be Completed	examiner? 1 Yes 2 27. Menner of Death 1 Natural 2 Accident	5 Pending Investigation	28a. Dete (Mon	of Injury th, Day Year	28b. Time of Injury	28c. Injur Wor	er: 4 Nursing Ho	h (Check only o	Yes 2 ☐ No one) dence 8 ☐ Oth- how Injury occurr	or (Spacify)	eath?
eath. or: After this certificate has been signed the funeral director, page 2 should be d	To Be Completed	examiner? 1 Yes 2 27. Menner of Death 1 Natural	5 Pending	28a. Dete (Mon	of Injury th, Day Year	28b. Time of Injury	28c. Injur	er: 4 Nursing Ho	h (Check only o	Yes 2 10 No one) dence 8 10 the how injury occurr	or (Spacify)	eath?
4 hours after death. Funeral Director: After this certificate has been signed tely filled in by the funeral director, page 2 should be d	Certification: To Be Completed	examiner? 1 Yes 2 2 2 2 2 2 2 3 Menner of Death 1 Matural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only	5 Pending Investigation of Could not I determined	28a. Dete (Mon 28e. Place build bysician: To the	of Injury th, Day Year of Injury - Ai ing, etc. (Spe	28b. Time of Injury thome, farm, streety)	28c. Injur Wor M 1 =	er: 4 Nursing Ho	performance of the control of the co	Yes 2 No one) dence 8 Othe how Injury occurr Street and Numb wn, Stete)	er (Spacity)	eath? Yas 2) Roule Numi
4 hours after death. Funeral Director: After this certificate has been signed tely filled in by the funeral director, page 2 should be d	edical Certification: To Be Completed	examiner? 1 Yes 2 27. Menner of Death 1 Matural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	5 Pending investigation of Could not determined	28a. Dete (Mon 28e. Place build bysician: To the	of Injury th, Day Year of Injury - Aing, etc. (Spe	28b. Time of Injury thome, farm, streety)	28c. Injur Wor 1 Deet, factory, offica	er: 4 Nursing Ho	h (Check only of the check onl	Yes 2 ☐ No one) dence 8 ☐ Oth- how Injury occurr Street and Numb cause(s) and me date and place, a	er (Spacity) er or Rural er or Rural	eath? Yas 2) Route Number of the cause(s)
in 24 hours after death. Ne Funeral Director: After this certificate has been signed pletely filled in by the funeral director, page 2 should be d	Certification: To Be Completed	examiner? 1 Yes 2 2 2 2 2 2 2 3 Menner of Death 1 Matural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only	5 Pending investigation of Could not determined	28a. Dete (Mon 28e. Place build bysician: To the	of Injury th, Day Year of Injury - Ai ing, etc. (Spe	28b. Time of Injury thome, farm, streety)	28c. Injur Wor M 1 =	er: 4 Nursing Ho	h (Check only of the check onl	Yes 2 PNo one) dence 8 Other how Injury occurr Street and Numb wn, Stete) cause(s) and me date and place, a	er (Spacity) ed or Pural er or Pural er or Rural	eath? Yas 2) Route Number of the cause(s)
's hours after death. Funeral Director: After this certificate has been signed tely filled in by the funeral director, page 2 should be d	edical Certification: To Be Completed	examiner? 1 Yes 2 27. Menner of Death 1 Matural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	5 Pending investigation of Could not determined	28a. Dete (Mon 28e. Place build bysician: To the	of Injury th, Day Year of Injury - Ai ing, etc. (Spe	28b. Time of Injury thome, farm, streety)	28c. Injur Wor 1 Deet, factory, offica occurred at the tirestigation, In my o	er: 4 Nursing Ho	h (Check only of the check onl	Yes 2 ☐ No one) dence 8 ☐ Oth- how Injury occurr Street and Numb cause(s) and me date and place, a	er (Spacity) ed or Pural er or Pural er or Rural	eath? Yas 2) Route Number of the cause(s)
's hours after death. Funeral Director: After this certificate has been signed tely filled in by the funeral director, page 2 should be d	Medical Certification: To Be Completed	examiner? 1 Yes 2 2 2 2 2 2 2 3 4 2 3 4 2 4 2 4 2 4 2 4	Pending investigation of Could not a determined the Could not be considered to the	28a. Dete (Mon be) 28e. Place build hysician: To the miner: On the band man completed cause	of Injury th, Day Year, a of Injury - A ing, etc. (Spe best of my k asis of examiner stated.	28b. Time of Injury thome, farm, structiv) nowledge, death nation and/or inv	28c. Injur Wor 1 Deet, factory, office occurred at the tire estigation, In my or 29c. Licans	ner. 4 Nursing Ho y et k? Yes 2 No	h (Check only of the control of the	Yes 2 □ No one) dence 8 □ Oth how Injury occurr Street and Numb wn, Stete) cause(s) and me date and place, a 29d. Date signed	er (Spacity) er or Rural er or Rural er or Rural er or Rural	eath? Yas 2 Poule Num Sted. the cause(s)
uous area been. Funeral Director: After this certificate has been signes tely filled in by the funeral director, page 2 should be d	Medical Certification: To Be Completed	examiner? 1 Yes 2 2 2 2 2 2 2 3 4 2 3 4 2 4 2 4 2 4 2 4	Pending investigation of Could not indetermined the Could not indetermined the Could not indetermined the Could not indetermined the Could not investigate the Could not inves	28a. Dete (Mon be and man be and	of Injury th, Day Year, to of Injury - A ing, etc. (Spe best of my k asis of examiner stated. se of death (II	28b. Time of Injury thome, farm, structiv) nowledge, death nation and/or inv	28c. Injur Wor 1 Deet, factory, office occurred at the time estigation, In my or 29c. Licans	ver. 4 Nursing Ho vet k? Yes 2 No	h (Check only of the control of the	Yes 2 □ No one) dence 8 □ Oth how Injury occurr Street and Numb wn, Stete) cause(s) and me date and place, a 29d. Date signed	er (Spacity) er or Rural er or Rural er or Rural er or Rural	eath? Yas 2 Poule Num Sted. the cause(s)

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate o	f Death	Re	g. No.	0	004
Physician	n	Name (First, Midd						2. Date of Deat Month	Dey	Yeer	3. Time of Death
/Medical Examiner	A- Etite NI-		Sady-Wi on, give street end no				4b. City, Town, or	December Location of Death	1 199 4c. County		7AM
Examinici		Arunde:	l Medical	Center			Annapol	is		Aruno	le1
Funeral Director	5. Social Securion 577-68-		6. Sex 1□ M XXF	7. Age (In yrs	. last birthdey) Yrs.	If Under 1 Yes Months Day			Yeer)	9. Birthple	ce (Stete or Fore y) Sylvania
yland	10a. State	10b. County	1	10c. C	ity, Town or Lo	ocation				10	d. Inside City Lim
e Mer	MD	Anne	e Arundel		Da	vidsonv	ille				1 ☐ Yes 2
vith the Me t or 28=fs be notified	10e. Street and	Number				10f. Zip Code		10	Og. Citizen of V	Vhat Countr	y?
eth w	3496		lation Dr:				21035		United	d Stat	tes
72 hours after deeth with the Meryland natural, or items 23a or 28a-1 show deal Examiner must be notified at teed by Funeral Director	3 □ Widow	tus Married 2∑XMar ed 4 □ Divorced	Armed F	2 X No ive		Was Decedent of If Yes, specify Co 1☐ Yes 2☑ N	f Hispanic Origin? (suban, Mexican, Puel o Specify:	Specify Yes or No- to Rican, etc.)	Biac	a - Amarica k, White, et	te.
ed within 72 hours ygiene her than "natural", t, Tr. Wed cal Exe Completed by		15. Deceder Specify only highe	nt's Education est grade completed		16a. Deced	dent's Usuel Occ	cupation ne during most of wo	orkina	16b. Kind of Bu	siness/Indu	istry
within ene.	Elementary/	Secondary (0-12)	College	(1-4or 5+)	1				4 70 3 47		
be filed trai Hygie d other event, a		me (First, Middle,	Last)		Human	Resour	ces Benef	ne (First, Middle, M	ARN		
	Ď		,					orothy Di		,	
		's Name/Relations	ship (Type, Print)		19b. Mailir	ng Address (Stre	et and Number or R				Code)
C = N -	Rober	t Charle	s Wilcox	(Husban	d)3496	Constel	lation Dr	ive Dsvid	sonvil:	le,MD	21035
8027	20a. Method of		2 Domesal from	20b.	Place of Dispo	sition (Name of metory or other p	lece)	Date 2	20c. Location -	City or Tow	n, State
Peges ment of l ant: If its ury or o		on 5 Other (S	3 ☐ Removal from Specify)				metery 12	/3/97	Clinton	, Mary	yland
pemit. Peg Department Important: It any injury o	Hay	of Funeral Service	1. Lui	for	14	17 Duke	lress of Facility Joh of Glouce	ster St.	Annapo.	eral l	Home, In MD 21401
	23a. Part1. En shock, or	ter the disease, o haart failure. List	complication that only one car	causad the dea	th. Do not ent	er the mode of d	ying, such as cardia	c or respiratory erre	est,	1	Approximate ntarval Between
Physician /Medical	Immediate Car	sea /Final	(A	,	.0				1	Onset end Deeth
Examiner	diseese or con resulting in dea	dition	a. (A	rdiop	ulman	ary Ar	rest				ment
<u> </u>	5		h	Due to (or as a conseq	luencé of):	Effusion Can		16. 11		+1
physician and sthe buncher and sthe bunet-transit	Sequentially lis	t conditions.	b. 10	Due to (or as a conseq	uence of):	LTTUGIC	NI 610	pricial	9 1	month
lan au uniel-t		to Immadiate Inderlying		metas	tatic	Brea.	rt Can	191			64 pers
ng physicians the bu	that Initiated ev	ents	C	Due to (or as a conseq	uenca of):	T GOV				7000
ding p			d							1	
at the death cer d by the ettendin etached for use Physician/N											
by the contached	Part II. Other si	gnificant condition	ons contributing to d	leath but not res	sulting In the ur	nderlying cause	given in Part I.		Α.		he cause of deat
res that the rigned by be detailed by Ph		ute lles	rd fa	lure				1 🗆 Ye	s 2DANO	3 Probe	bly 4 Unkno
aw requii		ric M	id Ne	phropi	athy			24a. Was ar perform		com	e autopsy finding able prior to pletion of cause eath?
The peg	(Ingoing	Cham	othero	104			1 □ Ye	s 2 100	1 🗆	Yes 2□ No
ysician: Thy selector, peq director, peq	25. Was case r examiner?	afarred to medica			0 /			ath (Check only one	a)		
2 00		2 No		Inpatient 2		I SLI DOA		tome 5 ☐ Reside			
Iling F After funer funer	27. Manner of E	5 Pendir		of Injury oth, Dey Year)	28b. Time of Injury	W		28d. Describe ho	w injury occurr	ed	
tal or Attending P is after death. In Director: After the ded in by the funerant Certification:	2 ☐ Accide 3 ☐ Sulcide	6 ☐ Could	not be	of Injune. At h	ome form str		Yes 2 No	28f. Location (Str	and Mumb	or or Pural i	Pouto Number
after Direction	4 ☐ Homici	de determ	build	ing, etc. (Speci	fy)	eet, factory, offic	•	City or Town		or nurari	noute ivaniber,
To the Hospital or Attending Physician As house and a fact death completely filled in by the funeral Medical Certification: 1		1 Certifyir 2 Medical	ng Physician: To the Examiner: On the b and man	a best of my kno easis of examina ner stated.	owledga, deeth ation and/or Inv	occurred at the restigation, in my	tima, date and place opinion, deeth occu	e, and dua to tha ca arred at the time, da	usa(s) and ma te and placa, e	nner as statend due to the	led. he cause(s)
Within To the compl		and title of continu	11			29c. Lice	nse number	29	d. Date signed	(Month, De	ey, Year)
	DA	Then	mo			N 3	2654	7	Decarl	ner 1	1997
	30. Name and	of person	who complated caus	sa of daath (Itaa	m 23a) (Type,			7		1	1117
		John C. Month, Day Year DEC 04	. 1 1	a dili	1509	1 1	hee High	Levay,	Arno	W.1	mp 2101
	24 Data Blad /	Month Day Year	32 F	Registrar's Sign)		1	

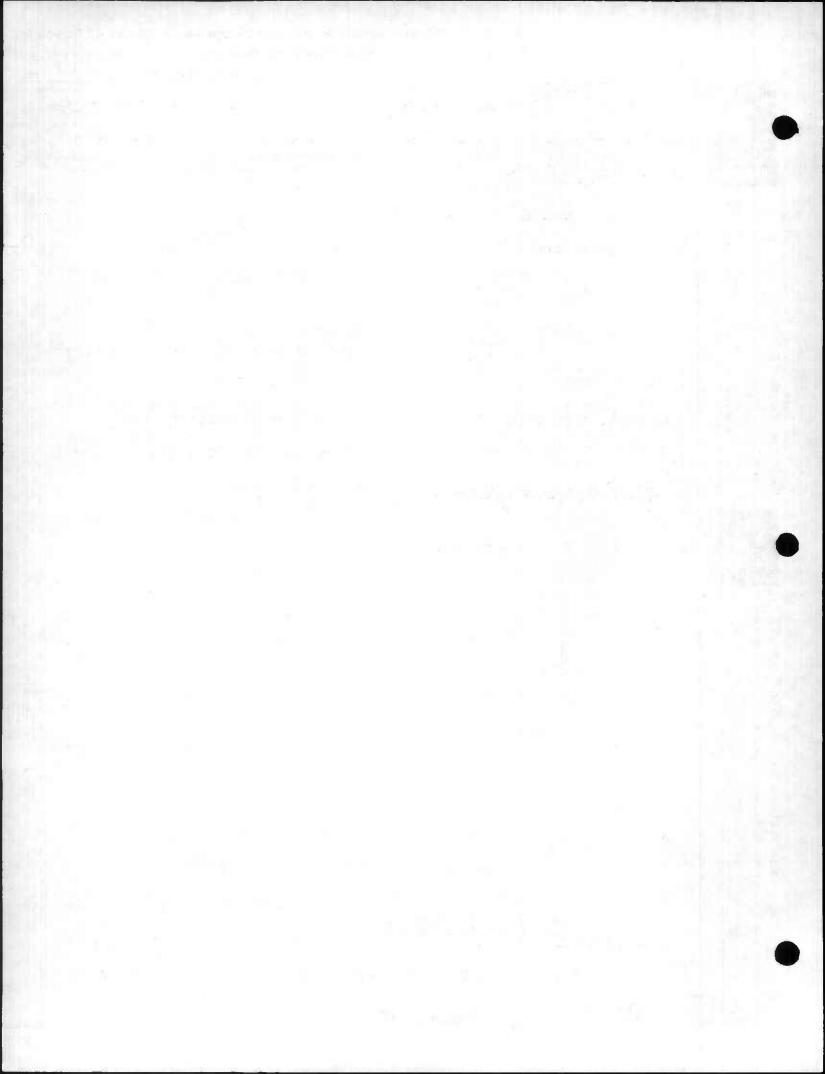


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Death **Physician** Month NOV 26 SONYA LORAINE SMITH 1925pm /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner NATIONAL NAVAL MEDICAL CENTER, BETHESDA BETHESDA MONTGOMERY CO. 7. Age (In yrs. lest birthday) 32 Yrs. 5. Sociel Security Number If Un r 2 Hrs. 9. Birthplece (State or Foreign Country) Indiana **Funeral** Hours 1□ M 2X F 226 27 5994 Director Usual Residence of Decedent nit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland direction of Health and Mental Hygiene. Ortant: If Item 23a or 28a-f ahow Injury or other tran "natural", or items 23a or 28a-f ahow Injury or other tranmatic avent, Italiany or other tranmatic avent, Italiang and Injury or other tranmatic avent, Italiang and It 10e State 10b. County 10c. City, Town or Location 10d. Inelde City Limits MD Anne Arundel Annapolis Director 1 ☐ Yes 2 No 10f. Zip Code 21402 10g. Citizen of Whet Country? USA 10e. Street end Number 1 D Sycamore Court Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Rece - American Indien, 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: p Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Emergency Medical Technician Medical/Healthcare 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Larry Gallimore Bonnie Kruer 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Michael T. Smith (husband) Sycamore Court/Annapolis MD 21402 20b. Plece of Disposition (Neme of 20c. Location - City or Town, Stete Arlington National Cem 1 XBuriel 2 Cremation 3 Removal from Stete 12/8/97 Arlington Virginia permit. Page Department Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 22 Name and Address of Fecility Advent Funeral Services 21. Signeture of Funerel Service Licansee Annapolis MD 21401 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medical METASTATIC BREAST CANCER 2 Y Examiner Due to (or as a consequence of) sician and bunal-transit that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) physician s the burial Box 68760. Physician/Medical Due to (or es e consequenca of): 98 esn signed by the atte Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco usa contributa to the causa of death? 1 Yes 2 No 3 Probably 4 Nuknown Records, g pinous Completed 24e. Wes an autopsy 24b. Were autopsy findings peen aveileble prior to completion of cause of death? performed? has certificate 1 ☐ Yes 2 No 1 □ Yes 2 □ No Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifics 25. Wes case referred to medical examiner?

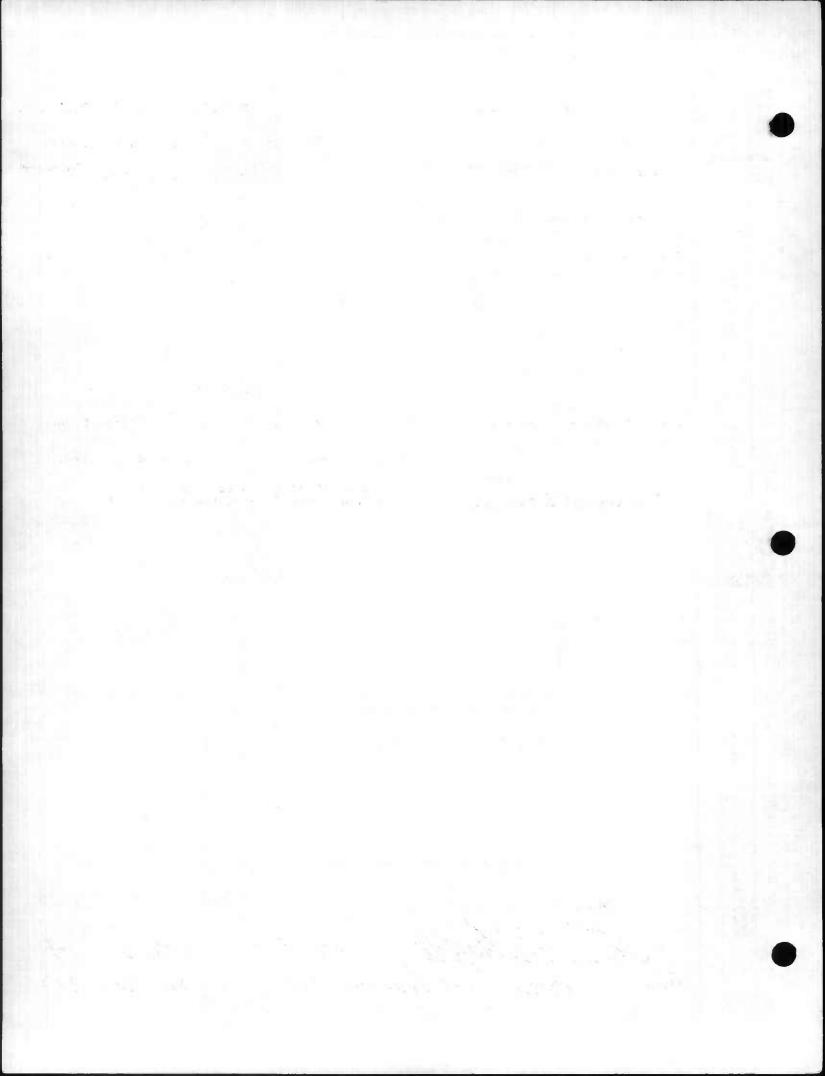
1 Yes 2 No Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) funeral 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturel 5 Pending 1 TYes 2 □ No investigation 2 Accident in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 | Homicide To the Hospital or within 24 hours af To the Funeral D 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end placa, end due to the cause(s) end manner as stated. 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) end manner steted. 29b. Signeture end title of certifier & Cander Co B. MANDEVILLE, LT. MC. USNR MD 29c. License number 29d. Date signed (Month, Dey, Year) RES - 000 30. Name and eddress of parson who completed cause of death (tent 23e) (Type Print)
B. MANDEVILLE, LT. MC, USNR NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD 31. Date filed (Month, Day, Yeer) 32 Registrer's Signeture State DEC 04 1997 Sia Davidson

DHMH 16 Ray 6/95

Registrar



		ems # 23a,27 FilmG757 3/24/9			Cer	tificate o	f Death	2. Data of D	Reg. No.	39	3. Time of Death
hysician		Laureen Marie	_	٩				Month	Day	Yaar 997	2:15 A.M.
/Medical xaminer		a. Facility Nama (If not institution, give					4b. City, Town, or				2.13 H.H.
xammer	П	National Naval		nter-	BEQ		Bethesda			1	County
neral ector		5. Social Security Number 6. S		(In yrs. last		If Under 1 Yes Months Day	r If Under 24 Hr	8. Dete of B		9. Birthple Countr	aca (Stata or Foreign TY) New London cticut
e tu	-	10a. Stata 10b. County		10c. City, T	own or Loc	cation				10	d. insida City Limits
io io		Connecticut New Lond	on	Gro	ton						tV□ Yas 2□ No
be neared	1	I0e. Street and Number				10f. Zip Coda			10g. Citizen of \	What Counti	ry?
1		219 Gales Ferry Road				06340			United St	ates of	f America
To Be Completed by Funeral Director		1 Marital Status 1 Nevar Married ACXMarried 3 Widowed 4 Divorced	12. Was Dacedant Ev Armed Forcas? 1 ☐ Yas 2 ∑ No If Yas, Giva Yaar or Datas:			Vas Decedant of Yas, specify Cu	Hispanic Origin? (ban, Maxican, Pua o Specify:	Spacify Yas or N nto Rican, atc.)	o- 14. Rac Blac Specify	e - Amarica ck, Whita, a	
Completed		15. Decedent's Ed (Specify only highast gra	ducation	1	6a. Deced	ant's Usual Occ	upation a <i>during most</i> of wo	orking	16b. Kind of B	usinass/indu	ustry
pje		Elamantary/Secondary (0-12)	Collega (1-4or 5+)	lifa. D	O NOT use reti	red)	икищ			
5		10			Hom	emaker			Own		
Be	1	17. Fathar's Nama (First, Middle, Last)					18. Mothar's Na	ma (First, Middle	a, Maiden Suman	na)	
P	2	Elmer Maynard					Agnes M	ontgome	ry		
	-1-	19a. Informant's Neme/Relationship (et and Number or F				
			Husband				rry Road.				
SUCE.		20a. Method of Disposition 1 ☐ Burlal 2X Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	y)			sition (Nama of hatory or other p itan Cre	ematory	Data 11-26-9	Alexand		wn, Stata Virginia
an al		Signifure of Funeral Service Licen Berrice Licen Service Licen	plications that caused to ona causa on each lina	hadeath. [B 9 Do not anta	9 Hunti	cDougall ngton Str ying, such as cardie	eet, Nev	w London		06320 Approximate Interval Between Onsat and Death
r to		disease or condition resulting in death)	8	ua to (or as			a				
clan/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disaase or Injury that initiated events resulting in death) Last	C	ua to (or as						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Physician/M			d							1	
hysi		Part II. Other eignificant conditions of	ontributing to death but	not rasuitin	g in the un	ndarlying causa (given in Part i.		l tobacco uee co] Yee 2□ No	ntribute to	the cause of death?
by P									1100 ZLINO	3 FIODA	aby 4 Onknown
Completed b								24a. Wa	s an autopsy lormed?	com	ra autopsy findings llable prior to apletion of cause eeth?
Comp								100	Yas 2□No	10	Yas 2□ No
Be	12	25. Was casa rafarred to medical axaminar?					26. Placa of De	eath (Check only	ona)		
tion: To Be		12 Yas 2□ No	Hospital: 1 ☐ Inpatiant	2 X ER	/Outpatien	3□ DOA	Other: 4 Nursing	Homa 5□Ras	ildanca 6 🗆 Oth	ar (Specify))
Certification:		7. Manner of Death 1 ☑ Natural 2 ☐ Accident 3 ☐ Suicide 6 ☐ Could not be	ury at ork? □ Yas 2 □ No	28d. Dascribe	how Injury occur	red					
Certifi		3 Suicida 6 Could not be detarmined	28a. Place of Injury building, etc.	y - At home (Specify)	, farm, stra	aat, factory, offic	е		(Street and Numb own, State)	oer or Rural	Routa Number,
			ysician: To the best of niner: On the basis of a and mannar state	xamination							
2			/	1		29c. Lica	nsa number		29d. Data signe	d (Month, D	Day, Yaar)
Medical		29b. Signatura and title of curtifier	1 2/1/								
Medi		29b. Signatura and title a continue	O/Mu	1///	X	Do:	1199	2/	NOV	10	97
completely filled in by the fi	2	29b. Signature and title of an illor 10. Nama and address of person who	complated causa of daa	ath (Itam 23	(a) (Type, I	DO:	7099 Ave 1	BETWI	NOV	25 MD 2	97



State of Maryland / Department of Health and Mental Hygiene

4001		Decedent's Name (Fin)	st. Middle I act)		C	ertifica	ite of	Death	2. Date of D	Reg. No. 7	3	3 0 5 7
Physicia	in			Showalt	or					Month	Day	Year	
/Medica	_	4a. Facility Name (If not i							4h City Town	NOVEME or Location of Dee		1997	2200PM
Examine	er	Market Comments			"			,	GAITHERS				COUNTY
		212 BROOKES 5. Social Security Number	6 50	7 /	Age (In yrs. I	ast hirthda	(v) If Und	or 1 Year					place (Stata or Foreign
Funeral Director		312-82-6634	10	M 214F	32	Yrs	Month			in (Month, L	28, 196.	Cour	diana
3		Usual Residence of Dece 10a. State 10b.	County		10c. City	, Town or	Location					T	IOd. Inaide City Limits
me 23a or 28a-f show	-0		+ 25	30.44									1 Yes 2 □ No
28a-f s	ect	10e. Street and Number	ontgome	Гу	Gai	tners	burg	. O-d-			40. 00.	110 . 0	**
De l	늅			U =				ip Code			10g. Citizen of		
23a	era	212 Brooke	-	. #1 12. Was Deceder	t Ever in II	C 1		0877		/Canalhi Van an h		State	s of Amer:
of, or ite	by Funeral Director	1XXVever Married 3	2□ Married	Armed Forces 1 Yes 2X If Yes, Give Year or Dates	? X √o	3. 1		2XXVo		(Specify Yes or Nerto Rican, etc.)	Bla	ck, White,	etc.
natural'	Completed	15. [ecedent's Edu	cation		18a. De	cedent's Us	ual Occu	pation		16b. Kind of B	usiness/In	dustry
Mad "	ple	Elementary/Secondary	ly highast grad	College (1-4o	r 5+)	life	Na kind of v a. DO NOT	usa retire	during most of (vorking			
giene. or than o	TO.		(- / - /	5+	.,	0ccu	patio	nal	Therapy		Montgo	mery	County Gov
王专	3e C	17. Father's Name (First,	Middla, Last)						18. Mother's N	lame (First, Middl	le, Maidan Sumai	na)	
nd Menta merked imatic ex	To Be	Max Showal	ter						Jeann	ne Fox			
th end Mer 7 Is merke traumatic		19a. Informant's Name/F				19b. Ma	ailing Addre	ss (Strea	t and Number or	Rural Routa Num	ber, City or Town	, Stata, Zip	Code)
# CV L		Max Showal	ter - F	ather		30	6 Dav	is S	treet 1	Countain	City, I	ndian	a 47341
of Healt Hem 27 r other		20a. Method of Disposition			20b. P	lace of Dis	sposition (Neramatory of	ama of	ica)	Nov. 29	20c. Location	- City or To	own, State
y H. H		1 X Burial 2 ☐ Cre 4 ☐ Donation 5 ☐			6		Grove			1997		oin C	der TM
Departm Importar any injus		21. Signature of Uneral			,,,,,	LIOW	22. Name	and Addr	ess of Facility			alli (ity, IN
Depa Impo any ir		b -/0.		2	to 4		Smith	& M	cQuistor	Tunera:			
		23w Parts Enter the dis	en (M. M.			P.O.	Box	14 Four	ntain Ci	ty, IN		
		23w Party Enter the dis	re. List only or	ne ceuse on each	line.	. DO HOL	enter the m	oue or dy	ng, such as cerc	nac or respiratory	arrest,		Approximate Interval Between Onset end Deeth
hysician /Medical Examiner	Jer	Immediate Cause (Final disease or condition resulting in death)	8	λ	Due to (o	as a con	sequence o	5					
physician and the buriel-transit	i Examiner	Sequentially list condition if any, leading to immedicause. Enter Underlying Cause (Disease or Injury	ns, ate). ————	Due to (or	as a con:	sequence o	ř):				Ť	
n certificate be inding physicia use es the bur	Physiclan/Medical	that Initieted events resulting in death) Last	1	1	Due to (or	as a cons	equence of):					1200
e ettendir	lan												
ed by the deteched	ysic	Part il. Other aignificant	conditions con	tributing to death	but not resu	ilting In the	underlying	ceuse gi	ven in Part I.	23b. Di	d tobacco use co	ontribute to	o the cause of death?
00	by Ph									1[Yes XNo	3 ☐ Pro	bably 4 Unknow
aw red as beer 2 shou	Completed									24e. Wa per	s an autopsy formed?	av	ere autopsy findings vallable prior to empletion of cause death?
ate h	NO.									1	Yes 4 No	1[☐ Yes 2☐ No
s certificate ha	Be	25. Was case referred to examiner?	medical						26. Place of [Death (Check only	one)		
this certific	0	examiner/ 1≱ Yes 2 No	F	lospital:	tient 2 🗆 I	ER/Outpat	ient 3 [OOA Ot	her: 4 Nursing	Home 5 Re	sidence 6 🗆 Otl	ner (Specif	(y)
er this heral di		27. Manner of Death		28a. Date of In	jury (av Vaar)	28b. Time		28c. Inju	ry at	28d. Describe	how Injury occu	rred	. (
death. ctor: After y the funer	Certification:	1 □ Natural 5 □ 2 □ Ageident	Pending investigation	11/23	97	Injur	KM		Yes 2 No	Subje	it far	yed.	seld
or death. actor: After by the fune	120	3 Sulcide 6 ☐ 4 ☐ Homicide	Could not be determined	28e. Plece of it	njury - Al ho	me, ferm,	street, facto	ory, office		28f. Location	(Street and Num	ber or Run	al Routa Number,
Direction of in bo	e l	4 - Homicide		building, e	etc."(Specify	AT	Hom	15		202 B	own, State)	the	20877
within 24 hours after death. To the Funeral Director. After this completely filled in by the funeral		29a. Certifier 1 (Checkey 200)	Certifying Phys	ician: To the bes	t of my know	vledge, de	ath occurre	d at the ti	me, dete and ple	ece, end due to th	e ceuse(s) and m	anner as s	stated.
within 24 hours a To the Funeral D completely filled i	edica	200	nedical Exemir	and manner i	or examinati	ion ena/or	investigatio	n, in my	opinion, death of	curred et the time	e, date and place,	and due to	o the cause(s)
Tot	2	29b. Signature and title of	certifier	1 .			2	9c. Licen	se number		29d. Date signe	ed (Month,	Day, Yaar)
		po an	who	ledlo)			0	C.M.E.		NOVEMB	ED 24	1007
		30 Jame and address of	person who co	mpleted cause of	deeth (Item	23e) (Tvr	e, Print)	0.	C.FI.E.		IAOAGMB	LIN 24	1 177 /
	1	TITARON	(K(K	E AD				C+-	oot Del	timoro	Marria	a 212	0.1
Chat	-	31. Date filed (Month, Da	v. Year)	32 Pagris	trar's Signat	Ure		SLL	eer, bd	ltimore,	marytan	u ZIZ	.01
State Registra		DEC	0 4 1997	ali	Davida	, D.	nd . 90						

trad to me it Martinery hand & A An 3/3/11

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3 Time of Death William George Scheulen 1997 12 09 4a. Feclify Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 1404 Bayview Drive Havre de Grace Harford | H Under 1 Yeer | H Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 09 / 19 / 1918 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) Months 15M 20 F Yrs. 79 072-16-6535 Usuel Rasidance of Dacedant 10c. City, Town or Location 10d. Insida City Limits 1 ¥Yes 2 □ No Harford Havre de Grace 10e. Street and Number 10g. Citizan of What Country? 1404 Bayview Drive 21078 USA 12. Was Decedent Ever in U.S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - American Indien. 11. Meritel Status 1 Navar Married 2 Married 1 Yes 2 No If Yas, Giva Yaar or Datas: 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Marine Division Steel 17. Fether's Nama (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Surnama) William R. Scheulen Mary E. Corcoran 19e. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) Evelyn Scheulen- wife 1404 Bayview Dr., Havre de Grace, MD 20b. Placa of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Steta 1 Buriai Cremetion 3 Ramoval from Stete 4 ☐ Donation 5 ☐ Other (Specify) R.A. Ferris & Co. Inc. 12/11/97 West Chester, PA 21. Signature of Funerei Sarvice Licensee 22. Nema and Addrass of Fecility Mitchell-Smith Funeral Home, PA. 23a. Part1. Enter the disease for complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiretory errest shock, pr heart failure. List only one ceuse on each line. 123 S, Washington St, Havre de Grace, MD Immediata Causa (Final disaasa or condition rasulting in death) 3 days Acute Respossion Fauluse Dua to (or as e consequanca of): aryngeal Carcinome Dur to (ores a consequence of): Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or injury that initiated avants resulting in deeth) Last 7 Years Dua tofor es e consequance of) Carcenome

Physician /Medical Examiner

permit. Pages 1 and 2 should be filed within Department of Haelth and Mental Hyglene. Important: If flem 27 le marked other than any fujury or other traumatic event, fire Men.

Physician

/Medical

Examiner

10e. Stata

Director

Funerai

þ

Completed

Be

Funeral

Director

r than "natural", or items 23s or 28s-1 show the Medical Examiner name be notified at

death

Baltimore, Maryland 21215-0020

Physician/Medical Examine physician and the burial-trans ed by the a þ

The law requires that the death certificate be executed page 2 s cartificata or Attending Physician: this Aftar death.

Completed Be Certification: To

Division of Vital Records, P.O. Box 68760, To the Hospital or Attendir within 24 hours after death.

To the Funeral Director: Af complately filled in by the fu

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown SIP Radiation Chest & Neck Chronic obstructue Pul. Diserse periormed? Bronch his Hypothy roid 1 Yas 2 No 25. Was casa rafarred to medical axaminar?
1 ☐ Yas 2 No 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Netural
Accident 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 6 Could not be datarmined 3 Suicide 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 4 Homicida Lexifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, and due to the cause(s) end mannar as stated.

2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end mannar stated. 29a. Cartifiar (Check only one) 29b. Signature-and titla of certifiar

State Registrar

MIRZA A. BAIGMD

29d. Data signed (Month, Day, Year) 12-10.97

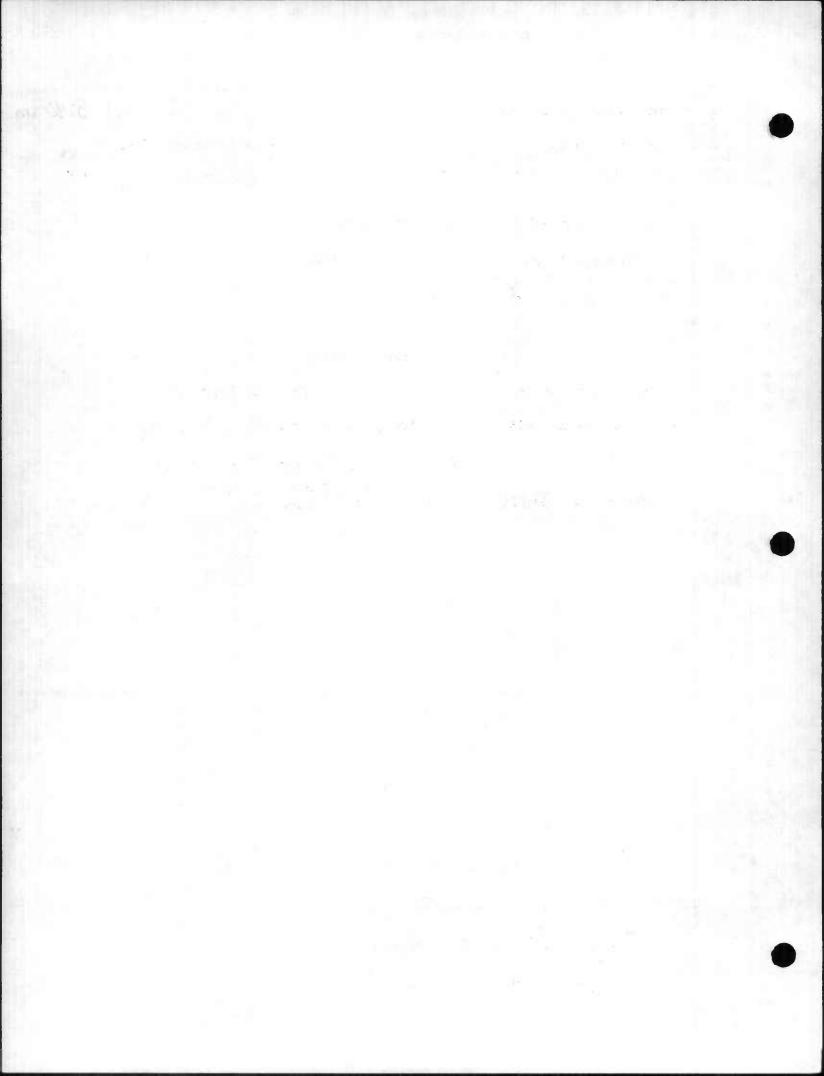
24b. Wara autopsy findings available prior to completion of cause of death?

1 ☐ Yas 2 ☐ No

30. Name and eddress of person who completed causa of death (Item 23e) (Type, Print) De Grace, MD

31. Data filed (Month, Day, Yaar)

32. Registrar's Signatura



ysician Medicai	_	. Decedent's Name (First, Mide			Spicer			ificate of	Death		2. Date of D Month DEC.		lo. lay 199'	Yeer 7	3. Time of Death
aminer		a. Facility Name (If not instituti MD. ROUTE#136	on, give		ber)		RCH	ROAD	4b. City, To DARL		ocation of Dea	ath 4		ty of Deeth	
eral ctor		Social Security Number 216-13-1131 July Residence of Decedent	6. So	ex XIM 2□F	'. Age (In yrs.			If Under 1 Year Months Days		24 Hrs. Min.	8. Date of E (Month, L	Day, Yea		9. Birth Cou Mary	place (Steta or Foraig ntry) Land
ral Director		0a. State 10b. Count Maryland Har		đ		ity, Town		ition				T			10d. Inside City Limits 1 ☐ Yes 2 💢 No
ral Dire		0e. Street and Number 716 Tobacco	Run	Rd.				10f. Zip Code 21015	5			10g. C	itizen of	What Cou	ntry?
Examiner in by Fune		Marital Status Never Married 2 ☐ Ma Widowed 4 ☐ Divorce	Armed Forces arried 2 Married 1 Yes, 2 If Yes, Give Year or Dates			No 1□ Yes 2□ N			of Hispanic Origin? (Specify Yes or Juben, Mexican, Puerto Rican, etc.) No Spacify:			No- 14. Rece - Americar Black, White, et Specify: Whit			etc.
Completed		15. Decede (Spacify only high Elementary/Secondary (0-12)	ast grad	da complated)	ated) 16a. Decedent's Usual Oc (Giva kind of work de lifta. DO NOT usa ra				na during most of working			16b.	16b. Kind of Business/Industry		
ont, the	1	7. Father's Name (First, Middle		2	+01 5+)		St	udent	18. Mothe	ar's Nam	e (First, Midd		Coll		
To Be		James Robe	rt S	Spicer S	r.						Ann Ja				
other traumatic svant, the Me To Be Compl		9a. Informant's Name/Relation Susan A. Hal						Address (Stree Tobacco							
8	2	0a. Method of Disposition 1 □ Burial 2 □ Cremation 4 □ Donation 5 □ Other (ate	cama <i>ter</i>	/, crame	ion (Name of tory or other pla f Faith		tery	Date 2-10-9	7		-City or T	own, State Maryland
any injury		21. Signature of Funeral Service Part For er the disease, on the disease, of the disease, or heart failure. Lis	^	-1	sed the deal	th. Don	Llor	Name end Addro ard K. 7 Cokes the mode of dyi	MaCom-	or T	II Fund , Abind or respiratory	222]	Uow	D D	7\
cal ner	(mmediate Cause (Finel disease or condition esulting in death)		a	Multi Due to (11		njuries							
ansıt		Conventingly list conditions		b		N 96 9 A		1 0							

Completed by Physician/Medical Exa Be

Medical

use as the burialpage 2 Certification: To

or Attending Physician: The law requires that the death certificate be axe To the Hospital or Attanding Phys within 24 hours efter death. To the Funeral Director: After this filled in by

Division of Vital Records, P.O. Box 68760.

10 State

Registrar

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco usa contribute to the cause of death? 3 ☐ Probably 4 🕱 Unknown 1 ☐ Yes 2 ☐ No

24b. Were autopsy findings avallable prior to completion of cause of death? 24a. Wes an autopsy performed? 1 M Yes 2 □ No 1⊠Yes 2□ No

DEC. 7, 1997

25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4☐ Nursing Home 5☐ Residence 6XX ther (Specify) XX Yes 2□ No 27. Manner of Death 28b. Time of Injury 28d. Describe how Injury occurred motor vehicle accident 28a. Date of Injury (Month, Day Year) 1 Natural 5 Pending Investigation 12/7/97 1 Yes 500 A 2 Accident 6 Could not be determined 3 ☐ Suicide 4 ☐ Homicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, pring or Town, Statas & Trappe Church Kell for force Co., And

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) and manner as ateted.

Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, end due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Yaar)

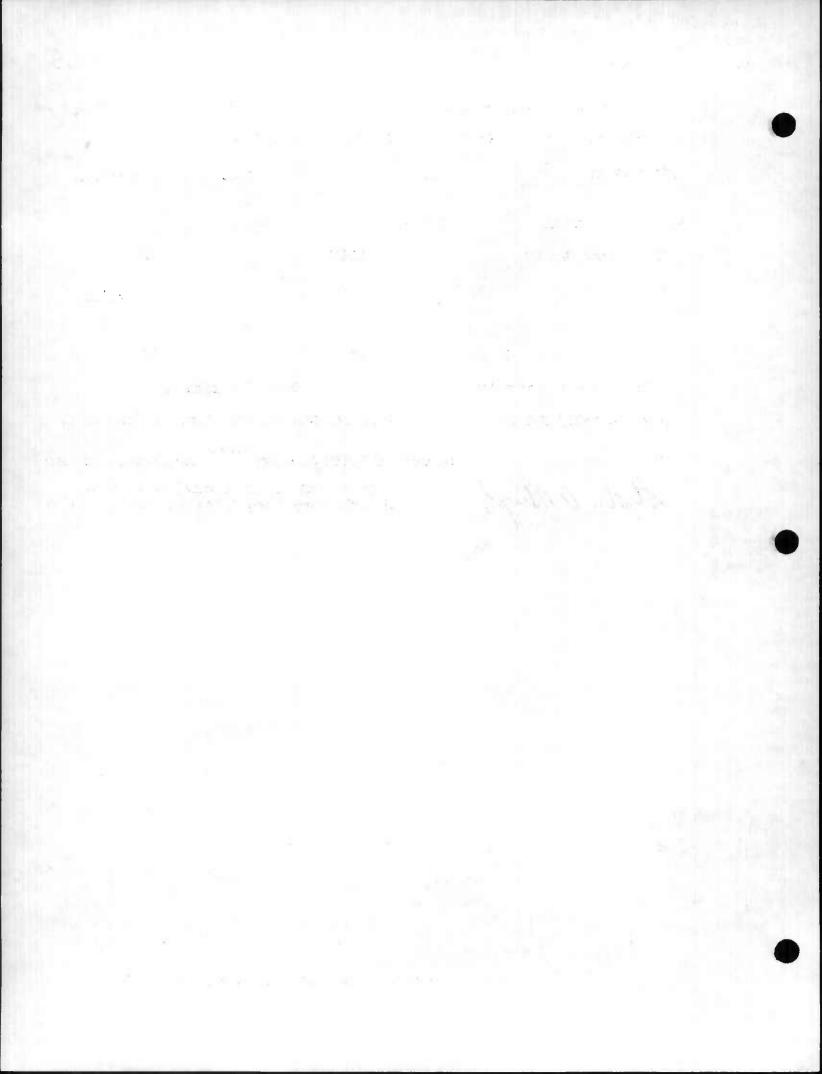
30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E

Dennis J Chute up 31. Date filed (Month, Dey, Year) 9 1997

3. Registrar's Signature



DHMH 16 Rev 6/95

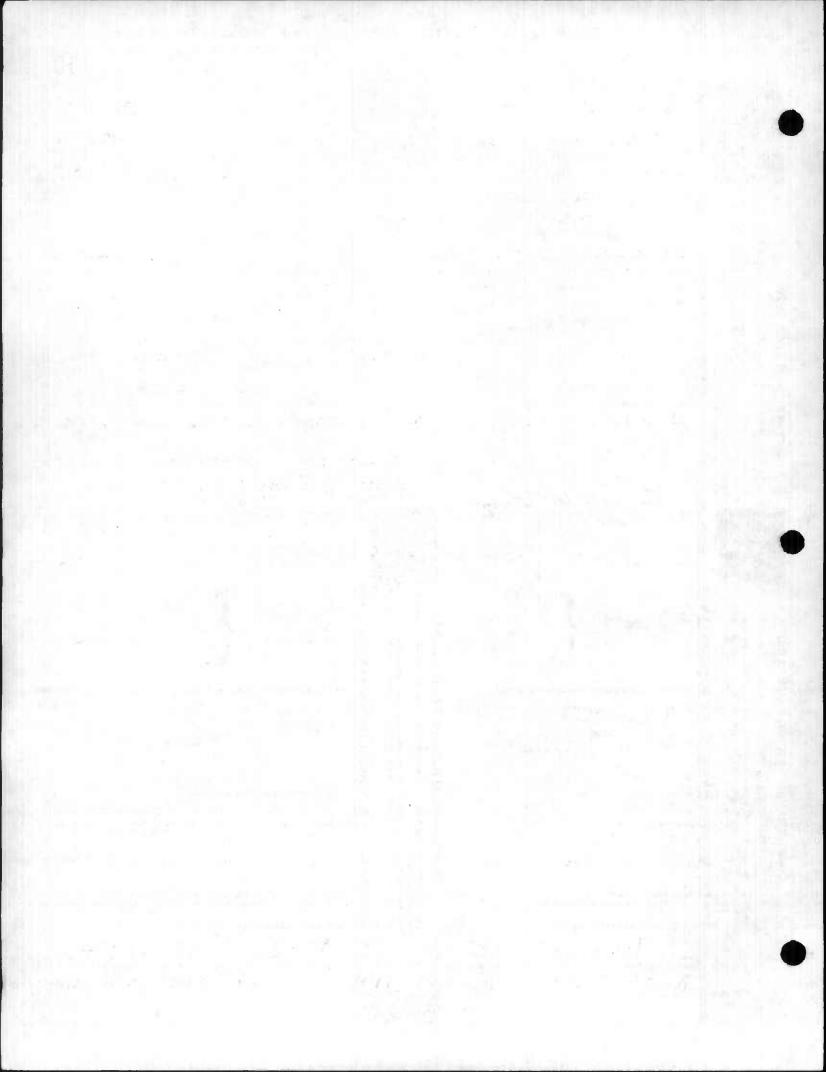
	-		2. Date of		3. Time of Dea			
Physician /Medical	_	Marsha Ellen Smith	Decem	Day Yeer				
Examiner			Town, or Location of De					
		Fallston General Hospital Fall	lston	Har	ford			
unerai		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under	er 24 Hrs. 8 Date of		irthplace (State or For Country)			
irector		212-62-9758 1□ M 2☒X 42 Yrs. Months Days Hours Usual Residence of Decedent			ennsylvan:			
ehow stat		10e. State 10b. County 10c. City, Town or Location			10d. Inside City LI			
or 28a-f sho be notified at Director	20	Maryland Harford Edgewood			1X Yes 2			
23a or 2		10e. Street and Number 1525 Harford Square Drive, F Court 21040		10g. Citizen of What C				
Examiner must	runer	11. Meritel Status 1		No- 14. Race - Am Black, Wh	ericen Indian,			
redical l		15. Decedent's Educetion (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 16a. Decedent's Usual Occupation (Give kind of work done during mo iffe. DO NOT use retired)	ost of working	16b. Kind of Business				
Cor the	3	12 0 Homemaker		In home				
S S S	9		ther's Name (First, Mide					
marked other than		Ronald Tibbs		Jean Bromwic				
9 2		19a. Informent's Neme/Relationship (<i>Type</i> , <i>Print</i>) William L. Smith, Jr. (Spouse) 19b. Mailing Address (Street and Number 19b) 19b. Mailing Address (Street and Number 19b)						
other 2	-	William L. Smith, Jr. (Spouse) 1525 Harford Squa 20a. Method of Disposition 20b. Place of Disposition (Name of cemelery, crematory or other place)	Date	20c. Location - City o				
lury (4 □Donation 5 □Other (Specify) Angel Hill Cemetery	12/10/	97 Havre de	Grace, MI			
important: If it any injury or once.		21. Signature of Fuperal Service Licensee 22. Name end Address of Fact Tarring—Cargo	Fineral Ho	me D A	and the second like the second			
12 4 0		Lemett G Cara Aberdeen Mary	rland 2100	neral Home, P.A. and 21001-3399				
vsician ledical aminer		23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of):	as cerdiac or respirator	y arrest,				
ledical aminer	LAGIIIIIGI	23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Cause (Disease or Injury that Initiated events	as cerdiac or respirator	y arrest,	Intervel Betwee			
ending physician end Wes as the burial-transit august ar Weedicai Examiner		23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of):	as cerdiac or respirator	y arrest,	Intervel Betwee			
for use as the burial-transit aurille clary.		23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Cause (Disease or Injury that Initiated events	as cerdiac or respirator	y arrest,	Intervel Between Onset and Deat			
ached for use as the burial-transit ached for use as the burial-transit and burial-transit and burial-transit and burial-transit and burial-transit ached for use as the burial-transit ached for use as the burial-transit	The second second in the second secon	23a. Part1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of):	as cerdiac or respiratory THE OFFICE OF THE OFFICE	y arrest, FICIRE CHUN id tobacco use contribut	C MOV			
Is been signed by the attending physician end 2 should be detached for use as the burial-transit 2 should be detached for use as the burial-transit pleted by Physician/Medical Examiner	a) in a scraig medical Evaluated	23a. Part1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or es e consequence of): Due to (or es e consequence of):	as cerdiac or respiratory The service of the servi	id tobacco use contribut	Intervel Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat			
Is been signed by the attending physician end 2 should be detached for use as the burial-transit 2 should be detached for use as the burial-transit pleted by Physician/Medical Examiner	a) in a scraig medical Evaluated	23a. Part1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of):	as cerdiac or respiratory The second of the	id tobacco use contribut	Intervel Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat			
Is been signed by the attending physician end 2 should be detached for use as the burial-transit 2 should be detached for use as the burial-transit pleted by Physician/Medical Examiner		23a. Part1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or es e consequence of):	as cerdiac or respiratory The second of the	id tobacco use contribut Yes 3 No 3 F Yes 2 No	Intervel Between Onset and Deat Onset o			
Is been signed by the attending physician end 2 should be detached for use as the burial-transit 2 should be detached for use as the burial-transit pleted by Physician/Medical Examiner		23a. Part1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Bue to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of):	as cerdiac or respiratory The second	id tobacco use contribut Yes 3 No 3 F Yes 2 No	le to the cause of de Probably 4 Unk			
Is been signed by the attending physician end 2 should be detached for use as the burial-transit 2 should be detached for use as the burial-transit pleted by Physician/Medical Examiner		23a. Part1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (as cerdiac or respiratory To the control of the co	id tobacco use contribut Yes 2 No 3 F res an eutopsy promed? Yes 2 No	le to the cause of de Probably 4 Unk Were sutopsy findir available prior to completion of ceuse of deeth? 1 Yes 2 No			
Is been signed by the attending physician end 2 should be detached for use as the burial-transit 2 should be detached for use as the burial-transit pleted by Physician/Medical Examiner		23a. Part1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or es e consequence of):	as cerdiac or respiratory To the second of	id tobacco use contribut Yes 2 No 3 F Yes 2 No by one) esidence 6 Other (Special Control of Special Contr	Intervel Betweer Onset and Death Onset and Dea			
Is been signed by the attending physician end 2 should be detached for use as the burial-transit 2 should be detached for use as the burial-transit pleted by Physician/Medical Examiner	אמוווופן ביינים אינים אי	23a. Part1. Enter the disease or compilications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or es e consequence of):	as cerdiac or respiratory To the second sec	id tobacco use contribut Yes 3 No 3 F Yes an eutopsy 24b. Yes 2 No Yes 2 No Yore) Per land Number or F Town, Stete)	Intervel Between Onset and Deat Onset of death? I Were sutopsy finding available prior to completion of ceuse of death? I Yes 2 No ecity)			
Is been signed by the attending physician end 2 should be detached for use as the burial-transit 2 should be detached for use as the burial-transit pleted by Physician/Medical Examiner		23a. Part 1. Enter the disease, or compilications that cause of each line. Immediate Cause (Finel disease or condition resulting in death) Bue to (or as a consequence of): Due to (or as a consequence of): Cause (Disease or injury that initiated events resulting in the underlying cause given in Part Details: Due to (or as a consequence of): Due to (or as a consequence of): Cause (Disease or injury that initiated events resulting in the underlying cause given in Part Details: Details	as cerdiac or respirators The second of the	id tobacco use contribut Yes 3 No 3 F Yes an eutopsy 24b. Yes 2 No Yes 2 No Yore) Per land Number or F Town, Stete)	Intervel Between Onset and Deat Onset of Death Onset of Death Onset Onse			
at Director: After this certificate has been signed by the attending physician end indication; page 2 should be detached for use as the burial-transit indication: To Be Completed by Physician/Medical Examiner		23a. Part I. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Bue to (or as a consequence of): Due to (or as a consequence of): Cause (Disease or injury that initiated events resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant condit	as cerdiac or respirators The second of the	id tobacco use contribut Yes 3 No 3 F Yes an eutopsy 24b. Yes 2 No Yes 2 No Yone) Per how Injury occurred In (Street and Number or Frown, Stete) The cause(s) and manner a lie, dete end place, and du	Intervel Betweer Onset and Death Onset and Dea			
Is been signed by the attending physician end 2 should be detached for use as the burial-transit 2 should be detached for use as the burial-transit pleted by Physician/Medical Examiner	יייינים או פיייינים או פייינים או פיי	23a. Part I. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such a shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Bue to (or as a consequence of): Due to (or as a consequence of): Cause (Disease or injury that initiated events resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Deet II. Other algnificant condit	as cerdiac or respirators The second of the	id tobacco use contribut Yes 3 No 3 F Yes an eutopsy 24b. Yes 2 No Yes 2 No Yone) Per how Injury occurred In (Street and Number or Frown, Stete) The cause(s) and manner a lie, dete end place, and du	Intervel Between Onset and Deat Onset of Death Onset of Death Onset Onse			

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Data of Death **Physician** Month Donovan Daniel Sheldon 2310 DECEMBER 1 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Fallston General Hospital Fallston Harford If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month Dey, Year) Aug. 9, 1906 5. Social Security Number 9. Birthpiace (Stete or Foreign Country) New Jersey 7. Age (In yrs. lest birthdey) **Funeral** 1**X** M 2□ F 91 Yrs. Director 146-09-0743 Usuai Residenca of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. tnside City Limits "natural", or Items 23a or 28a-f show edical Examiner must be notified at 1 No Yes 2 No Director Maryland Harford Forest Hill 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1 Colgate Drive Rock Spring Village 21050 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Giva Year or Dates: 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yes 2 ☒ No Specify: by Specify: 3 ₩idowed 4 Divorced White shours or marked other than "natural" Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Auditor Insurance 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be Daniel W. Sheldon, Jr. Laura Willis 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) William W. Sheldon (Son) 3203 Whitefield Road, Churchville, MD 21028 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 ☑ Cremation 3 ☐ Ramoval trom State permit. Pege Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) R. A. Ferris & Co., Inc. 12/3/97 West Chester, PA 21. Signature of Funeral Servica Licenses 22. Name and Address of Facility Tarring-Cargo Funeral Home, P.A. 23a. Part 1. Enter the diseasa, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. 333 South Parke St. Aberdeen, MD 21001-3399 **Physician** immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as e consequenca ot): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury that initieted events resulting in death) Last Due to (or as a consequence of): Physician/Medicai Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part i. 23b. Did tobacco usa contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy Completed 2 000 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case reterred to medical examiner? 1 ☐ Yes 2 ☐ No Be 26. Piece of Death (Check only one) Hospital: 1 inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Reaidence 6 Other (Specify) 2 Certification: 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 1 Naturei 5 Pending invastigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homlcide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Redical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

032299

29d. Date signed (Month, Dey, Year)

December 2, 1997

Box 68760, Division of Vital Records, P.O. or Attending Physician: Hospital or
 24 hours eft
 Funeral Di
letely filled in To the Hosp within 24 ho To the Fune completely f

the Maryland

12 should be fi

Peges 1 and 2 ment of Health t: If item 27 I

sician and burief-transit

physician sthe buriel

for use

signed by the e

certificate hes

this funeral

After

ofter deat Director: I in by the

Medicai

death.

Registrar

31. Date tiled (Month, Dey, Year) State 3 1997

GIVAG

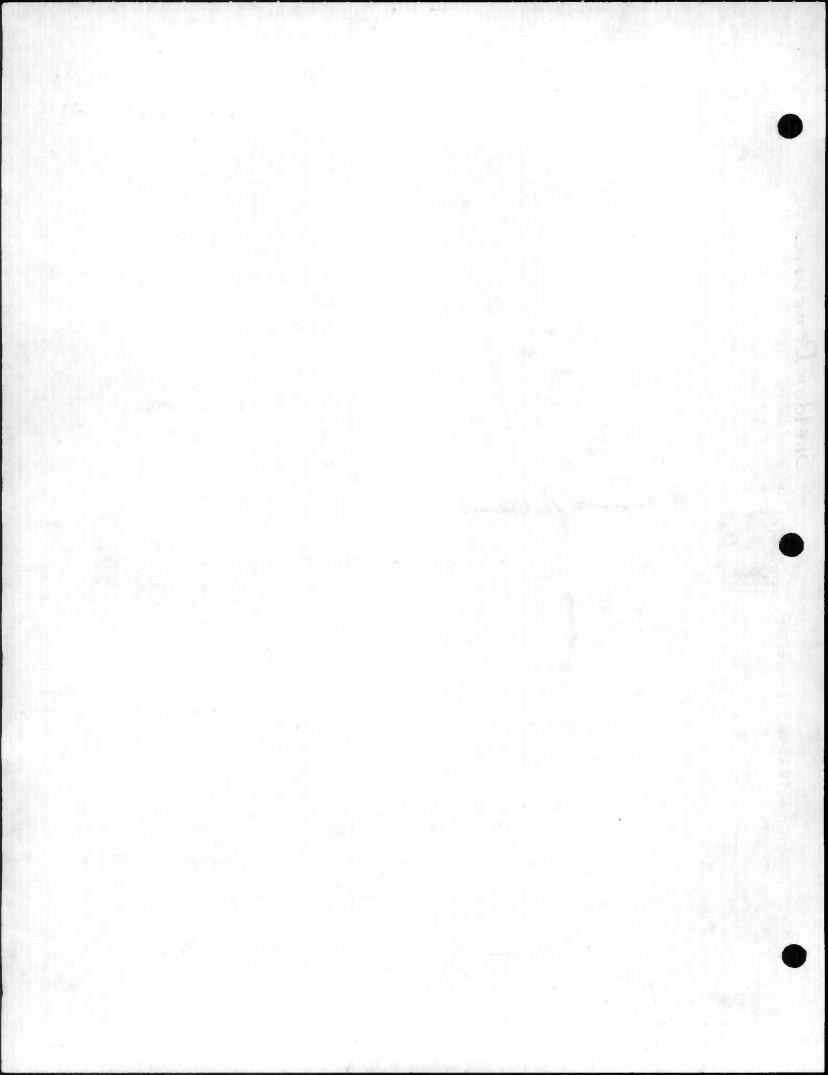
5.

29b. Signature and title of cartifier

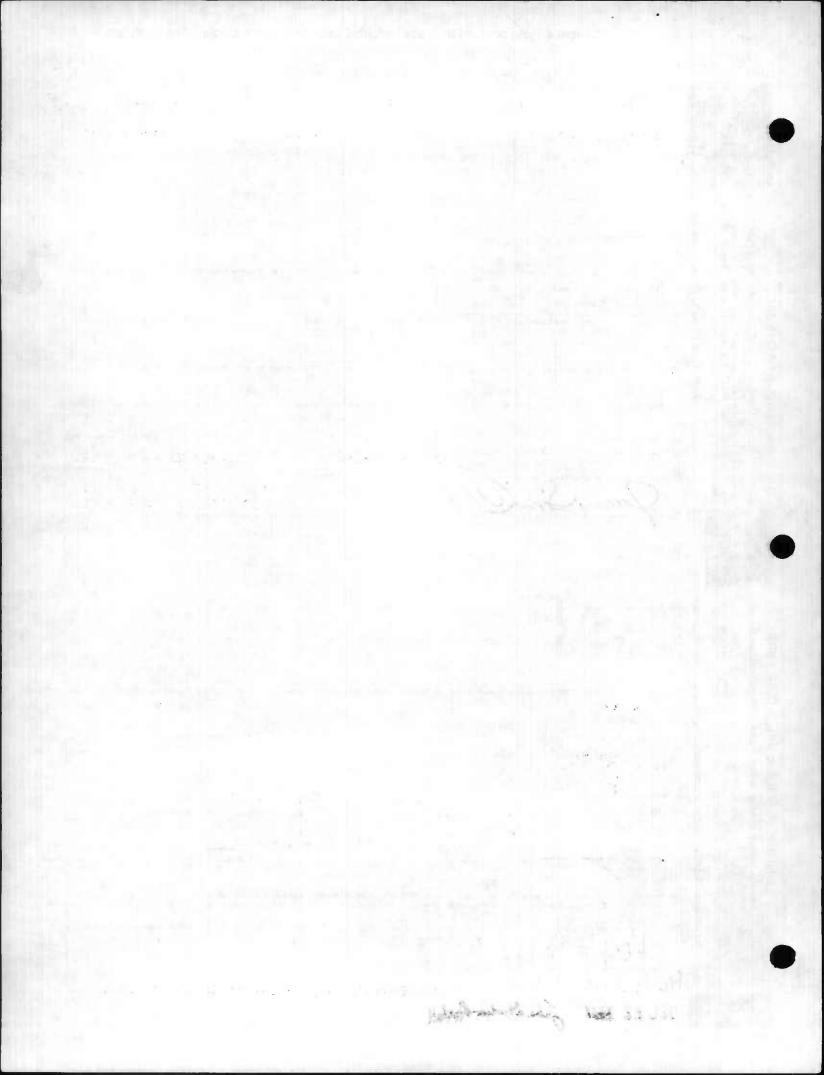
29e. Certifier (Check only one)

GIT West MacPha DUNN 3. Register's Signature

30. Name and eddress of person who completed cause of death (item 23e) (Type, Print)



::23a par	τ 1,2/	,28a-T p	Bd per MEO er MEO G-7	55 1/4/9	8 dh	' Ce	rtifica	te of L	Death		2. Date of Dec	Reg. No.		3. Time of Death
Physician	1. Deced	BOBBY	First, Middle, Las	EARL		SA	ULS				Month DEC.	Dey 16, 199	Yeer	9:50 AM
/Medical Examiner		ity Name (If n	ot institution, give	street and nun	nber)				b. City, To		ocation of Death	4c. County		
Funeral Director		Security Nun		9X ☑ M 2□ F	7. Age (In yrs. 40	last birthday) Yrs.	If Unde Months	r 1 Year Days	If Under	24 Hrs. Min.	8. Date of Birt (Month, Da 6/15/57	y, Year)	Country	CY, NC
M 18	Usual Re	esidence of D	ecedent 0b. County		10c. Ci	ty, Town or Lo	ocation						100	l. tnside City Limit
the notified at	MI		PG			CLINTO								1 N Yes 2 N
ef, or thems 23 Engineerings by Funeral	11, Markt	al Status	EYSTONE 2 Married	AVENUE 12. Was Dece Armed For 1 □ Yes If Yes, Giv	rces? 2∰No e		20		ispanic Ori in, Mexicen Specify:		ecify Yes or No Rican, etc.)	USA 14. Rec Blac Specify	e - American k, White, etc	Indian,
d other than *natural; svent, for Moderal En C; Be Completed by		(Specify	5. Decedent's Ed only highest grad	de completad)		16a. Dece (Give	dent's Usu kind of w	ork done d	during most	t of work	ing	16b. Kind of B	usiness/Indu	stry
giene.	Elema	ntary/Second	ary (0-12) RS	College (1 NONE	-4or 5+)		DD SE					FOOD	SERVI	CE
f Health and Mentel Hygis fem 27 is marked other other traumatic avent, in On	17. Fath		rst, Middle, Last)	SAULS					18. Motha		e (First, Middle,	Maiden Suman	10)	
la me rauma	19a. Info		e/Reletionship (7	ype, Print)								er, City or Town,		ode)
frem 27 other to	20a. Met	HEILA I	ition		20b.	Place of Dispo cemetary, crai				VE,	Data	, MD 20 20c. Location -		n, State
ant: If it ury or o			Cremetion 3 ☐ ☐ Other (Specify		Siate	remont			,0)	1	2/20/97	Wayne (Co. N.	С.
Department of Important: If I any injury or pace.	21. Sign	ature of Fune	ral Service Licen	- 6	w	2	2. Name a	nd Addres	ss of Fecilit	JOH		INES CO.		
ng physician and as the bunal-transit	Causa (I	tially list cond ading to imm Entar Underly atease or Inj ated avants in death) Las	itions, ediate ing ury	b		or as a consec								
ettending ph for use as th				d							L ant Bld		i	
ed by the ettending pl deteched for use as t Physician/Med	Part II. O	ther significa	nt conditiona co	ntributing to de	ath but not res	sulting in the u	nderlying	cause giv	an in Part I			Yes 2 No		he causs of deal
page 2 should be de Completed by F											24a. Was perfo	an autopsy ormed?	24b. Were avali com of de	e autopsy finding able prior to pletion of cause eath?
certificate has rector, page 2											10	Yes 2□No	10	Yes 2 No
S D	axan	cesa raferred ninar? Yes 2 No		Hospital: 1 ☐ II	npatient XI	ER/Outpatie	nt 3 D	OA Oth	or:		h <i>(Check</i> on <i>ly c</i> ome 5□ Resi	ona) dence 6 □Oth	ar (Specify)	
After the funeration:		ner of Death Natural Accident Suicide Homicida	5 Pending Invastigation (XX Could not be determined	found:	of Injury h, Day Year) 12/16/97 of Injury - At h ng, atc. (Speci		М		yat k? Yes 2√17	No	unknown	how Injury occur consisten Street and Numb wn, Stata) 850(t with	falling Route Number, on Avenue,
within 24 hours after deatt To the Funeral Director: completely filled in by the Medical Certifical	29a. Cei	eck only 2	☐ Cartifying Phy XMsdlcat Exam	fner: On the ba	best of my kno					d place,	and due to the		anner as stat	
within 2 To the comple		Mous	of certifier	eller	LL STATES		29	O.C.	e number .M.E			29d. Date signe DEC.	17, 1	
	30. Nam	e and address	of person who o	ompleted ceus	e of death (Iter	m 23a) (Type,	Print)							



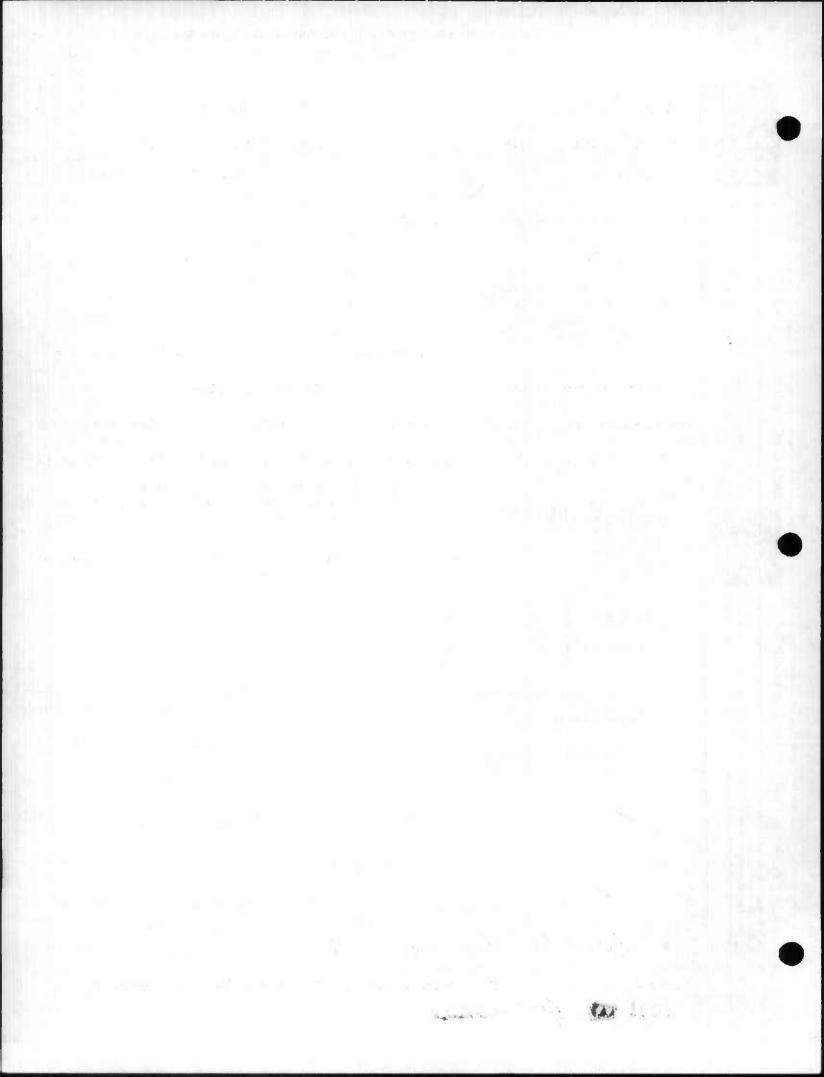
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey 5, **Physician** Month Billie Coker Sayer December 1997 11:15 pm /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Nema (If not Institution, give street end number) 4c. County of Deeth **Examiner** Silver Spring Carematrix Nursing Home Montgomery if Under 1 Yaar | If Undar 24 Hrs. 5. Sociel Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Months Deys 1□M 2□F Yrs. 252-26-0728 Director 1920 Alabama Usual Residence of Decedent the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show solical Examiner must be notified at 1 X Yes 2 No Director Maryland Prince George's Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6213 Sligo Parkway 20782 U.S.A. death Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas ≥ ☑ No If Yas, Give Year or Dates: Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. filed within 72 hours after 1 ☐ Never Marriad 2 ☐ Merried 21215-0020 1 ☐ Yas 2 No Specify: by 3 ₩Widowed 4 Divorced Specify: White Completed th end Mental Hygiene.
7 is marked other than "natur traumatic event, the Medical 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 Lustine Oldsmobile Bookkeeper Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) . Peges 1 end 2 should be fill ment of Heelth end Mental Hant: If item 27 is marked oth jury or other traumatic even Be Albert Milton Coker Elizabeth Bellew. 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Roy & Rachel Eason (Nephew & Niece) 12724 Banner Plantation Drive, Fredericksburg, MD 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from Stata permit. Pege Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Arlington National Cemetery 12/11/97 Arlington, Virginia 22. Nama and Addrass of Fecility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funerel Service Licensee 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Enter the diseasa, or complications that causad the deeth. Do not antar the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feiture. List only one ceuse on each line. Approximeta Intervei Between Onsat and Death **Physician** /Medical Immediete Ceuse (Finel years disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner The law requires that the deeth certificate be executed the buriel-transit Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or as a consequence of): for use es P.O. | Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert t. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed by Records, ð 2 24b. Were autopsy findings aveileble prior to page 2 should Be Completed 24e. Wes en eutopsy performed? completion of cause of deeth? this certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifical completely filled in by the funeral director; to completely filled in by the funeral director; to the fu 25. Was case referred to medicei 28. Piece of Deeth (Check only one) examiner? Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No Certification: 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) 28c. Injury et Work? 28b. Tima of 28d. Describe how injury occurred Division 1 Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Sulcida 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 12 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29e, Certifier Medical 29b. Signature and tipe of certifian 29c. License number 29d. Dete signed (Month, Day, Year) December 8, 1997 30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) David A. Blass, M.D. 5480 Wisconsin Avenue #LL5, Chevy Chase, Maryland 20815

32. Registrer's Signeture

Registrar

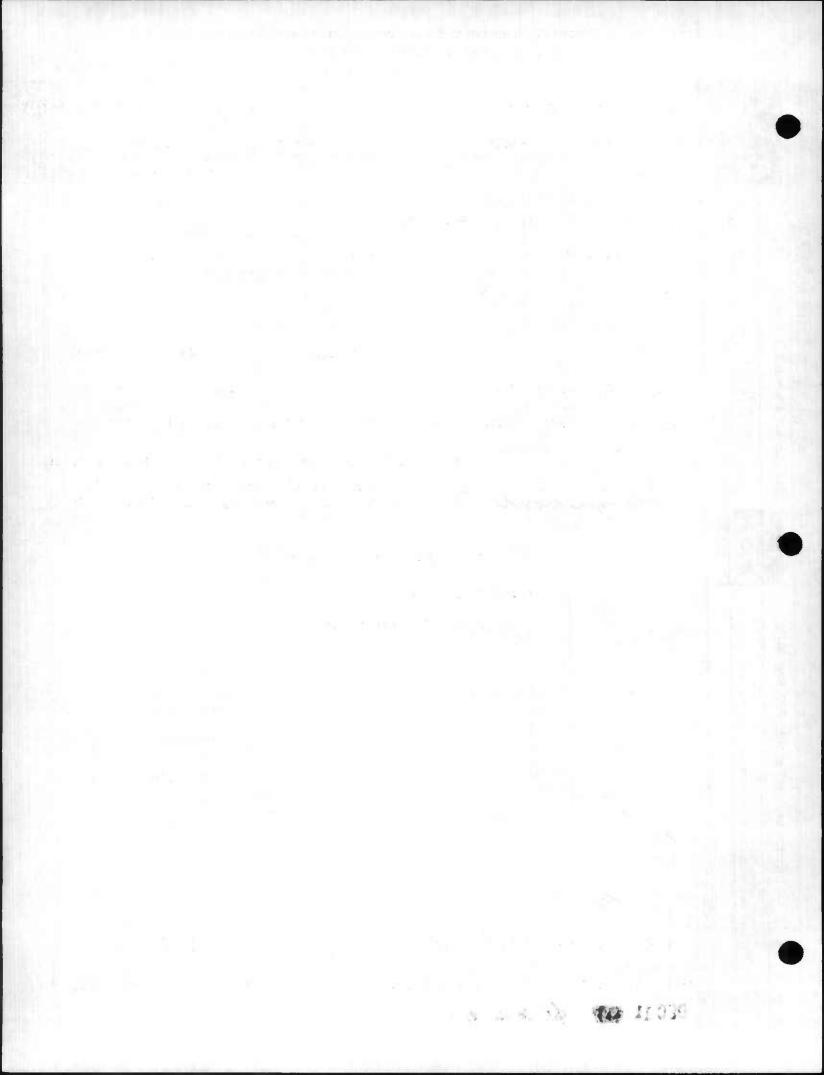
State



State of Maryland / Department of Health and Mental Hygiene

				AST LO	Cer	tificate of	Death			Reg. No.	33	1004
Physician		1. Decedent's Neme (First, Middle, La	ist)					:	2. Dete of D Month	eeth Dey	Yeer	3. Time of Deeth
/Medical	_	Charles Edgar	Standridge						ACEM!	328 8	1997	10:20 PM
Examiner	_	le. Fecility Neme (If not institution, gh					4b. City, To	wn, or Loc	ation of Dee	th 4c. County	of Death	
		Doctor's Communi	-M			MAA-A-A M	Lanha					rge's
Funeral Director		212-68-7126	Sex 7. A	ge (In yrs. lest b 40	Yrs.	Months Deys		Min	B. Date of B (Month, D April	27, 1957	9. Birthple Count Nort	ece (Stete or Foreigny) n Carolin
28a-f show correct at	-	Usual Residence of Decedent 10e. State 10b. County		10c. City, To	wn or Loc	cation					10	Od. Inside City Limit
28a-f show notfiled at rector		Maryland Prince	Coorgo!s	Hyatts								1 Ves 2 N
nowing recto	1	10e. Street end Number	deorge 3	nyaces	VILL	10f. Zip Code				10g. Citizen of 1	Whet Count	rv?
23a or mar be ral Dir		6916 Parkwood St	reet			20784				U.S.A.		.,
r tems 23a or 28a-fs river must be not led Funeral Director	-	11. Maritel Stetus	12. Was Decedent	Ever in U,S.	13. W	/as Decadent of Yes, specify Cul	Hispenic Ori	igln? (Spec	ify Yes or N	o- 14. Red	a - America	
by by		1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces' 1 Yes 2 N If Yes, Give Yeer or Detes:	No		Yes, specify Cul			icen, etc.)	Specify	ck, White, e V: Whi	
rt, fra Medical Ext. Completed by		15. Decedent's E (Specify only highest gro	ducation	16	e. Decede	ent's Usuei Occu	ipetion	t of working		16b. Kind of B	usiness/Ind	ustry
		Elementery/Secondery (0-12)	College (1-4or	5+)	life. D	O NOT use retin	ed)	e or working		7.7		
Cor		12		R	leal	Estate .	T			Washing		lomes
eve d		17. Fether's Neme (First, Middle, Last								, Meiden Sumen		
marked other than imatic event, the Me To Be Comp		Henry C. Standric	0							s Standr		
3 4 5		19e. Informent's Neme/Reletionship (per, City or Town,		
am 27 other tr	-	Henry & Peggie St	candriage -			Parkwood	od Str	eet,	Dete	SVIIIe,		
声の	1	1 ☐ Burlel 2 M Cremetion 3 ☐		cemet	ery, crem	etory or other ple						
important: If any injury or once.	-	4 ☐ Donetion 5 ☐ Other (Special 21. Signeture of Funerel Service Lice)		Metro					12/97	Alexand	ria,	Virginia
any le		21. Signeture of Furieral Service Licer	M D	es,	F	rancis (Gasch	s Son	s Fun	eral Hoπ	ne, P.	Α.
	+	Come Lynn 1	Jaren -	Grahy	4	739 Bal	timore	Aver	ue, H	yattsvil	-	
		23a. Perl1. Enter the diseese, or com shock, or heart feilure. List only	one ceuse on each i	ine.	not ente	r the mode of dy	ring, such es	cardiec or	respiretory (errest,		Approximete Intervel Between Onset end Deeth
sician edical	1	Immediete Ceuse (Finel	7/0/). d. o		011	1 . 1.				1	Onsot and Death
miner		diseese or condition resulting in death)	a. Hep	avor	ana	el He	arll	ise			G	ne most
<u> </u>			0.	Due to (or es e	consequ	renca of):	aill	101			1	
ansit min			b. Collet	Due to (or es e	10		en	Jul .			<u> </u>	
n and iel-transit Examiner		Sequentially list conditions, if any, leeding to Immediete cause. Enter Underlying Ceuse (Disease or injury	11	Due to (or es e	consequ	ienca or):	1				 	
ts the buriel-transit edical Examir		thet initieted events	c. //100	Due to (or es e	consequ	once of):						
as th		resulting in deeth) Lest		240 (0 (0) 00 0	oonsaqa	01100 017.						
ending r use a			d									
signed by the attending p d be detached for use as d by Physician/Mee	1	Pert It. Other significant conditions of	ontributing to death b	out not resulting	In the und	derlying cause g	iven in Pert I.		23b. Did	tobacco use co	ntribute to	the cause of death
Phy th	•								1	Yes 2 No	3 Prob	ably 4 Onknor
be d												
should should										e en eutopsy ormed?	ava	re autopsy findings ilable prior to
S CV D								_				npletion of ceuse eath?
page Con									1 🗆	Yes 2 No	10	Yes 2□ No
rector, paga 2 Be Comp	-	25. Wes case referred to medical examiner?					26. Plece	of Deeth	Check only	one)		
To To		1 Yes 2 No	Hospitel: 1 Depatie	ent 2 ER/C	outpetient	3 DOA	ther: 4 Nu	irsing Home	e 5 🗆 Res	Idence 8 🗆 Oth	er (Specify)
r: After this ne funeral di ation: To	27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28b. Time of Injury Work? 1 Yes 2 N						d. Describe	how injury occur	red			
Director: 3 in by the ertifical		3 Suicide 6 Could not b 4 Homicide determined	286. Pieca of in	jury - At home, f c. (Specify)	arm, stre	et, fectory, offica	1	28	f. Location City or To	(Street end Numb wn, Stete)	er or Rurel	Route Number,
To the Funeral Director: After this certificate ha complately filled in by the funeral director, paga Medical Certification: To Be Com		29a. Certifier (Check only one) Certifying Ph	ysician: To the best ninar: On the basis o	examination e	e, deeth a	occurred et the t estigetion, in my	ime, dete en opinion, dee	d plece, en	d due to the	cause(s) end me dete end placa,	d menner es steted.	
Ne the	1	29b. Signeture end title of certifier	end menner st	ateu.		29c. Licen	ise number			29d. Dete signe	d (Month. E	Dav. Year)
- 8		D. 6 11	reosli	yede	-	D	0917	19		12-11.	97	
0	3	30. Name and address of person who	completed cause of	deeth (Item 23e)	(Type, P	Print)	VI.IO:	, 011	Λ	COLIN	TIT	000 207
	11	MAL Date filed (March David Variat)	MU 13	HH CU	NONE	ER PAR	(HUIN)	1,50	HEA	GATE I	SELT !	MD 207
State	3	DEC 11 Company (Month, Dey, Year)	32. Registr	rer's Signature								
Registrar		DEO TO	be decise	Kendal!								

DHMH 16 Rav 6/95



		Decedant's Nama (First, Middla, L	ast)			· imodi	.0 01	Death	2. Data of De	Reg. No.	3	. Tima of Deeth	
Physicia		Dorothy Pea		nger					Month DECEME	Day	Year	06:00 P.	
/Medic		4a. Facility Nama (If not institution, g						4b. City, Town, or L				00.00 F.	
uneral			Sax 7. Ag	a (In yrs. I	last birthday	if Unda Months	r 1 Yaar Days		RINGS 8. Data of Bi		NCE GEO	RGE S	
irector			1□ M 🏋 F	52	Yrs.		Days	110010		h 27,		Georg	
ž		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City	y, Town or L	ocation						Inside City Limit	
Examiner must be notified at	to		George		mp Sp		gs	Andrews	AFB			1 Yas 201	
e notified at	Director	10e. Street and Number				10f. Zij	p Coda			10g. Citizan of \	What Country's)	
MILDS	O	3770-2	Maine St			2	2033	31		USA			
9	Funeral	11. Marital Status	12. Was Decedant I Armed Forcas?	Evar in U,	S. 13.			Hispanic Origin? (Spean, Maxican, Puarto	pecify Yas or No	0- 14. Rac	e - Amarican i	indlan,	
		1 Nevar Married 2 Married	1 ☐ Yas 2 ☑ ♪	ţo.		1□ Yas			Thour, ato.,				
	d by	3 ☐ Widowed 4 ₺ ₺ book or ced	Yaar or Datas:	1	10. 0						Black		
	lete	15. Decedant's 8 (Specify only highast g	rada complated)		(Giva	dant's Usu a <i>kind of wo</i> DO NOT u	iai Occuj ork dona ise retire	pation during most of world)	of working 16b. Kind of Businass/Industry				
	E	Elamantary/Secondery (0-12)	Collaga (1-4or 5	+)		Cash				Com	merica	1	
	Be Completed	17. Fathar's Nama (First, Middla, Las	()					18. Mothar's Nam	a (First, Middle	, Meiden Suman	na)		
	To		Lorrai	ne	Grah	am		Mild	red Ja	ckson			
		19a. informant's Name/Ralationship	(Type, Print)			_		t and Number or Ru	ral Routa Numb	er, City or Town,		,	
Dec di		James Gr	aham		37	70-2	Ma	ine St	Andrew	s Air I	Force	Base2	
5		20a. Mathod of Disposition ↑□ Borial 2 □ Cramation 3 i	□Ramovai from Stata	20b. P	laca of Displematary, cre Inset	matory or o	ma of othar pla	ice)	Data	20c. Location -	City or Town,	Stata	
Department of Health Important: if Item 27 any Injury or other tr		4 □ Donation 5 □ Other (Spec	fy)	50					12/14/	97 Valo	ldosta Ga.		
once.		21. Signature of Funarai Sarvice Lice	nsaa		2	2. Nama ar	nd Addra	ass of FacilityHall	cringt	on Fune	eral Home		
ŭ		23a. Parti. Entar tha disaase, or cor shock, or haart failura. List only	lama			113	T'a V	e Park F	ka Vali	dosta (a Ga 31601		
uer burial-transit	Examiner	disease or condition resulting in death) Sequentially list conditions,	b	Dua to (or	r as a conse	quence of)	:					MONTHS	
	edical	Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Causa (Disaase or injury that initiated events rasulting in death) Last	c	Dua to (or	as a consec	quance of):							
ned for use as	clar	Part II Other elgoificent conditions	contributing to death by	it not recu	itting in the i	andorbina i	nauga ah	uen in Dert I	22h Did	tobacco use co	ntelbute to the	anus of dea	
	by Physician/M	Part II. Other algnificant conditions						van in Päπ I.		tobacco use co Yes 2□ No			
	by	INTRA-ABDOMINAL/	KETROPERIT	ONEAI	_ HEMO	RRHAC	E						
	Completed	BRAIN METASTASIS								an autopsy ormed?	availat	24b. Ware autopsy findings available prior to completion of causa of death?	
	6								10	Yas 2 No	1 🗆 Ya	s 2 No	
	O	25. Was casa rafarrad to medical	Hospitel:					26. Placa of Dee					
	Be	axaminar?								idence 6 Oth			
	To Be	1 ☐ Yas 2 ☒ No	1 🖾 inpatie		28c. Inju		Lou. Describe	now sijury occur	190				
	To Be	1 ☐ Yas 2 ☒ No 27. Mannar of Death 1 ☒ Naturai 5 ☐ Panding	28a. Data of Injur (Month, Day	Year)	injury	2 Accidant 3 Suicida 4 Homicida invastigation Could not be datermined M 1 Yas 2 No 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify)							
	To Be	1 Yas 2 No 27. Mannar of Death 1 Natural 5 Panding 2 Accident invastigation 3 Suicida 6 Could not	28a. Data of Injur (Month, Day	iry - At ho	ma, farm, st	M raat, factor			281. Location (City or To	(Street and Numb wn, Stata)	per or Rural Ro	outa Number,	
and soldered offection	Certification: To Be	1 Yas 2 No 27. Mannar of Death 1 Natural 5 Panding invastigation 3 Suicida 6 Could not datermined	28a. Data of Injur (Month, Day	iry - At ho . (Spacify of my know axaminati	ma, farm, st	raat, factor	y, office	ma, data and placa,	City or To	wn, Stata)	anner es stete	-	
	ledical Certification: To Be	1 Yas 2 No 27. Mannar of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Cartifiar (Check only) 2 No 2 Panding invastigatic datermined	28a. Data of Injur (Month, Day on De 28a. Placa of Injur building, atc	iry - At ho . (Spacify of my know axaminati	ma, farm, st	raat, factor h occurred wastigetion	y, office at tha th	ma, data and placa, opinion, death occur sa number	City or To	wn, Stata)	annar as stated	d. a cause(s)	
	ledical Certification: To Be	1 Yas 2 No 27. Mannar of Death 1 Natural 2 Accident 3 Suicide 4 Homicida 29a. Cartifiar (Check only one)	28a. Data of Injur (Month, Day on De 28a. Placa of Injur building, atc	iry - At ho . (Spacify of my know axaminati	ma, farm, st	raat, factor h occurred wastigetion	at tha the	opinion, death occur sa number	City or To	causa(s) and madate and place,	annar as state and dua to the d (Month, Day	d. a cause(s)	
pletely filled in by the funerel director	Medical Certification: To Be	1 Yas 2 No 27. Mannar of Death 1 Natural 2 Accident 3 Suicide 4 Homicida 29a. Cartifiar (Check only one)	28a. Data of Injur (Month, Day on De 28a. Placa of Injur building, atc	iry - At hoo . (Spacify of my know axaminati	ma, farm, st) viedga, daat lon and/or in	h occurred	at the the firm of the constant of the	opinion, death occur	and dua to tha rad at tha time,	causa(s) and madate and place, 29d. Data signer DECEMBE	annar as stated and dua to the different (Month, Day	d. cause(s) . <i>Year)</i>	

State of Maryland / Department of Health and Mental Hygiene

39066 Item 5 Per FH Film G755 1-26-98 rjas Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** 12 /Medical 4c. 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth County of Deeth Examiner southern If Under 24 Hrs. If Under 1 Yeer Birthplace (Stete or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrsClast birthdey) 8. Dete of Birth (Month, Dey, Year) **Funeral** Months Deys Hours 259 1 M 2 XF 44 8280 Yrs **Director** 77 Thompson, GA 254 38 3145 Usual Residence of Decedent 12/09/19 the Meryland 10c. City, Town or Location 10d. Inside City Limits 10e. Stete 10b. County Item 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, I'm Medical Examinar must be notified at MYes 2□No MD Director PRINCE GEORGES CAMP SPRINGS 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with United States 20748 5305 Redd Lane Funeral 12. Wes Decedent Ever In U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-it Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Biack, White, etc. 11. Maritel Stetus 1 ☐ Yes 2 🛣 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: Black þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within 72 h I Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) Laundry Worker Laundromat 12th Grade 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be 2 should be f Addie Warrill John Edward Hardwick 19e. Interment's Nema/Raietionship (Typa, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) of Health en Isaac Sams 20748 5305 Redd Lane, CAmp Spring, MD 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete permit. Pages 1
Department of Hi Important: If Ner any Injury or ott 1 X Burial 2 ☐ Cremetion 3 ☐ Removei from Stele 4 ☐ Donetion 5 ☐ Other (Specify) 12/12 Savannah, Church Cemetery 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility 3200 Rhode Island Ave. Mt.Rainier, ND, 20712, DUDLEY FUNERAL HOME 23a Part1. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each light be eeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Between Onset and Death **Physician** tmmediate Cause (Final disease or condition resulting in daeth) /Medical ENCEPHA LOPATHY METABOLIC Examiner Dua to (or as a consequence of): Examiner INSUFFICIENCY ESPIRATORY ician and buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Causa (Disaasa or injury that initiated avants resulting in deeth) Lest Dua to (or es e consaguenca ot) physician a Box 68760 certificate be Physician/Medical Dua to (or as a consequanca of) 68 - esn for detached 23b. Did tobacco use contribute to the cause of geath? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown HYPOTHYROIDISM b Records, 24b. Were eutopsy tindings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed DEHYDRATION page 2 hes CONGESTIVE HEART FAILURE 2 No 1 ☐ Yes 2 ☐ No 1 Yes Division of Vital 25. Wes case raterred to medical axaminar? Be 26. Placa of Daath (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA To funerai 27. Menner of Death 28d. Dascribe how injury occurred 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: After 1 Natural 5 Panding invastigation deeth. 1 Yes 2 No 2 ☐ Accidant or Attendent efter deetl Director: 6 Could not be 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Pieca of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 - Homicide 24 hours e 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et tha tima, date end pleca, end due to the cause(s) and menner steted. 29a. Certifier Medical (Check only one) npletely To the l 29b. Signeture and little of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 12/8/97 D 13313 30. Name and eddress of person who complated causa of daath (Itam 23a) (Type, Print) LUCIO S. VILLA-REAL, M.D., \$2-ST. PATRICK'S DRIVE, SUITE 502, WALDORF, MD 20603 31. Dete tiled (Month, Day, Year) 32. Registrer's Signature The Standar Roylet DEC 1 0 1997 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Year Month WILHELMINA STEELE 1997 DEC 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MO If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. (Month, Day, Year) MONTGOMERY COUNTY 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) 1□M 21 F Deys Yrs 181-03-4071 89 JULY 23, 1908 PENNSYLVANIA Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No MARYLAND PRINCE GEORGE'S 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11103 CHERRY HILL ROAD 20783 UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Dafes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: WHITE 3 X Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Etementary/Secondary (0-12) College (1-4or 5+) KEY PUNCH OPERATOR 12 U.S. GOVERNMENT 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) CHRISTIAN HILDENBRAND ANNE ZIPSE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BARBARA EVERS, DAUGHTER 424 NORTHWEST DRIVE, SILVER SPRING, MD 20901 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State FORT LINCOLN CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 12/9/97 BRENTWOOD, MARYLAND 21. Signature of Funeral Service Doer 22. Name and Address of Facility FORT LINCOLN FUNERAL HOME 3401 BLADENSBURG RD., BRENTWOOD, MD 20722 23a. Part1. Enter the disease, or computations that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only our cause on each line. Approximate Intervel Between Onset and Deeth Immediate Cause (Final 2DAYS disease or condition resulting In deeth) to (or as e consequence of) umonia Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death?

Physician /Medical **Examiner**

Physician

/Medical

Examiner

10a. State

Direct

Funeral

þ

Completed

2

Funeral

Director

show

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, tra Madical Experience must be notified at

permit. Pagas 1 and 2 should be filed within 72 hours after of Department of Haaith and Mental Hygiena. Innocrtant: If tem 27 is marked other than "natural", or iten any injury or other traumetic event, if a Medical Examinat once.

Baltimore, Maryland 21215-0020

Box 68760

P.O.

Records,

Division of Vital

with the Maryland

death

physician and s the burial-transit Po signed by the a

by Completed

Examiner Physician/Medical Be 2 Certification: Medical

certificate # Atte Attending death. if or Attend after death Director: à thin 24 hours at the Funeral D

Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part f. 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 2 Unknown 24b. Were autopsy findings evaltable prior to 24a. Was en eutopsy performed? completion of cause of death? 1 Tes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 inpatient 2 ER/Outpatient 3 DOA 28c. fnjury af Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 1 Natural 2 Accident

27. Manner of Death

29b. Signature and little of certifier

3 Suicide

4 Homleide

5 Pending investigation

6 Could not be

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

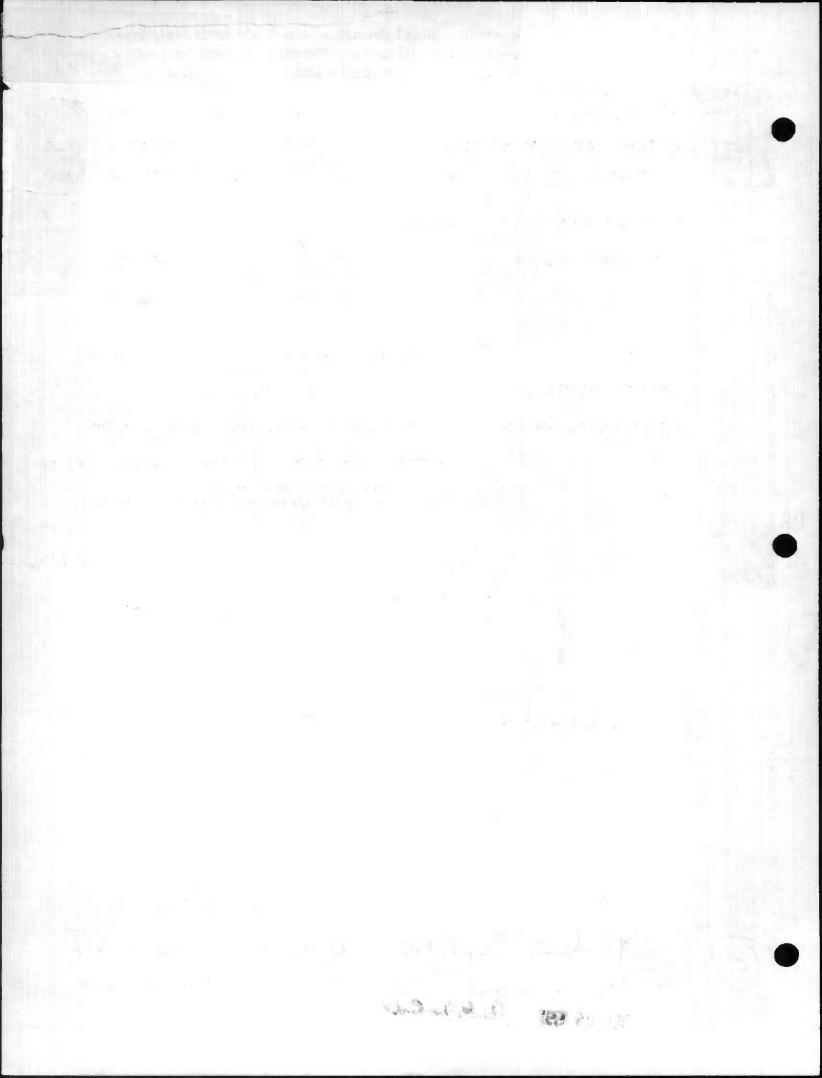
29c. License number

29d. Date signed (Month, Day, Year)

of person who completed cause Mitch

Registrar

31. Dete filed (Month, Day, Year) DEC 09 199



Physici /Medic Examin	a
Funeral Director	

28a-f show ò itams 23a 72 hours aftar 0 "natural",

Direct 10e. Street and Number 10f. Zip Code 7915 ROXBURY COURT 20785 Funeral 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No
If Yes, Give
Year or Dates: 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 TNo Specify: by XX Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) nd Mental Hygiena. marked other than Elementary/Secondary (0-12) College (1-4or 5+) PERSONAL CARE PROVIDER 12th Baltimore, Maryland nent of Haaith and Mental Hy nt: If Item 27 is marked 17. Father's Name (First, Middle, Last) Be WILLIAM A. MATTHEWS 19a. Informant's Name/Relationship (Type, Print) HAZEL GARRISON/ SISTER 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other plece) Date 1X Burial 2 Cremation 3 Removal from State permit. Page Department of Important: If any Injury or HARMONY MEMORIAL PARK 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardlac or respiretory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner be executed and Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760 Physician/Medical Due to (or as a consequence of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. o 0 signed I ρΛ Records, Completed page 2 Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certificately filled in by the funeral director, p. Be 25. Was cese referred to medical 26. Piece of Death (Check only one) examiner? 1XX es 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Certification: To Division of 27. Manner of Death 28e. Date of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury at Work? Natural 5 Pending 1 Yes 2 No investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide n 24 hours a edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner es stated. To the Hosp within 24 hor To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature and title of certifier 29c. License number O.C.M.E. Name and address of person who completed cause of death (Item 23e) (Type, Print) K lavia 32, Registrar's Signature 31. Date filed (Month, Dey, Yeer) State DEC 12 1997 Registrar **DHMH 16 Rev 6/95**

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death FOUND Death DEC. 07, ^{Day}997 8:00 PM. ANNE MARIE SINGLETON 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death 7915 ROXBURY CT. PRINCE GEORGE'S LANDOVER If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number if Under 1 Year Birthplace (Stete or Foreign Country) 7. Age (In yrs. last birthday) 1 M XXF Days Yrs. 66 579-30-0013 JUNE 24,1931 WASHINGTON, DC 10b. County 10c. City, Town or Location 10d. Inside City Limits MARYLAND PRINCE GEORGE'S 1XX es 2 □ No LANDOVER 10g. Citizen of What Country? USA Race - American Indian, Black, White, etc. Specify: BLACK 16b. Kind of Business/Industry PRIVATE INDUSTRY 18. Mother's Name (First, Middle, Maiden Sumeme) PRISCILLA WILLIAMS 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 10916 INDIAN HEAD HIGHWAY FORT WASHINGTON, MD20744 20c. Location - City or Town, State 12-13-97 LANDOVER, MARYLAND 22. Name and Address of Facility MARSHALL'S FUNERAL HOME OF MD 4308 SUITLAND RD. SUITLAND, MD Approximate Interval Between Onset and Death Cardiovascular disease

> 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy partical 1 Yes 2 No

24b. Were autopsy findings available prior to completion of cause of deeth? Yes 2 No

Other: 4 Nursing Home STAResidence 6 Other (Specify) 28d. Describe how Injury occurred

29d. Date signed (Month, Dey, Year) DEC. 08, 1997

111 Penn Street, Baltimore, Maryland 21201

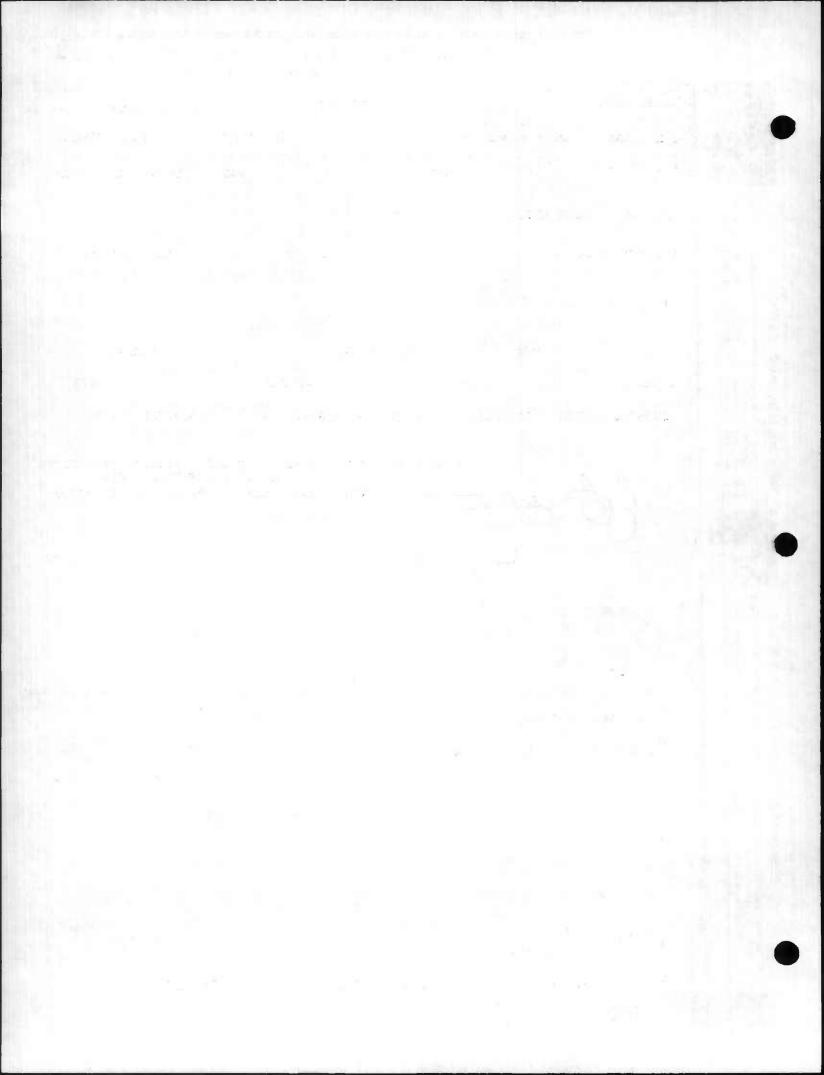
DESCRIPTION AND DESCRIPTION OF THE RESIDENCE

State of Maryland / Department of Health and Mental Hygierie 7 3906 Certificate of Death

			d Danidarda Nino (Pina Attati	1 45		Ce	ertificate	of	Death		Reg.	No.		
П	Physic		Decedent's Name (First, Middle FORTUNATO	e, Last/			TRENTA	COS	ST	2. Date o Month NOVEN		Day	Yeer	3. Time of Death 11:00 PM
	/Medi Exami		4e. Fecility Neme (If not institution CHESAPEAKE HOSI	The state of the s						, or Location of D		4c. Count	ny of Deeth	
	Funeral Director		5. Sociel Security Number 151-07-4465	6. Sex M□ M 2□ F		s. last birthday) If Under 1 Months	Year Days	If Under 24 Hours	Hrs. 8. Date o	Day, Ye	er) 910	9. Birthple Counts NEW	ace (State or Foreigny) JERSEY
	Maryland I-f show	tor	Usuel Residence of Decedent 10e. State 10b. County MARYLAND ANN	E ARUNDE		City, Town or L	ocation							d. fnside City Limits
	in with the 23a or 28a	ai Director	10e. Street and Number 817 CAMP MEADE	ROAD			10f. Zip (1090		10g.		What Count	
020	n /2 hours effer death with the Maryland "natural", or frems 23e or 28e-f show goldel Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Never Married 2 Merr 3 Widowed 4 Divorced	ed 1 Ye	ecedent Ever In Forces? s 2X No Give r Dates:	U,S. 13.	Was Decede If Yes, specif		dispenic Origin en, Mexican, F Specify:	? (Specify Yes o Puerto Rican, etc.	No-		ice - America eck, White, e	
121	than the	Completed	15. Deceden (Specify only highes Elemantary/Secondary (0-12) 8	t grade complete	od) a (1-4or 5+)	(Give	edant's Usuel e <i>kind of work DO NOT</i> use RPENTER	done	pation during most of d)	f working		CARPE	Business/Indu	astry
land	should be filed and Mental Hygis marked other imatic event, tr	To Be C	17. Fether's Name (First, Middle, Last) NICHOLAS TRENTACOST VINCENZA 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Ste											STA
	of Heelth ar of Heelth ar f item 27 is r other trau			ling Address (7 KEMPI	Straat ER	and Number of	OF Rural Route No	mber, Ci	ty or Town	7, State, Zip (Coda)			
0					m Stete	cemetery, cre	matory or oth	er pla		Date 12 /5 /4			- City or Tow	
Balti	Depertment Important: Important: I any injury once.		19a. Informent's Name/Relationship (Type, Print) LORRAINE MURRAY (DAUGHTER) 19b. Mailing Address (Straat and Number or Rural Routa Number, 2427 KEMPER ROAD, CROFTON, MAR											
	hysician /Medicai Examiner	er	23a. Part T. Enter the cheace, or shock, or heart severe. List Immediate Ceuse (Final disease or condition resulting in death)	only one ceuse o	una car	(or es e conse				or respirate	, 411000,			Approximate Interval Between Onset end Death
	nding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Diseasa or injury thet initiated events resulting in deeth) Lest											
۵.	es trat the castro igned by the atte be detached for	by Physician	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part f. Diabetes mellitus Coronary actery disease 23b. Did tobacco use contribute 1 25c. Did tobacco use contribute 24a. Was an autopsy performed?											
9	has been s ga 2 should	Completed b	Coronary or	tery d	isease					r	performed? eva		re autopsy findings liable prior to spletion of cause eath?	
Vital R		Be	25. Wes casa referred to medical examinar?	Hospital:				100		Death (Check of	Yas	2 19 No	10	Yes 2000
	After this funeral di	ation: To	1 Yas 2 No 27. Manner of Death 1 Natural 5 Pendin 2 Accident investig		28c. Injury at Work? 28d. Dascribe how injury occurred									
5	를 들 드	Certification:	3 ☐ Sulcide 6 ☐ Could r 4 ☐ Homicida detarm	ot be ned 28e. Ple bui	treet, factory,					28f. Location (Street and Number or Rural Route Number, City or Town, State)				
2	24 hours Funeral	edicai	29a. Certifiar 1 Certifyin (Check only one)	xaminer: On the	ha bast of my kn basis of examin	nowledge, deal netion and/or Ir	th occurrad at nvestigation, in	the tir	ne, date and p pinton, death	elece, end due to occurred et the ti	the cause ne, date	e(s) and m and place	anner as sta , end due to t	ted. the cause(s)
1	To the comple	Me							29c. License number 0.48108			29d. Dete signed (Month, Day, Year)		
			30. Name end address of person of Scott Processing	vho completed ca				300	, Anno	ipolis, m	02	1401		

State Registrar 31. Dete filed (Month, Day, Year)
DEC 02 1997

32. Registrar's Signeture



State of Maryland / Department of Health and Mental Hygiene 7 39070

								Cei	rtificat	e of	Death			Reg. No.	1	59	UI	U
5.			1. Decedenl's Neme (First, Mid	de, Last)						V 1		2. Dete of D Month			Year	3. Tirr	na of Deeth
	nysici: Medic	_	JOHN EARL TY	SON									NOV	22		1997		1415 PM
	xamin		4e. Facility Name (If not institution NATIONAL NAV				NTER					wn, or L THES	DCalion of Dea	th 4c.	County of	of Death		
Dire	neral ector		5. Social Security Number 266-32-6183 Usual Residence of Decedent	6. Se	x]XM 2□F	7. Age	(In yrs. lest b	irthday) Yrs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Date of B (Month, D Jan.	lev. Year)	929	Counti	(V7	ete or Foreign
land	н		10a. Stete 10b. Coun	у			10c. City, To	wn or Lo	cation			-	_			10	d. Insid	le City Limits
Mag 1	notified at	to	NC Cra	ven			Har	velo	ck								1 💢 1	Yes 2□No
with the	De not	Director	10e. Street end Number						10f. Zip							/het Count	•	
.0020 hours after death with the Maryland	the Medical Examiner must be	by Funeral	105 N. Nunn S 11. Marital Status 1 Never Merried 2 Ma 3 Widowed 4 Divorce	mled	12. Wes Dec Armed F	Forces? 2 □ N live			285 Wes Deced If Yas, special	dent of cify Cul	ban, Mexical	n, Puerto	ecify Yes or N Rican, etc.)		14. Reca	a - America k, White, e	n Indier	Ameri
2 hou	Sal E		15. Decede	nt's Edu	cation	_	160	e. Deced	dent's Usua	el Occu	petion			16b. KI	nd of Bu	sinass/indu		
nd 21215-0020 of filed within 72 hours aff al Hygiene.	he Med	Completed	(Specify only high Elementery/Secondary (0-12) -12-	est grad	e completed College		+)	(Give life. L	kind of wo	rk done se retire	during mos ed)	t of work	ing	US				
	event, t		17. Father's Name (First, Middle	, Last)							18. Mothe	er's Nem	a (First, Middl			9)	-	
		To Be	John Edward T	vson									emp Har					
arylai should b nd Menta	Te .	-	19a. Informant's Name/Reletion		rpe, Print)		19	b. Meilir	ng Address	(Stree		-	el Route Num		r Town,	Stete, Zip (Code)	
	: 5		June Tyson -	Wife									ort, No		570			
	ry or othe		20e. Mathod of Disposition 1 Buriei 2 Cremetion 4 Donetion 5 Other (ery, cren	sition (Ner matory or o	ther pla	atory		ov. 25 1997	,		City or Tow		rginia				
Baitimo permit. Pages Department of important: if it	any injur		21. Signeture of Funerel Service		2	^	ricero	-			ess of Fecili		unden 1				, VI	rginia
M &O.E	5 a		Men	D.	won	or	ے			21	12 Ar	ende	11 St.	Moor	ehea	d Cit	ty,	NC 285
Physic /Med Exam	dicai iner	Iner	Immediate Cause (Final disease or condition resulting in daath)		ME'.		ATIC S			RD (COMPRE	SSIO	N					end Daath
bo, be execute cian end	5	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaese or injury	J')		Dua to (or as e	conseq	uence of):									
5 0	0 0	/Medical	that initiated events resulting in deeth) Last	l	1.	С	Oue to (or es e	conseq	uence of):							1		
death c	d for u	clar	Don't II. Other claudiness country		4-2h - 42 4 -	I - Al b.	A A Int		1.1.				L cor. Di-					
D bet the d by the	detache	Phy	Pert II. Other eignificant condit	one con	ithbuting to d	oeath bu	t not resulting	in tha ut	ndenying c	ause g	iven in Pert							use of death? 4 M Unknown
ecord law requir as been s	2 should	Completed by											24a. Wa	s an eutop iormed?	sy	com	ileble pr	osy findings rior to of cause
	page	5											tΧ	Yes 2	□No	1 🗆	Yes	2 No
VITAL P sicien: The certificate	director, page	Be	25. Wes case referred to medic exeminer?									of Daat	h (Check only	one)				
OT VILE Physician:	-	L C	1 ☐ Yes 2 No	1		Inpatier	7	-		JA		irsing Ho	me 5 Res	_		1-1-17)	
Attending P or deeth.	e funeral	ation:	27. Manner of Deeth 1 Naturel 5 □ Pend 2 □ Accident Inves	ng Igetion	28a. Dete (Moi	of Injury nth, Day		Time of Injury	M 2	8c. Inju Wo 1 [uryet ork?]Yes 2□	No	28d. Describe	how injur	y occurre	ed		
र के मुंद	led in by the	Certification:	4 Homicida	minad	build	ding, etc.	ry - At home, f (Specify)							own, Stete)			Vumber,
To the Hospital within 24 hours	completely filled in	edical	29a. Cartifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred et the time, data end a control of the con								d pleca, th occur	d pleca, end due to the cause(s) end mennar es steted. The occurred at the time, dete and plece, and due to the ceuse(s)				se(s)		
To the within 2	comp	Me	29b. Signature and title of certifier 29c. License number								se number	mber 29d. Date signed (Month, Dey, Yeer)						
			John (1 Castne, M.D. 0000028855															
			JOHN A. EAST	ONE,				(Туре,	Print)			TION THES			EDICA 389-5		NTEI	(
	Stat	te	31. Dete filed (Month, Dey, Yeer			Ragistre	r's Signeture	The same	delle									

Jona my

020	phalain
BALTIMORE, MARYLAND 21215-0020	Pane & may be cetained by the honoids or other dies
21	and an
S	hone
LA	ne she
MAR	9 hanister
Ä,	ad ver
ō	ď
Σ	Pane
BALT	offer death

DIVISION OF VITAL RECORDS, P.O. BOX 68760

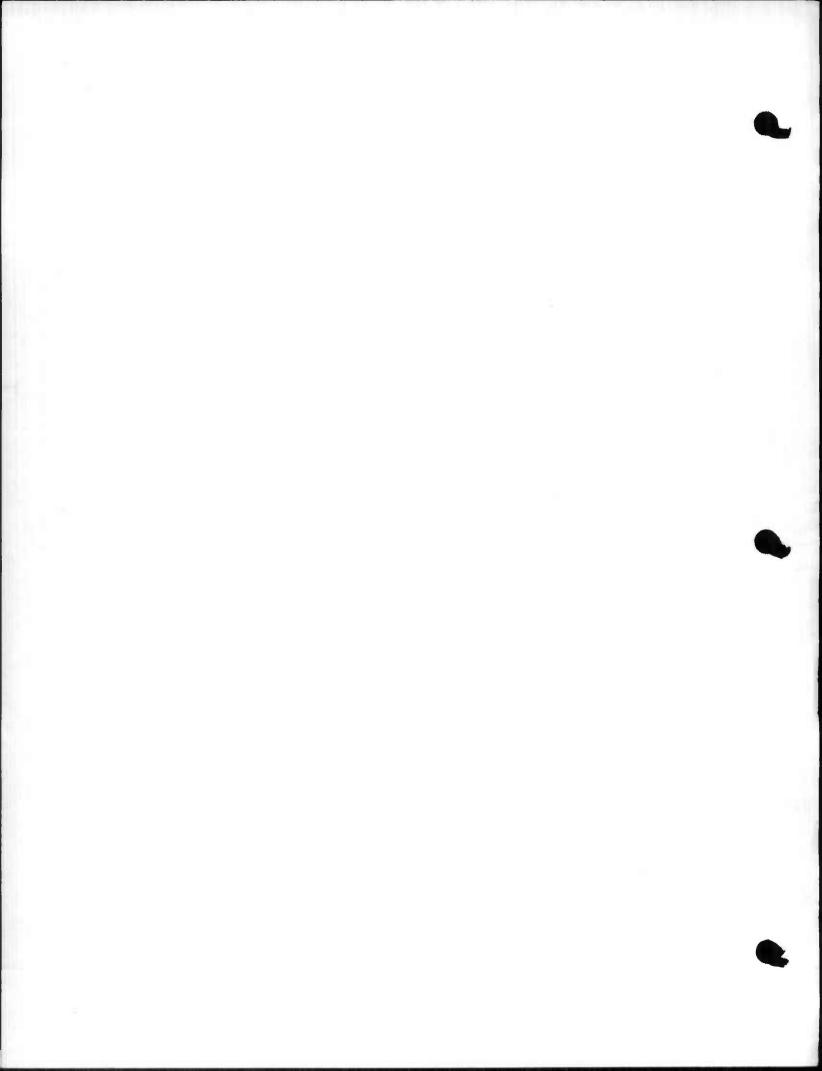
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Memail Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

EVELTY THOMPSON 4. ADOLA, SECTION TRANSPER 2.16—18—5558 1	
EVELIAN THOMPSON 1. Sect Section Transfer Addresses and Section Transfer Address and Section Transfer Address and Section Mark Transfer Addre	TIME OF DEATH
SOURCE SCOUNTY NAMED IN SECTION STATES A SAME IN THE CONTINUE OF THE CONTINUE	1236 M
THE ADDRESS OF DESCRIPTION OF DESCRI	
RECEIVE MAKE of an interface, you were work more and products of parts. PELGANT ILLUM, SURSTING HOME	AND
19. STREET AND CHARGES 19. STREET THE PARTY STRIPE 11. MARTINET STRIPE 12. NAS DECEMPE EVER IN U.E. LAMBOD 13. NAS DECEMPE EVER IN U.E. LAMBOD 14. STRIPE THE MARTINE STRIPE 15. NAS DECEMPE EVER IN U.E. LAMBOD 16. NAS DECEMPE TO HERPANIC ORIGINET (Speedby Year of No. 1 and No. 2	
STREET NO IMARIES 9.4 CLAY STREET 11. MANTAL STRUES 12. NAS DICCEDENT EVER IN U.E. ADMED 13. NAS DICCEDENT OF HIR LANGE 14. MANTAL STRUES 15. NAS DICCEDENT EVER IN U.E. ADMED 16. NAS DICCEDENT STRUES 17. NAS DICCEDENT OF HIR LANGE 18. NAS DICCEDENT OF HIR LANGE 18. NAS DICCEDENT STRUES 18. NAS DICCEDENT STRUES 19. NA	DEL
STREET NO IMARIES 9.4 CLAY STREET 11. MANTAL STRUES 12. NAS DICCEDENT EVER IN U.E. ADMED 13. NAS DICCEDENT OF HIR LANGE 14. MANTAL STRUES 15. NAS DICCEDENT EVER IN U.E. ADMED 16. NAS DICCEDENT STRUES 17. NAS DICCEDENT OF HIR LANGE 18. NAS DICCEDENT OF HIR LANGE 18. NAS DICCEDENT STRUES 18. NAS DICCEDENT STRUES 19. NA	INSIDE CITY
Wildowed Drovered If Yes, GVE WAR OR DATES 1	YES 2 NO
Wildowed Droved Droved If Yes, QVE WAR OR DATES 1 Yes 2/Q/NO Specify Spe	COUNTRY?
Wildowed Drovered If Yes, GVE WAR OR DATES 1	
Wildowed Drovered If Yes, GVE WAR OR DATES 1	ifte, etc.
Sequentially list conditions, or complications that caused the death. Do not enter the mode of dying, such as certificed or respiration areas on each fine. 18. MATHER'S NAME (Piez, Model, Lett)	ACV
WILLIAM THOMPSON	JABA
WILLIAM THOMPSON	
WILLIAM THOMPSON	
WILLIAM THOMPSON	
The meritant's name (hyportral) The meritant (hyportral) The m	- 1
20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 30s. METHOD OF DISPOSITION 31. SIGNATURE OF PURMERAL SERVICE LICENSEE ANNAPOLIS MEM. GARDENS 12/5/97 ANNAPOLIS, MD. 12. SIGNATURE OF PURMERAL SERVICE LICENSEE ANNAPOLIS MEM. GARDENS 12/5/97 ANNAPOLIS, MD. 21. SIGNATURE OF PURMERAL SERVICE LICENSEE ANNAPOLIS MEM. GARDENS 12/5/97 ANNAPOLIS, MD. 21. SIGNATURE OF PURMERAL SERVICE LICENSEE ANNAPOLIS MEM. GARDENS 12/5/97 ANNAPOLIS, MD. 21. SIGNATURE OF PURMERAL SERVICE LICENSEE ANNAPOLIS MEM. RESES & SONS MORTURARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 ANNAPOLIS, MD. 21401 ANNAPOLIS, MD. 21401 ANNAPOLIS MEM. RESES & SONS MORTURARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 ANNAPOLIS MEM. RESES & SONS MORTURARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 ANNAPOLIS MEM. RESES & SONS MORTURARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 ANNAPOLIS MEM. RESEARCH CONTINUENCE OF CONTINUENCE OF: DUE TO (OR AS A CONSEQUENCE OF): a. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSE	
Seguentially list conditions, selections of contributing to death but not resulting in the underlying cause given in Part I.	
ANNAPOLIS MEM. GARDENS 12/5/97 ANNAPOLIS, MD. 21401 21. SKOMATURE OF FUNERAL SERVICE LICENSEE	State
WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Entar the diseases, or complications that ceused the death. Do not enter that mode of dying, such as cardisc or respiratory streat, interest shock, or heart felture. List only one cause on each line. 1 IMMEDIATE CAUSE (Final List only one cause on each line.) 1 IMMEDIATE CAUSE (Final List only one cause on each line.) 1 IMMEDIATE CAUSE (Final List only one cause on each line.) 1 IMMEDIATE CAUSE (Final List only one cause on each line.) 1 IMMEDIATE CAUSE (Final List only one cause on each line.) 1 IMMEDIATE CAUSE (Final List only one cause on each line.) 2 Sequentially list conditions are conditions. 1 I any, leading to immediate cause. Enter INDEPLYING CAUSE (Disease or Injury List Initiated events resulting in death) LAST 2 I I Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 I ANAPORT II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 I I Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 I ANAPORT II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 I ANAPORT II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 I ANAPORT II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 I ANAPORT II. Other significant conditions contributing to death occurse on the underlying cause given in Part I. 2 I ANAPORT II. Other significant conditions contributing in the underlying cause given in Part I. 2 I ANAPORT II. 2 I ANAPORT II. Other significant conditions contributing in the underlying cause given in Part I. 2 I ANAPORT II. 2 I ANAPORT	íD.
23. PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO UNCERTAIN 25. PLACE OF DEATH YES NO UNCERTAIN 26. CASE REFERRED TO MEDICAL EXAMINEER? 1 Population 2 Recovery at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only only investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se strated. (Check only	
NOTION TO CAUSE (Pinel diseases, or complications that coused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heart feiture. List only one cause on each line. MMEDIATE CAUSE (Finel disease or condition on the cause or condition of the cause or condition of the cause or condition of the cause of the cause. Enter INDERIVING CAUSE (Disease or Injury List Initiated events resulting in death). LaST DUE TO (OR AS A CONSEQUENCE OP): C. DUE TO (OR AS A CONSEQUENCE OP): DUE TO (OR AS A CONSEQUENCE OP): C. DUE TO (OR AS A CONSEQUENCE OP): DUE TO (OR AS A CONSEQUENCE OP): DUE TO (OR AS A CONSEQUENCE OP): C. DUE TO (OR AS A CONSEQUENCE OP): DUE TO (OR AS A CONSEQUENCE OP	
MMEDIATE CAUSE (Final disease or conditions as a consequence of consequence of conditions) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury of cause). The initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of conditions) DUE TO (OR AS A CONSEQUENCE OF): Cause (Disease or injury of c	Approximate
DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Onset and Daajh
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	2 weeks
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED?	
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED?	
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED?	
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED?	
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED?	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH? VES 2 NO UNCERTAIN DESCRIPTION OF DEATH 1 VES 2 NO UNCERTAIN DESCRIPTION OF DEATH? VES 2 NO UNCERTAIN DESCRIPTION OF DEATH. VES 2 NO UNCERTAIN DESCRIPTION OF DEATH. VES 2 NO UNCERTAIN DESCRI	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO UNCERTAIN 1 YES 2 NO UNCERTAIN 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO YES 2	RE AUTOPSY FINDINGS
2 Accident Suicide Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. One) 29b. SIGNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29d. DATE SIGNATURE 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29d. DATE SIGNATURE 29d. DATE S	PLETION OF CAUSE DEATH?
2 Accident Suicide Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. One) 29b. SIGNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29d. DATE SIGNATURE 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29d. DATE SIGNATURE 29d. DATE S	YES 2 NO
2 Accident Suicide Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. One) 29b. SIGNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29d. DATE SIGNATURE 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29d. DATE SIGNATURE 29d. DATE S	
2 Accident Suicide Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. One) 29b. SIGNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29d. DATE SIGNATURE 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29d. DATE SIGNATURE 29d. DATE S	
2 Accident Suicide Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. One) 29b. SIGNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29d. DATE SIGNATURE 29d. DATE SIGNED (Month, Dey, Date of Death (ITEM 27) (Type, Print) 29d. DATE SIGNATURE 29d. DATE S	
3 Sulcicle 4 Homicide 299. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 299. SHRINTURE AND TIPLE OF CERTIFIER 290. SHRINTURE AND TIPLE OF CERTIFIER 290. SHRINTURE AND TIPLE OF CERTIFIER 290. SHRINTURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 290. SHRINTURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. REINSTRAR'S SIGNATURE	
4 Homicide detarmined detarmine	
296. SIGNATURE AND TIPLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Dey. NOV. 19, 19 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Clay es W. Kinzer, MD, 2003 Medica Pkwy#00, Annapolis MD 2140 31. DATE FILED (Month, Day, 1881) 32. RESISTAR'S SIGNATURE	Number,
296. SIGNATURE AND TIPLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Dey. NOV. 19, 19 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Clay es W. Kinzer, MD, 2003 Medica Pkwy#00, Annapolis MD 2140 31. DATE FILED (Month, Day, 1881) 32. RESISTAR'S SIGNATURE	
296. SIGNATURE AND TIPLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Dey. NOV. 19, 19 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Clay es W. Kinzer, MD, 2003 Medica Pkwy#00, Annapolis MD 2140 31. DATE FILED (Month, Day, 1881) 32. RESISTAR'S SIGNATURE	and the same of the fact.
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Charles W. Kinzer, MD, 2003 Medica Pkwy#100, Annapolis, MD 2140 31. DATE FILED (Month, Day, Yagr) 32. REMISTRAR'S SIGNATURE	
Charles W. Kinzer, MD, 2003 Medical Pkwy#100, Annapolis, MD 2140	th, Day, Ybar)
Charles W. Kinzer, MD, 2003 Medica Pkwy#100, Annapolis, MD 2140	1747
31. DATE FILED (Month, Day, Year) 32. REWSTRAR'S SIGNATURE	101
NFC 05 1997 Julie Davidson Randelle	401
DEO - 1991	





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month Day **Physician** 1515 9, 1997 December Kelly Taylor, Sr. Elmer /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Harford Havre de Grace Harford Memorial Hospital If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Feb. 10, 1909 5. Social Security Number 7. Age (In yrs. lest birthday) 6. Sex 9. Birthplece (State or Foreign **Funeral** Months Days Hours 15 M 2□ F North Carolina Yrs. Director 244-14-3707 87 Usual Residence of Decedent with the Meryland 10a. State 10c. City, Town or Location 10b. County 10d. inside City Limits itam 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Movical Examinar mant be not in a Harford Aberdeen Maryland 1 XYes 2 □ No Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 21001 U.S.A. 700 West Bel Air Avenue Funeral death 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indian, Black, White, etc. 11 Maritai Status 72 hours efter 1 Yes 2 No if Yes, Give Year or Dates: 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☐ No Specify Specify: White P 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within 7 Department of Heelth and Mental Hygiene. Important: If Itam 27 is marked other than 'n any injury or other traumatic event, tra Men 9058. Eiamantary/Secondary (0-12) College (1-4or 5+) Farming Laborer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Caroline Williams Rufus Mack Taylor 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 103 Alton Street, Aberdeen, Maryland 21001 Christene Combs (Daughter) 20b. Piace of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 ➡ Buriai 2 ☐ Cremation 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) Harford Memorial Gardens 12/12/97 Aberdeen, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. SH Approximate interval Between Onset and Death **Physician** And who gelows my /Medical immediate Causa (Final disease or condition rasulting in death) **Examiner** Examiner physician end the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Mynnin Box 68760, Physician/Medicai that initieted events resulting in death) Last 80 0SD for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed peen page 2 hes 1 Yes 20 No 1 Yes 2 No certificate funeral director. 25. Was case reterred to examiner? Be 26. Place of Death (Check only one) Other: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 Yes 253,00 Unpatient 2□ER/Outpatient 3□ DOA Certification: To this 27. Manny of Death 28b. Time of 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident after death Director: 6 Could not be 28f. Location (Street and Number or Aural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homiolde ŏ 24 hours 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medical To the Hosp within 24 ho To the Fune completely fi 29b. Signature

who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signature

irs Signature Randall

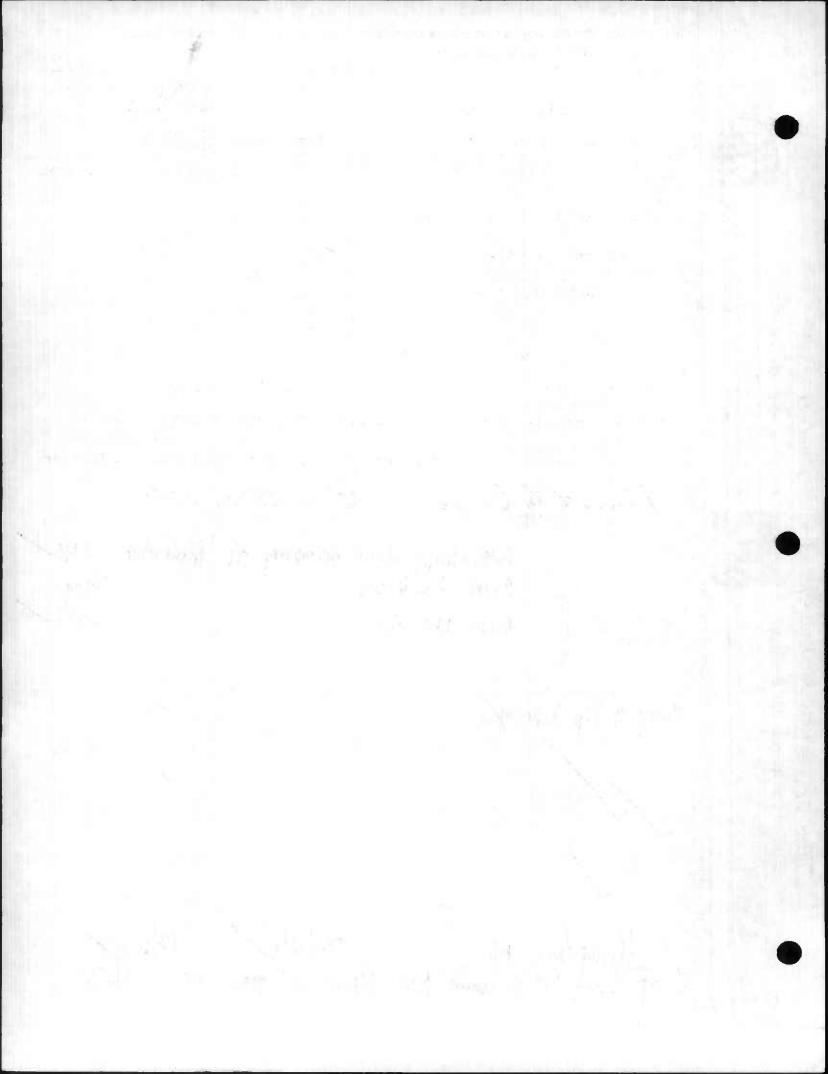
29d. Dete signed (Month, Dey, Yeer)

2 10

Wn

State Registrar 31 Date files (Month, De

アイカ



RICHARD	В.	THO	MAS			of Maryla				Death			Reg. No:	11	39	1073	
Dhu	ciclor	_	1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day Year										Veer	3. Time of Death			
	siclar edica	_	RICHARD B. THOMAS									DEC.	2, 1997			1221 PM	
Exa	mine		ecility Name (If not ins		4b. City, Town, or L					h 4c.	County	of Death					
n cent		-	ENINSULA E	-			do a de l'ada alor al	If I lade	er 1 Yeer	SALI If Under	SBUR		_	VICC	MICO		
Fune Direct			cial Security Number 578-88-514	6. 5	½ M 2□ F	7. Age (III yis	. last birthday) Yrs.	Months	-	Hours	Min.	8. Date of Bir (Month, Da	y, Year)		9. Birthple	ace (State or Foreig ry) France	
fer death with the Meryland frems 23a or 28a-f show	.0.		Residence of Deced	Total Control		4.1						Mar. 9,	1930		Clausa	iuroux,	
	9 .		State 10b. 0	County		10c. C	ity, Town or Lo	cation							10	d. Inside City Limits	
		Ma	Maryland Somerset				P	rinc	ess A	Anne						1 ☐ Yes 2 🛣 No	
ith th		Ma:	10e. Street end Number					10f. Z	p Code				10g. Citiz	zen of \	What Count	ry?	
ath v			1110 Ralie				2185						ed Sta				
21215-0020 d within 72 hours efter dea jiene. r than "naturel", or frems			11. Marital Status 12. 1 X Never Married 2 Married 3 Widowed 4 Divorced			edent Ever in U orces? 2 % No ive Dates:	1	Yes, sp	ecity Cuba	ispenIc Ori in, Mexicar Specify:	gin? (Spe n, Puerto	ecify Yes or No Rican, etc.)				tc.	
2 hor				cedent's Ed		16a Decedent's Usual Occupation							16b. Kir	nd of Bi	usiness/Indu	lack	
d 21215-0 filed within 72 he Hygiene. ther than "natur		Ele	(Specify only ementary/Secondary ((Give kin life. DO			kind of work done during most of working OO NOT use retired)			ng	7					
nd 212: filed within Il Hygiene. other than		5	4					Unemployed/Disabled						-	/A	'A	
aryland should be file and Mentel Hy marked othe	0	17. F	ather's Name (First, N			18. Mother's Nam								_	meme)		
should be and Mentel and Mentel	1		Eugene Per	-								Louise		-			
Mar d 2 sh th end 7 is m			Informant's Name/Re			Mother						el Route Numb				and 20772	
Ore, Maryland ges 1 and 2 should be filed t of Health end Mentel Hyg If Item 27 is marked othe			Method of Disposition			20b.	sition (Na	n (Name of Date				Date 20c. Location - City or					
0 00 ==	.		☐ Burial 2 ☐ Crem ☐ Donation 5 ☐ Ot			State	cemetery, cren				12	/11/07					
	ei	-	ignature of Funeral S	Lee's			L y s of Fecilit		/11/97	CI	int	on, M	D				
Balt permit. Departr Importa	once		John 7. Stewart III STEWART FUNERAL HOME, INc. 4001 Benning Road, N. E., Washington, D. C.														
death certificate be executed by the distribution of certificate be executed by the distribution of course as the burial-transit by the distribution of course as the burial-transit.	eal ner	disea resul	ediate Cause (Final use or condition ting in death) entially list conditions t, leading to Immediate b. Enter Underlying		a. George	bue to (Due to (Due to (estinal or as a conseq fras a conseq	thic	Ulca	rage						Onset and Death	
8760, sete be exphysician the bunia	o io	Cause	e. Enter Underlying e (Disease or Injury nitiated events							_		i					
fificet g phy	150	3	ting In death) Last	or as e consequ	Jence ot)	•											
BOX 68 Jeath certific ettending pl	N			-	d												
that the death hed by the etter detached for u	Physician/M	Part I	. Other algnificant co	onditions o	ontributing to d	eath but not res	sulting in the ur	nderlylng	cause give	en In Part I		23b. Dld	tobacco	use coi	ntribute to	the couse of death	
at the dby the etache	Dhy	0												No	3 ☐ Proba	Probably 4 Unknow	
ords, P.O. requires that the peen signed by the should be detached	3		Seizure Dr														
Records, le law requires the law seen signed as been signed as seen signed as second a	Completed	1	Seizure Dr	son	n							24a. Was perfo	en autop rmed?	sy	evel	e autopsy findings lable prior to apletion of cause	
Hec e law has b	i c	-	Chronic Al													eath?	
	5				ism							1 (2)		No	148	Yes 2□ No	
f VITa ysician: is certifica director,	B G		/as cese referred to m xeminer?	edical	Hospital:	lamation of	350/0 4		Othe	or.		(Check only o					
ng Ph Infer th			Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined		28e. Date of Injury (Month, Day Year) 28b. T			Outpatient 3 DOA Other: 4 Nursing Ho Time of Injury M 28c. Injury at Work? M 1 Yes 2 No			1	ome 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how Injury occurred					
DIVISION To the Hospital or Attanding I within 24 hours efter deeth. To the Funeral Director: After completely filled in by the funer	Certification	3 4			28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						28f. Location (: City or Tox	Street and vn, State)	Numb	per or Rural	Route Number,		
To the Hospital or within 24 hours effe To the Funeral Dir. completely filled in	Policai	29a.	Certifier 1 Ce (Check only XX Me one)	rtifying Ph dicat Exan	Iner: On the b	best of my kno asis of examina ner stated.	owledge, deeth ation and/or Inv	occurred	at the tim	e, date and pinlon, deat	d place, e th occurre	and due to the ed et the time,	cause(s) date and	and ma place,	anner es ste and due to t	ited. the cause(s)	
To t To t	2	29b.	Signature and title of o	ertifier	000			29	c. License			29d. Dete signed (Moi			d (Month, D	ay, Year)	
			Hem	ur	Chu	to no			O.C	.M.E		DEC. 3		, 199	7		
(1)		30. N	ame and address of p	1		se of deeth (Iter											
		31 0	Dennis ete filed (Month, Day,		nte, mi		111 Per	n St	reet	, Bal	timo	re, Ma	rylar	nd 2	21201		
	State istrar		OFC 1	1 000	9	legistrar's Signi	or Rock	er.									

Registrar DHMH 16 Rev 6/95

DEC 11

The state of the s

the beautiful that I'm the all the

The second secon

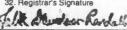
47 545

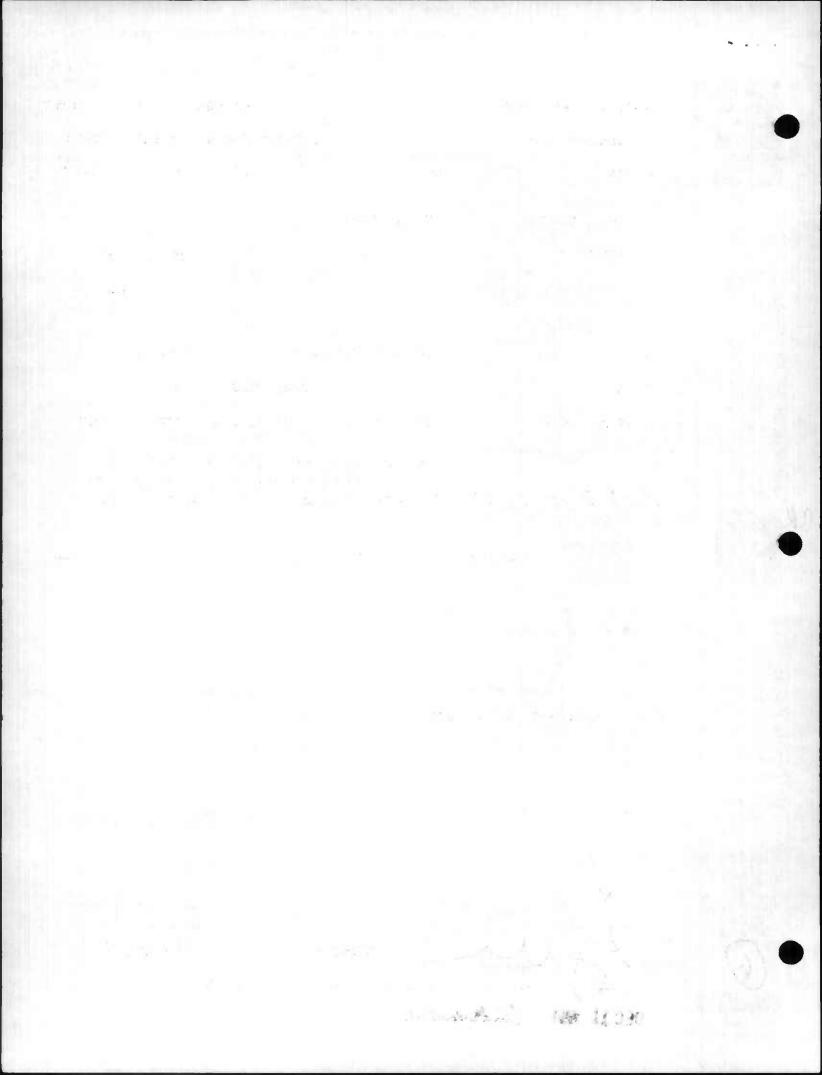
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** DECEMBER 2, 1997 PRESTON TONY 9:05PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 11103 TENBURY COURT UPPER MARLBORO PRINCE GEORGE'S 5. Social Security Number If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 6. Sex 1 M 2 ☐ F 7. Age (In yrs. last birthday) 8. Date of Birth 9. Birthplace (State or Foreign **Funeral** Days 7,1935 WASHINGTON DC JANUARY 62 Yrs. Director 577-42-1560 Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits h and Menial Hygiene. 7 is marked other than "natural", or itsma 23a or 28a-1 shov trsumatic event, "na Med cal Examinal must be notified at 28a-f show 1 Yes 2 □ No Directo P.G. COUNTY UPPER MARLBORO 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20772 11103 TENBURY CT UNITED STATES Funeral 12. Was Decadent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. filed within 72 hours after 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 3 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) COMPUTER PROGRAMMER U.S. GOVT 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be should be G. THOMAS VIOLA FOLKS PEARSON OL 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m any Injury or other traun once. 801 RHODE ISLAND AVE N.W. WASHINGTON DC 20001 ALICE THOMAS/ WIFE 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12-10-97 LANDOVER MD HARMONY MEMORIAL PARK 21. Signature of Funeral Servica Licenses 22. Name and Address of Facility
ALEXANDER S. POPE FUNERAL HOMES 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 5538 MARLBORO PIKE FORESTVILLE MD 20743 Approximate Interval Betw Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) CARCINOMA OF THE LUNG MONTHS Examiner Due to (or as a consequenca of): Examiner Hospital or Attanding Physician: The law requires that the death certificate be executed 24 hours after death.

Funeral Director: After this papilicate has been signed by the attending physician and physician and the burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records. P.O. Box 68760. Physician/Medical Due to (or as a consequenca of) attending for use as ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by d be detacl 1X Yes 2 No 3 Probably 4 Unknown CHRONIC OBSTRUCTON LUNG DISEASE þ should s Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? ils padificate has t director, page 2 s 1 Yes 20 No 1 ☐ Yes 2 No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1□ Yes 2₩ No 1 Inpatient 2 ER/Outpatient 3 DOA funeral Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 2 4 Homlcide 24 hours 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a, Certifier To the Hosp within 24 hos To the Fune completely fi Medical 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) D12906 30. Name and address of perso eted cause of death (Item 23a) (Type, Print) LOUIS V. KAUFMAN M.D. 8926 WOODYARD RD SUITE 602 CLINTON MD 31. Date filed (Month, Day) 32. Registrar's Signature State

Registrar

DEC 11 1997





State of Maryland / Department of Health and Mental Hygiene 9

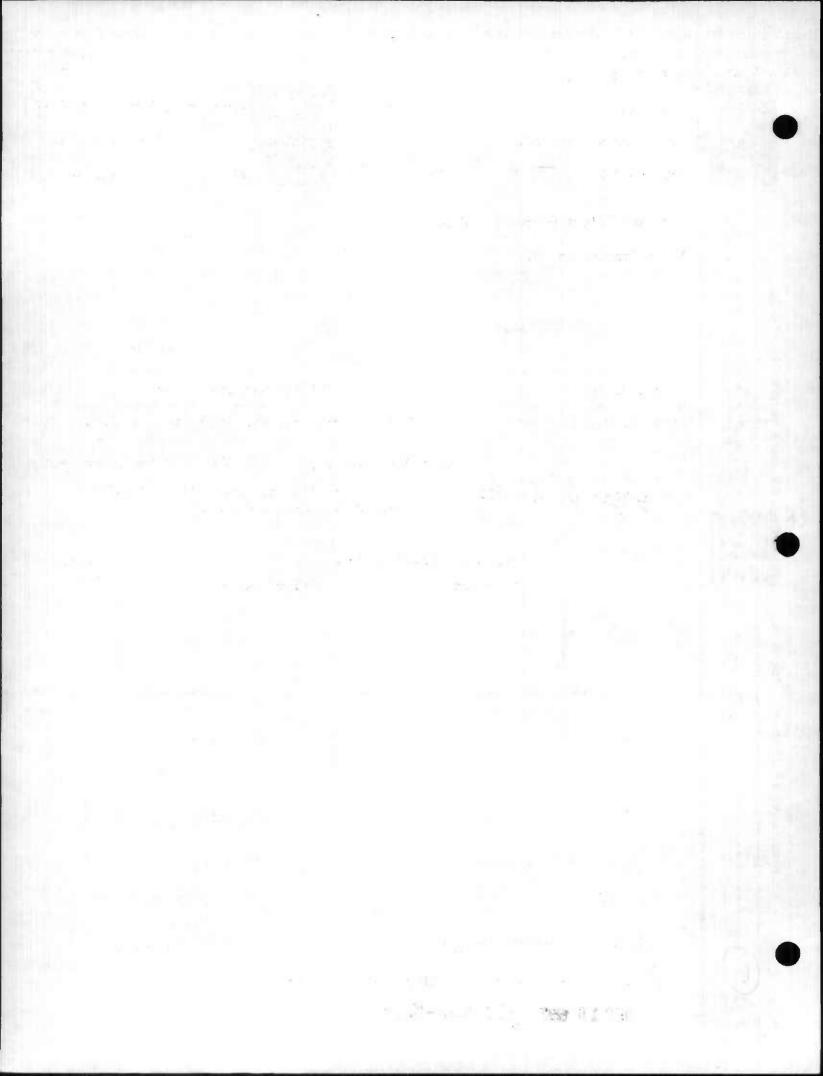
Certificate of Death 1. Decadent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** December 10 1997 Benjamin J. Travaglia 5:35A.M. /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southern Maryland Hospital Center Prince George's Clinton 7. Age (In yrs. lest birthday)
82 Yrs. If Under 1 Yaar It Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)
August 30,1915 California 5. Social Security Number **Funeral** 1 M 2 □ F 560-12-2094 Director Usual Residence of Decedant the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryler Department of Health and Mentel Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f ahow any Injury or other traumatic event, the Medical Examinat must be notlined at 1 Yes 2 No Directo Maryland Prince George's Forestville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6613 Nyack Place 20747 USA Funeral 12. Was Dacedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. H Nes 2 □ No
If Yes, Give
Year or Datas: 11/41-10/45 □ Yes 2 ☒ No 1 Never Married 2 Married Baltimore, Maryland 21215-0020 þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Meat-Cutter Safeway/Food Industry 17. Fathar's Nama (First, Middla, Last) 18. Mother'a Name (First, Middle, Maiden Sumeme) Be John Travaglia Margaret Vizio 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 6613 Nyack Pl., Forestville, MD 20747 Virginia J. Travaglia/Wife 20b. Place of Disposition (Name of cematery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1XXBurial 2 ☐ Cremation 3 ☐ Removal from State Maryland Veterans Cemetery 12/12/97 Cheltenham, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lonsee 22. Nama and Address of Facility George P. Kalas Funeral Home 1 alex 6160 Oxon Hill Rd., Oxon Hill, Md. 20745 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or thank failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medicai Immediete Cause (Final cancer of the colon with metastasis disease or condition rasulting in death) months Examiner Due to (or as a consequence of): Examiner buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events and Due to (or as a consequence ot) physician s the buriel Box 68760. certificate be Physician/Medical that initiated events resulting in death) Last Due to (or as a consequenca ot): 98 ettending use Por Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? eus. signed by to 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, þ should l 24b. Were autopsy tindinga aveilable prior to complation of causa of death? Completed 24a. Was an autopsy performed? hes page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: after death. director Be 25. Wes case reterred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No inpatient 2 ER/Outpatient 3 DOA 28a. Dete of injury (Month, Dey Yeer) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After 1X Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident Director: / 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicida 281. Location (Street and Number or Rural Route Number, City or Town, Stele) 4 T Homicide pelli 24 hours a Hospital 1 XCertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29e. Certifier Vieto (Check only one) the \$ Within To the 29b. Signatura and title of cartifier 29c. Licensa number 29d. Data signed (Month, Day, Year) D18545 December 10, 1997 he and address of person who completed cause ot death (Item 23av (Type, Print) Philip Wisotsky, M.D. 700 Old Line Centre #207, Waldorf, MD 20602 32. Registrar's Signature 31. Date tiled (Month, Dey, Year) State DEC 11 Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

neriaea #0	perFH G755 1/6/98 1. Decedent's Neme (First, Mid		C	Certificate of	Death	2. Date of Dee			Time of Death			
hysician /Medical	Jacksie		Townse	nd		Decembe:	_		:00 AM			
xaminer	4e. Fecility Nama (If not instituti 10508 Brandyw	Charles and the control of the contr	r)		4b. City, Town, or Clinton	Location of Death	4c. County	of Deeth e Georg	e's			
uneral rector	5. Sociel Security Number 579–44–4957 Usual Rasidence of Decedent	6. Sex 201 F	Aga (In yrs. lest birtho	Months Day	r If Under 24 Hr	(Month, Dey	Year)		(State or Foreig			
ehow of a	10e. State 10b. Count					nside City Limit						
28a-f e	Maryland Princ				K Yes 2 □ N							
23a or 28a-f ehorster be not red at	10508 Brandywi		10g. Citizan of What Country USA									
or items	11. Marital Status 1 Never Merried 2 Ma	12. Wes Deceder Armed Forces 1 Yas 2 HYes. Give	3?] No	13. Was Decedent of If Yes, specify Cu		Specify Yes or No- rto Rican, etc.)	14. Rac Ble Specifi	e - Amarican Inck, White, etc.				
leted beta		ent's Educetion est grede completed)	Yaar or Dates: lucetion de completed) College (1-4or 5+) 16e. Decedent's Usual Occu (Give kind of work done life. DO NOT use retire			orking	16b. KInd of Business/Industry					
rt tre		2		Homemaker	T	450 - 140 - 10	At H					
atic event,	17. Fethar's Name (First, Middle Cecil W. Tayl	172.7				argaret N		10)				
EE	19e. Informent's Neme/Reletion	nship (Type, Print)	19b. N	eiling Address (Street				State, Zip Code	9)			
m 27 I	Carol T. Day/D	aughter		Rose Mar	ie Dr., F							
Important: If item 27 le any Injury or other tra once.	20e. Mathod of Disposition	3 □Ramoval from Stat	a cemetery,	sposition (Neme of cremetory or other po				City or Town, 5				
Injury B.	4 Donetion 5 Other (Cedar H	ill Cemete		2/11/97	Suitla	nd, Mar	yland			
any	6160 Oxon Hill Rd., Oxon Hill, MD George P. Kalas Funeral Home 23a. Part1. Enter this disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or heart feiture. List only one ceuse on each line.											
sician edical miner	Immediete Causa (Final diseese or condition resulting In deeth)	e conges	tive hear Due to (or es e cor .oscleroti	t failure				mo	nths			
s the burial-transit	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury	b	Due to (or es e consequence of):									
9 66	Cause (Diseese or Injury thet initieted events resulting in deeth) Lest	c	cDue to (or es e consequenca of):									
etached for use	Part II. Other significent condit	lone contributing to death	but not resulting in th	23b. Did to	obacco use co	ntribute to the	cause of death					
						es 2 X No		4 Unknow				
rate has been signed by the atterpress should be detached for Completed by Physicia								availeble	24b. Were eutopsy findings available prior to completion of cause of death?			
rector, page						1 □ Y	es 2 XNo	1 □ Yas	2 □ No			
director,	25. Wes cese referred to medic exeminer?	Hospitel:			AL	eth (Check only or	- 4					
E E	27. Menner of Deeth	28e. Dete of In	lient 2 ☐ ER/Outpe jury 28b. Tim ey Year) Inju	TIEFIT 3LI DOA	4 Li Nursing I	Home 5 Reside						
the the	3 Suicide 6 Could	I not be		Work? M 1 ☐ Yes 2 ☐ No				ite Number,				
Completely filled in by	29e. Certifier (Check only one) 2 Medica	ng Physician: To the bes Examiner: On the basis end manner s	of examination end/o	eeth occurred et the r Investigetion, In my	time, dete end plec opinion, deeth occ	e, end due to the curred at the time, d	euse(s) end me ete end plece,	enner as steted. and due to the o	ceuse(s)			
Me Me	29b. Signeture and title of certifi			29c. Licer	nse number	2	9d. Data signe	d (Month, Day,	Year)			
)	·M		>dl		D18545		12/8	/1997				
0/	30. Nemy end address of person lilip Wiso	t sky MD 700	deeth (Item 23e) (Ty old Line	center V	Valdorf M	d.						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month 00:51 AM EVELYN TILL NOVEMBER 30 C. 4c. County of Death 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 5620 ONSLOW GEORGES WAY PRINCE CAPITOL HEIGHTS If Under 1 Yeer | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 1□ M 2X F Days Hours Yrs. 577-40-0747 Washington, D.C. May 16, 1906 Usuai Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits XX Yes 2 □ No D.C. Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6105 Dix Street, N.E. 20019 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. 11. Maritai Status 1 Never Married 2 Married 1 ☐ Yes 2 No 3 Widowed 4 □ Divorced Specify: Black 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 8th grade School Teacher Federal Government (Retired) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) William Cook Elizabeth Johnson 19a. Informant's Neme/Relationship (Type, Print) 19b. Maiting Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Emma L. SMith (Friend) 810 Division Avenue, N.E. Washington, D.C. 20b. Piace of Disposition (Neme of cemetery, cremetory or other plece)
Hannony Memorial Park 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) 12/5/97 Landover, MD. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Rollins Funeral Home, Inc. ter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, heart failure. List only one cause on each line. 4339 Hunt Place, N.E. Washington, D.C. 20019 Approximate Interval Between Onset and Deeth Immediate Cause (Final ARTEHOS CUEROTIC CARDIOVASCULAR DISEASE diseese or condition resulting in death) Due to (or as a consequenca of) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown ALZHEIMERS DISEASE 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? 2 NO 1 Yes 1 ☐ Yes 2 ☑ No 25. Was case referred to medical 26. Pieca of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Neturei 2 ☐ Accident

Examiner The law requires thet the death certificate be executed burial-transit pue P.O. Box 68760, physician Physician/Medical for use cete has been signed by page 2 should be detect Records, þ Completed certificate Division of Vital al or Attending Physician: The setter deeth.

I Director: After this certificet Be Medical Certification: To the the To the Hospital or Attention 24 hours efter derother Foundation of the Funeral Director completely filled in by the

Physician

/Medical

Examiner

Funerai

Director

"natural", or items 23s or 28s-f shored at auton must be notified at

Hygiene. other than "nature ent, tre Medical I

7 is marked other traumatic event,

. Pages 1 end 2 should be fil ment of Health end Mentel H lant: If Item 27 Is marked oth lury or other traumatic even

permit. Page Depertment of Important: If any Injury or office.

Physician /Medical

Examiner

death

filed within 72 hours efter

21215-0020

Baltimore, Maryland

Director

Funeral

þ

Completed

Be

27. Manner of Death

3 Sulcide

29a. Certifier

4 Homicide

5 Pending investigation

6 Could not be determined

28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify)

1 Tyes 2 □ No

HOSPITAL PRIVE, CHEMPLY, MARYLAND 20785

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

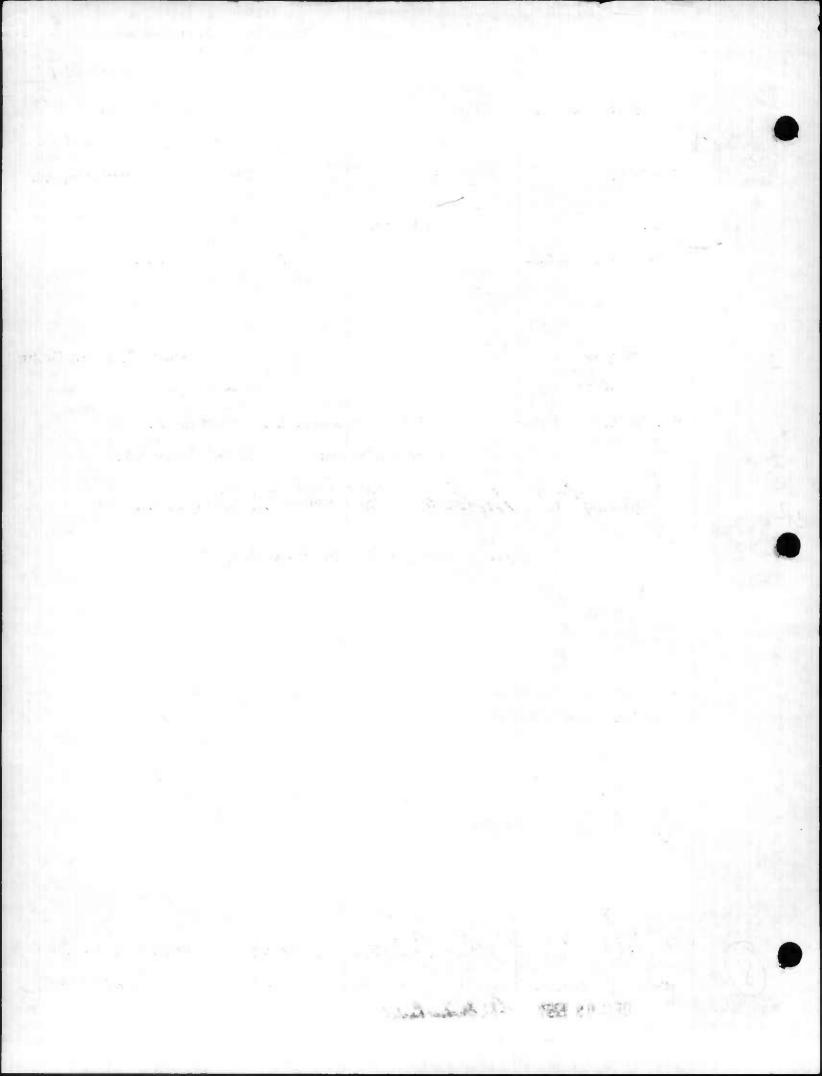
1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as eleted. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) 29b. Signal

29d. Date signed (Month, Dey, Year) NOVEMBER 30, 1997

(Type, Print) MARIO 3001

31. Date fited (Month.)

State Registrar



SANDRA W

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

	Ctoto of Mandand / Denotment of Locality and			
	State of Maryland / Department of Health and	mental Hygiene	0 " 0	0 0 " 0
ASHINGTON	Certificate of Death	Reg. No.		9078
1. Decedant's Nama (First, M	fiddla, Last)	2. Data of Deeth	Yaar	3. Time of Death

Physician
/Medicai
Examiner

Funerai

Director the Maryland 7 is marked other than "natural", or itema 23s or 28a-f show traumatic event, the Medical Examiner must be notified at death 72 hours eftar ss 1 and 2 should be filed within of Health and Mental Hygiana. Item 27 is marked other than "

Baltimore, Maryland 21215-0020 other t permit. Pages 1
Department of H
Important: If iter
any injury or ott **Physician** /Medicai Examiner

physician and the buriel-transi Box 68760 esn Po P.O. signed by t d be detach Division of Vital Records. peeu has certificata or Attending Physician: after death. Director: After this certific 24 hours after Funeral Dire letaly filled in b

Day Sandra Marie Washington 2226 PM 1997 DEC 9, 4a. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth PRINCE GEORGE HOSPITAL CENTER CHEVERLY PRINCE GEORGE If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
July 6, 1963 If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthdey) 9. Birthplaca (Stata or Foraign Days 1 ☐ M 2 🖾 F 219-88-7521 Yrs Maryland 34 Usuel Rasidanca of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 X Yas 2 □ No Maryland Charles LaPlata Directo 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? Washington Avenue USA 20646 Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2X No If Yas, Giva Yaer or Datas: 1 ☐ Never Married 2 ☑ Married 1 ☐ Yas 2 ☑ No Specify: Black þ 3 ☐ Widowad 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 9 Cook Resturaunt 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be 10 William Bernard Thompson Joyce Marie Proctor 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Coda) James Young Washington Jr. (Husband) Same as #10 20a. Mathod of Disposition 20b. Placa of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Steta Data 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) St. Peters Church December 15,1997 Waldorf, Maryland 22. Nama and Addrass of Facility Williams Funeral Home 21. Signature of Funaral Sarvice Licensae M00668 4270 Hawthorne Rd. Indian Head, Maryland 20640 ter the class of or complications that causad the leath. Do not antar the mode of dying, such as cardiec or raspiratory arrest, how tailure. List only one causa on each line. Approximate Interval Between Onset end Daath Immediata Ceuse (Final disaesa or condition resulting in daath) edand Neck byens es Due to (or as a consequence of): Examine Sequantially list conditions, if any, laeding to immadiata cause. Entar Undarlying Causa (Disease or Injury that Initiated events resulting in death) Last Dua to (or es a consequence of): Physician/Medical Dua to (or as e consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Unknown 1 Yes 2 No 3 Probably þ Completed 24e. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? 2 - No 2□ No 25. Wes casa rafarred to medical axaminer? Be 26. Placa of Death (Chack only ona) Hospital: Other: 4□ Nursing Homa 5□ Rasidanca Yas 2□ No 10 1 ☐ Inpatient > XX ER/Outpatient 3 ☐ DOA 6 □Othar (Specify) 28a. Data of Injury (Month, Pay Year) 27. Mannar of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Natural 5 Panding Invastigation 219197 1804 MAR 1 Yas a Routa Number 6 Could not ba detarmined 28a. Placa of Injury - At homa, ferm, streat, factory, office building, atc. (Specify) 4 Homicide City or Town, State) 1 Certifying Phyeician: To the best of my knowladga, death occurred at the time, deta and place, and due to the cause(s) and mannar as stated.

XX Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Cartifian Medicai (Check only one) 29b. Signature and title of certifian 29c. Licansa number 29d. Dete signed (Month, Day, Year) DEC. 10, 1997 O.C.M.E nyo 30. Nama and eddrass of person who completed cause of death (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

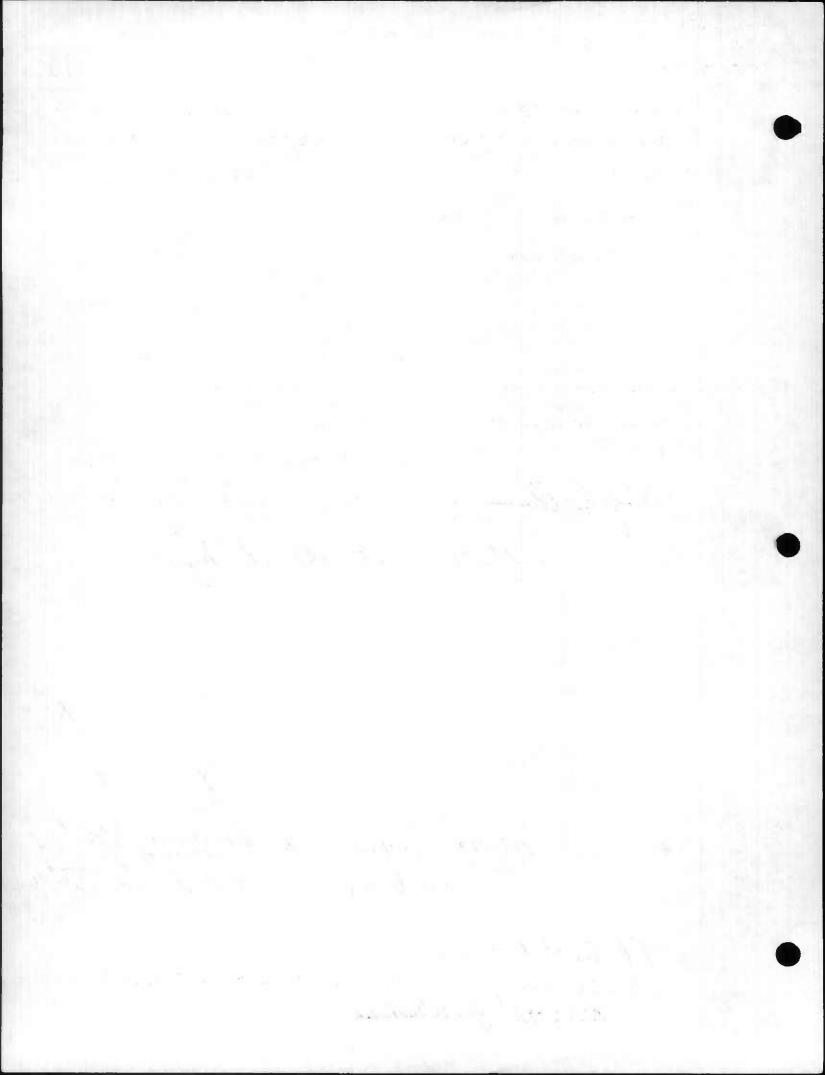
State Registrar 31. Data filed (Month, Day, Yaar)

DEC15

32. Regist

Hospital

within 2



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) **Physician** James Monroe Wathen /Medical 4a. Facility Name (If not institution, giva street end number) Examiner Physicians Memorial Hospital 5. Social Security Number 6. Sax 7. Age (In yrs. lest birthday) **Funeral** 1 € M 2 □ F 577-52-1656 Yrs. 60 Director Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location must be notified at Director Charles Faulkner 10e. Street and Number 9806 Brunswick Rd. itams 23a Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑Yas 2 ☐ No traumatic avant, the Medical Examiner efter 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 ទ þ 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedent's Education (Specify only highest grade completed) iges 1 and 2 should be filed within it of Health and Mental Hygiene. If Itam 27 Is marked other than * Elementary/Secondary (0-12)

2. Date of Death Dec 13 Day 997 Yaar 6:02 AM 4b. City, Town, or Location of Death 4c. County of Death LaPlata Charles If Under 1 Year | If Under 24 Hrs. Birthplaca (Stata or Foreign Country) Days PA 10d. Inside City Limits 1 ☐ Yes 2 1 No 10f Zip Code 10g. Citizen of What Country? 20632 U.S.A. 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. Yaar or Dates: 1955-1959 Yes 22No Specify: Specify: White 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Federal Government Supervisor 18. Mother's Name (First, Middle, Maiden Sumeme) Mary L. Itayem 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Delores E. Wathen/Spouse 9806 Brunswick Rd. Faulkner, MD 20632 of Disposition (Name of Date 20c. Location - City or Town, State 20b. Place of Disposition (Neme of cemetery, crematory or other piece) 1 ₺ Burial 2 □ Cramation 3 □ Removal from Stata St. Ignatius Cem. 12/16/07 BelAlton, MD 22 AREHART ECHOLS FUNERAL HOME, PA MO0945 P.O. Box 567 LaPlata, MD 20646 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or haart failure. List only one cause on each line. Approximata Interval Betwe Onset and Death

Physician /Medical Examiner

physician as the buriel

signed t

page 2

or Attending

death.

Diractor:

To the Hospital within 24 hours of To the Funeral Completely filled

3

Examine

Physician/Medical

þ

Completed

Be

Certification: To

Medicai

1 Natural

2 Accident

4 Homicide

29b. Signature and title of certifier

3 Suicide

29a. Certifier

permit. Pege Department of Important: If any injury or once.

Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Last

Immediate Cause (Final disaasa or condition resulting in death)

17. Father's Name (First, Middle, Last)

20a. Method of Disposition

James L. Wathen

19a. Informant's Name/Relationship (Type, Print)

4 ☐ Donation 5 ☐ Other (Specify)

21. Signature of Funeral Socion Ligenses

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Due to (or as a consequence of)

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown

29d. Date signed (Month, Dey, Year)

24a. Was an autopsy performed?

24b. Wera autopsy findings available prior to completion of cause of death?

1 Yas 2 No

1 Yas 2 No

25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1☐ Yes 2☑ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death

Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 28d. Describe how Injury occurred 28a. Date of Injury (Month, Dev Year) 28h Time of 28c. Injury at Work? 5 Pending Investigation

1 ☐ Yes 2 ☐ No 28e. Placa of Injury - At home, farm, straet, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated.

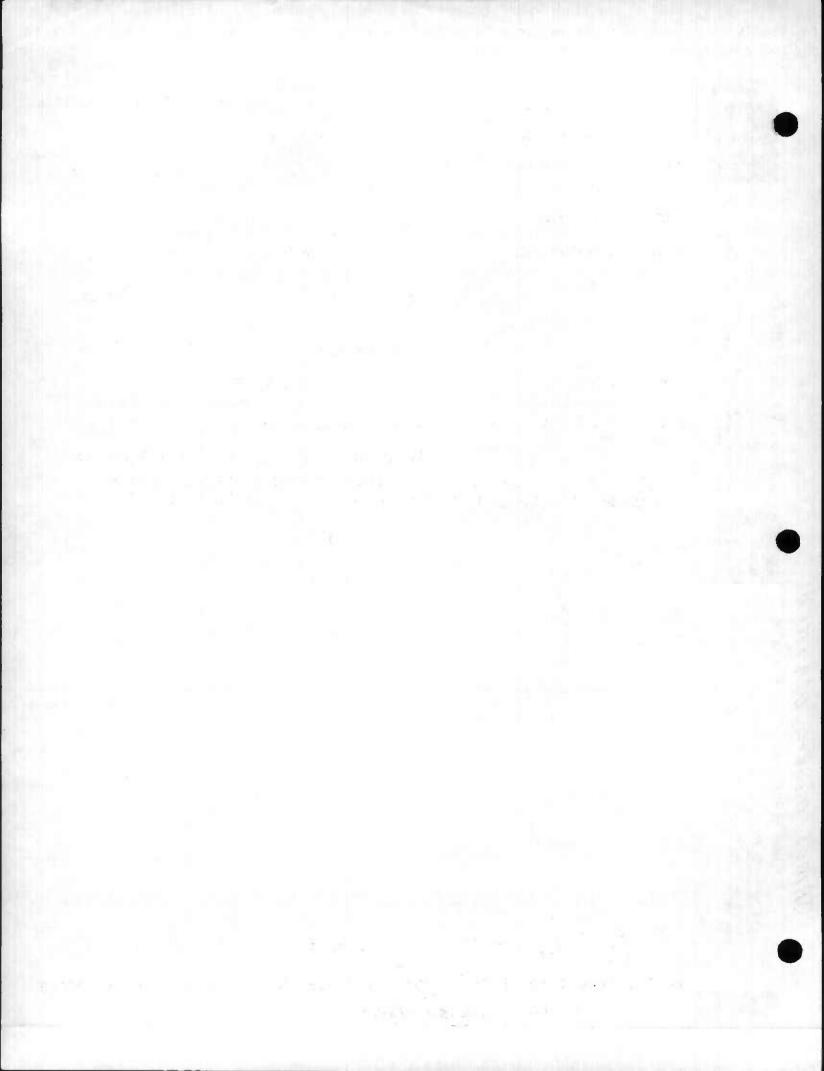
29c. Licansa number D-02975

30. Name and admiss of person who completed cause of death (Itam 23a) (Type, Print)

6 Could not be determined

Daniel Howell, MD 11346 Pembrooke Square Suite 104 Waldorf, MD 20603 31. Date filed (Month, Dey, Year)

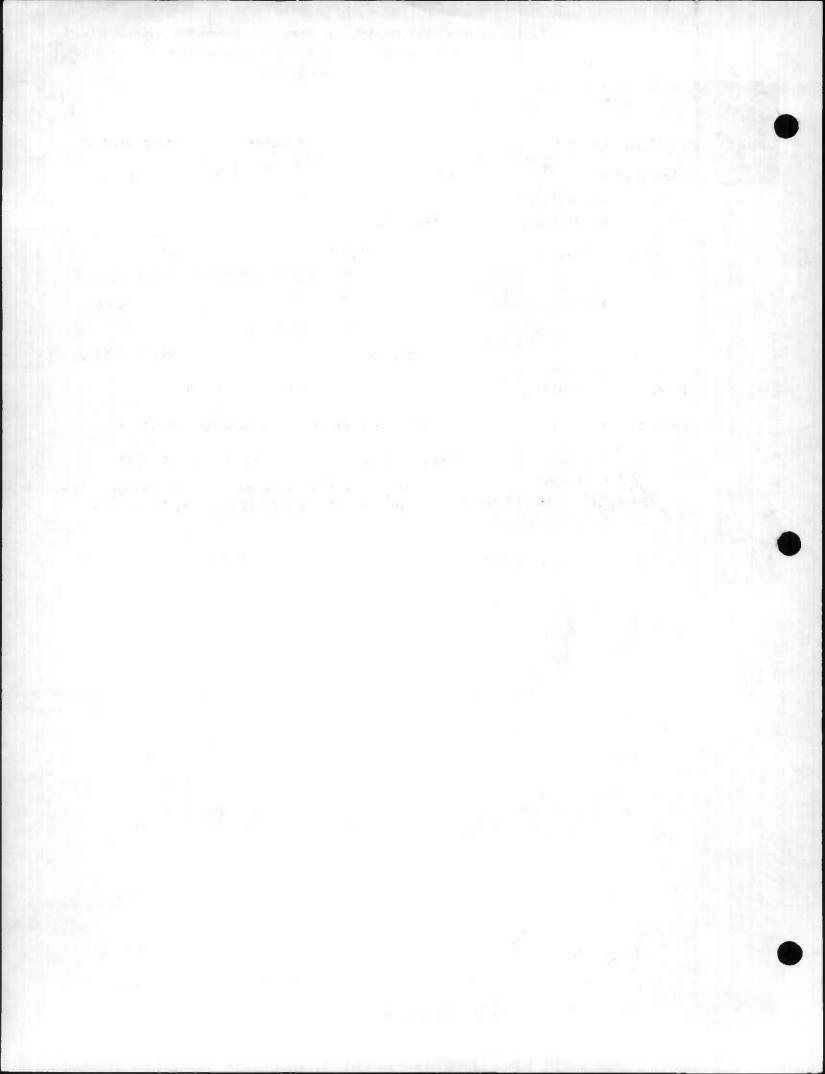
State Registrar DEC1 5 199



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 39 08 0

					C	ertifica	ate of	Death		Reg. No.			
Physic	cian	1. Decedent's Neme (First, Mic	and the state of t	1)-				Jen I	2. Dete of De Month		Yeer	3. Time of Deeth	
/Med		DAVID W. WEIN							11	7.		9 44	
Exam		4a. Fecility Neme (If not institut	ion, give street and nu	im <i>ber)</i>				4b. City, Town, or	Location of Deet	th 4c. C	ounty of Deeth	X	
		952 Sea Hors						Annapol			ne Aru	ndel	
Funera Directo		5. Social Security Number 215-38-6529 Usuel Residence of Decedent	6. Sex 12 M 2 □ F	***						rth e <i>y, Year)</i> L	9. Birth Cou N . Y	plece (Stete or Foreign ntry)	
land m		10a. Stete 10b. County 10c. City, Town or Location										10d. Inside City Limits	
Meny Feb	to										1 √2 Yes 2 □ No		
r 28s	Director	10e. Street and Number					Zip Code			10g. Citize	en of Whet Cou	ntry?	
aath witt		719 Bradley Ro	-	3B edent Ever in	10		21842			USA	1		
72 hours eftar death with the Meryland "neturel", or items 23s or 28s-f show solical Examiner must be notified at	by Funeral	11. Meritef Stetus 1 Never Merried 2 Merited 3 Widowed 4 Divorce	Armed Farried 17 Yes	orces? 2 No ve	J,S.		pecify Cub	Hispenic Origin? (Sen, Mexican, Puer Specify:	to Rican, etc.)	Specify:			
72 hc netur	i e	15. Deced	ent's Education		16a. De	ecedent's U	suel Occup	pation	adelm m	16b. Klnd	of Business/in		
yiena. r then "	Completed	Elementery/Secondary (0-12				(Give kind of work done during most of wo life. DO NOT use retired) Printer		during most of wo			. Prin	ting Offic	
be filed tal Hygie d other	BeC	17. Fether's Neme (First, Middl	e, Last)					me (First, Middle			2118 01210		
4 2 2 2	ToB	Elmer	Marion					Stun	nph				
d 2 should th and Men 7 is marks trsumatic	-	19a. Informent's Neme/Reletio	nship (Type, Print)		19b. M	ailing Addre	ess (Street			*	Town, State, Zij	n, State, Zip Code)	
C = N L		Eric W. Wein			952	Sea	Horse	Court A	nnapolis	s. MD	21401		
ammit. Pagas 1 and Department of Haelt mportant: If Item 27 my injury or other		20e. Method of Disposition		Piece of Di	sposition (f	verne of				cation - City or Town, Stete			
parmit. Pagas Department of Important: If it any injury or o		1 ☐ Buriai 2 🛣 Cremetion 4 ☐ Donetion 5 ☐ Other	netion 3 Removel from State ther (Specify) netion Table Crematory Metro Crematory 11/						11/26	/26 Catonsville, MD			
artm ortar		21. Signalate of Futheral Service		1				ess of Fecility					
parmi Depa impo		Barranco & Sons PA Severna Park Funeral Home 495 Ritchie Hwy Severna Park, MD. 21146											
		23e. Firt1. Enter the diseese, shock, or heert feilure. LI	or complications that	caused the dea	th. Do not	enter the m	ode of dyi	ng, such es cardie	c or respiretory	errest,	. 211.	Approximete Intervel Between	
Physician /Medical		Onset and Deeth											
Examiner		disease or condition resulting in death) e. Cancer of floor of mouth, metastate to neck 6 mo Due to (or es e consequence of):											
	ē			Due to	or es e con	sequence o	of);						
betu	E	are salutare union	b	Due to			4)						
death certificate be axecuted a attanding physician and for use as the burial-trensit	Examiner	Sequentlelly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest Due to (or es a consequence of): C. Due to (or es a consequence of):											
ificate be axe g physician a as tha burial-													
artificate ing phy e as the	edical												
centing nding	M	d											
attandir	Cla	Don't II. Other of a Warms and the							1				
tha d	Physician/	Pert II. Other eignificant condi	Pert II. Other eignificant conditions contributing to death but					en in Pert I.	23b. Did tobacco use contribute to the cause of c				
es that tha daath ce igned by tha attand be detached for us	by Pf									Yee 2	No 3□ Pro	bably 4 Unknow	
w requires bean sign should be	Completed b									an eutopsy ormed?	ev	ere autopsy findings ellable prior to mpletion of cause	
law las b	1 5								40	Yes 2X		deeth?	
ha law e has	5										NO 11	Yes 2□ No	
n: Tha lay ficate has or, page 2		25. Was onen referred to modic	al la				0.1		eth (Check only				
sician: Tha la cartificate has irector, page 2	Be	25. Was case referred to medic examiner?	Hospital:		1=0/0		DO OT	10r:					
Physician: Tha lav rthis cartificate has iral director, page 2	To Be	examiner? 1 ☐ Yes 2 💆 No	Hospitel:		ER/Outpe			4 Li Nursing F	dome 5 Resi			y)	
ding Physician: Tha la h. Aftar this cartificate has funaral director, page 2	To Be	examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pend	Hospitel: 1 28e. Dete	Inpatient 2 Cof Injury	28b. Tim Injur	e of y	28c. Injui	y et rk?	lome 5 Resi 28d. Describe			y)	
Attending Physician: Tha lar r death. r death. ector: After this cartificate has by tha funaral director, page 2	To Be	examiner? 1 Yes 2 No 27. Manner of Deeth Meturel 5 Pend 2 Accident Invest 3 Suicide 6 Could	Hospitel: 1 28e. Dete (Monting tigetion d not be 28e. Plece	of Injury th, Dey Year)	28b. Time Injur	e of y M	28c. Injui Wor	4 Li Nursing F	28d. Describe	how Injury	occurred	y) al Route Number,	
or Attending efter death. Director: After	To Be	examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Penc 2 Accident Inves 3 Suicide 6 Could	Hospitel: 1 28e. Dete (Monting tigetion d not be 28e. Plece	of Injury th, Dey Year)	28b. Time Injur	e of y M	28c. Injui Wor	y et rk?	28d. Describe	how Injury	occurred		
or Attending efter death. Director: After	Certification: To Be	examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pend 2 Accident 3 Suicide 6 Could 4 Homicide 29e. Certifier (Check of N 2 Medica	Hospitel: 1 28e. Dete (Mon tigetion d not be mined 28e. Plece build ling Physician: To the it Examiner; On the b	of Injury th, Dey Year) of Injury - At h ng, etc. (Speci	28b. Time Injur	e of y M street, fact	28c. Injur Wo 1 □ ory, office	y et rk? Yes 2 □ No	28d. Describe 28f. Location (City or To	Street end wn, Stete)	Number or Run	al Route Number,	
or Attending Physicien: The efter death. Director: After this cartificate h	To Be	examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only one) (Check only one)	Hospitel: 1 28e. Dete (Monting tigetion do not be mined 28e. Plece build ling Physician: To the it Examiner: On the bend men	of Injury th, Day Year) of Injury - At thing, etc. (Special	28b. Time Injur	e of y M street, fact eeth occurre Investigati	28c. Injui Wor 1 Dory, office	y et k? Yes 2 □ No me, dete end plecc plinion, deeth occu	28d. Describe 28f. Location (City or To	Street end wn, Stete) ceuse(s) et dete end p	Number or Run nd menner es s iece, and due to	al Route Number, teted. o the ceuse(s)	
	edical Certification: To Be	examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pend 2 Accident 3 Suicide 6 Could 4 Homicide 29e. Certifier (Check of N 2 Medica	Hospitel: 1 28e. Dete (Monting tigetion do not be mined 28e. Plece build ling Physician: To the it Examiner: On the bend men	of Injury th, Dey Year) of Injury - At h ng, etc. (Speci	28b. Time Injur	e of y M street, fact eeth occurre Investigati	28c. Injui Won 1 Dory, office	y et k? Yes 2 No me, dete end plece plinion, deeth occur e number	28d. Describe 28f. Location (City or To	Street end wn, Stete) ceuse(s) et dete end p	Number or Run	al Route Number, teted. o the ceuse(s)	
or Attending efter death. Director: After	edical Certification: To Be	examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pend 2 Accident 3 Suicide 6 Could 4 Homicide 29e. Certifier (Check off) 2 Medica 29b. Signature and title of certifier	Hospitel: 1 28e. Dete (Monting Physician: To the Indian Examiner: On the bend menter White Properties of the properti	of Injury th, Dey Year) of Injury - At the of Injur	28b. Tim. Injur fy) owledge, de ation end/or	e of y M street, fact eeth occurre investigati	28c. Injui Won 1 Dory, office	y et k? Yes 2 □ No me, dete end plecc plinion, deeth occu	28d. Describe 28f. Location (City or To	Street end wn, Stete) ceuse(s) et dete end p	Number or Run nd menner es s iece, and due to	al Route Number, teted. o the ceuse(s)	
or Attending efter death. Director: After	edical Certification: To Be	examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only one) (Check only one)	Hospitel: 1 28e. Dete (Monting Physician: To the Ing Physician Ing Physicia	of Injury th, Dey Year) of Injury - At the of Injur	28b. Tim. Injur fy) owledge, de ation end/or	e of y M street, fact eeth occurre investigati	28c. Injury Word ory, office and et the tiron, In my constant D	y et k? Yes 2 No me, dete end plece plinion, deeth occur e number	28f. Location (City or To	Street end wn, Stete) ceuse(s) et dete end p 29d. Dete	Number or Run Ind menner es s lece, and due to signed (Month,	al Route Number, teted. o the ceuse(s) Dey, Year)	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Date of Death 14 45 SAMUEL Month Yaar WILSON December 1997 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death of Maryland Hospital 21 South Green St. Baltimore, MARYLAND If Undar 1 Year if Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) Days 1⊠M 2□ F Yrs. 38 578-84-0471 Eden, N. C. 10b. County 10c. City, Town or Location 10d. insida City Limits 1 Yes 2 No Maryland Prince George's Capitol Heights 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 3 Cindy Lane, Apt. 302 20743 United States 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Detes: Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) Race - Amarican Indien, Black, Whita, atc. 1 Nevar Merried 2 Married 1 ☐ Yas 2 ☑ No Specity: 3 Widowed 4 Divorced Specify: Black 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 11 Private Carpenter 17. Father's Nema (First Middle Last) 18. Mothar's Nama (First, Middle, Melden Sumeme) Sam H. Dillard Mary E. Martin 19a. Informant's Neme/Raletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mary E. Wilson - Mother 3 Cindy Lane, #302, Capitol Heights, MD 20743
ce of Disposition (Neme of Dete 20c. Location - City or Town, Stata 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 1 Buriai 2 Cramation 3 Ramovel from Stata 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park 12/13/97 Landover, MD 21. Signatura of Funaral Sarvice Licansee 22. Nama and Addrass of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, D. C. Art. Entar tha disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, nock, or heart failure. List only one ceuse on each line. Approximata Interval Batween Onset and Daath Immediata Cause (Final disaase or condition rasulting in daath) one week Due to (or as a consequence of): fai one year Sequantially list conditions, if any, leeding to Immadiata cause. Entar Undarlying Causa (Disaase or Injury that initieted events rasulting in daath) Last Dua to (or as e consequence of): Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings evailable prior to complation of cause of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 No

Physician /Medical Examiner

pur

.. Pages 1 and 2 should be fil tment of Health end Mental H tant: If item 27 is marked off Jury or other traumatic sven

permit. Page Department of Important: If any Injury or

Physician

/Medical

Examiner

Director

Funeral

À

Completed

Be

2

10a. Stata

Funeral

Director

r than "natural", or items 23e or 28e-f ehow the Medical Examiner must be nutfied at

filed within 72 hours efter deeth

21215-0020

Baltimore. Maryland

Physician/Medical Examiner bunial-transit the for use es signed by I p Completed page 2 funeral director, Be Certification: To in by the

or Attending Physician: The law requires that the death certificate be executed

this certificate

After

after death.

P.O. Box 68760,

Records,

Division of Vital

To the Hospital o within 24 hours af To the Funeral Di completely filled is

State Registrar

Medical

25. Was case referred to medical 1 Yas 2 No 27. Menner of Death 1 Naturel 2 Accident

3 Sulcida

29a, Certifian

4 Homicida

5 Panding Invastigation 6 Could not be

28e. Deta of Injury (Month, Dey Yeer)

1 Inpatient 2 ER/Outpatient 3 DOA 28b. Tima of

28a. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

28d. Describe how injury occurred

Othar: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify)

26. Plece of Daeth (Check only one)

Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner stated. Glan BARAGE 29c. License number 0000 MD

29d. Data signad (Month, Dey, Year) December

30. Name end addrass of person who completed cause of death (Item 23e) (Type, Print) Glen Barquet, M.D. 21 Greene St. Baltimore MD 21201

31. Data filed (Month, Dey, Yeer)

29b. Signature and this of gertifier

DEC 11

32. Registrar's Signatura The Moder Radall

DHMH 16 Rev 6/95

Section of the Man Man Man Man

And I Started Town

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth A.M. **Physician** Dec Williams Gilber 815 /Medical 4a. Facility Neme (If not Institution, giva straet and number) 4b. City, Town, or Location of Daath 4c. County of Daath Examiner JEN BURNIE if Undar 24 Hrs. 8. Data of Birth pt E ((3 8. Data of Birth (Month, Dey, 7. Age (In yrs. last birthday) **Funeral** 9. Birthplace (State or Foraign Country) Months 070-28-516 100M 20 F Days Hours 62 Brooklyn, Ne JAN 12, 1935 Director Usuat Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. inside City Limits d other than "natural", or items 23a or 28a-f sho event, the Medical Examiner must be notified at 1 TYS 2 No Director ANNEARUNDEL 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A items 23a 21061 ld Funeral Pages 1 and 2 should be filed within 72 hours after death 12. Was Decedent Ever in U.S. Armed Forces? 1 Pas 2 No 1956 If Yes, Giva Yaar or Dates: (958 Was Dacedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Status 14. Rece - American Indian. Black, White, atc. 1 Never Married 2 Marriad Baltimore, Maryland 21215-0020 "natural", or 1 Yas 2 No Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Be Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)___ 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) NSurance LNVESTIGATOR 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumema) permit Pages 1 and 2 should be fit Department of Health and Mental H Important: If them 27 is marked oth any Injury or other traumatic even Williams 2 19a. fnforment's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stele, Zip Code) Cliston, Md. 20135 7101 Jordan LANE hristike Williams - wife 20b. Place of Disposition (Neme of cemetery, cremetory or other p 20e. Method of Disposition emetory or other place) 1 Burial 2 □ Cremation 3 □ Removal from State 12-9-97 4 ☐ Donation 5 ☐ Other (Specify) National rangle 21 Signature Funeral Service Licenses 160985 22. Name end Addrass of Fecility Part. Enter the disease, or complications that caused the death. Do not enter the moda of dying, such as cardiac or respiratory arrest, or heart feilure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finat disaasa or condition resulting In death) trterioscleratic UNK **Examiner** Examiner To the Hospital or Attanding Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events rasulting in death) Last Due to (or as a consequance of): Box 68760. Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? been signed by t should be detact 1 Yes 2 No 3 Probably 4 Nnknown þ Completed page 2 should 24b. Were eutopsy findings avelleble prior to completion of causa of deeth? 24e. Wes an autopsy performed? After this certificate hes 2000 1 ☐ Yes 2 ☐ No Be (25. Wes cese referred to medicei 26. Plece of Deeth (Check only one) examinar? 12 Yes 2 □ No Certification: To Other: 4 ☐ Nursing Homa 5 ☐ Sesidence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral (28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Dascribe how injury occurred 28c. injury at Work? 5 Pending investigation Naturei death. 2 Accident 1 Tyes 2 No within 24 hours after death to the Funeral Director: filled in by the 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier t Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end manner es steted.

2 Examiner: On the best of examinerion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. Medical pletely ! 29b. Signeture and title of certifier 29c, License number 29d. Date signed (Month, Dey, Year) Deputy

06054

695 Smerica

State Registrar 31. Date filed (Month, Day, Year)
DEC 11 1997

liAm

Sebi Markar Randal

JONES,

MD

30. Name end eddress of person who completed cause of death (item 23a) (Type, Print)

1.10

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No,~ 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** an .00 /Medical 4c. County of Death 4b. City, Town, or Location of Deeth not institution, give street and number) Examiner If Under 24 Hrs. 6. Six 9. Birthplace (State or Poreign Country) 7. Age (In yrs. last birthe 8. Date of Birth **Funeral** 1QM 20 F Days Director 279-78-0823 88 MARCH 8,1909 CHINA Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location r is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director MARYLAND CHARLES WALDORF 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12603 INDIAN LANE 20601 Funeral death U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give* Yeer or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes 2√ No Specify: py Specify: 3 ☐ Widowed 4 ☐ Divorcad ASAIN Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene Important: If Item 27 is marked other than "r any injury or other traumatic avant College (1-4or 5+) Elementary/Secondary (0-12) 3 YRS. COLLEGE PROFESSOR KEIO UNIVERSITY 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 EN-HUA YANG PO-TAI WANG 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SU SU E YANG (SPOUSE) SAME AS #10 20a. Method of Disposition 20b. Pleca of Disposition (Name of cametery, crematory or other place) Date 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Dother (Specify) TRINITY MEM.GARDENS 12-22-97 WALDORF, MARYLAND 21. Signeture of Fungal Servica Licental 22. Name and Address of Facility RAYMOND FUNERAL SERVICE LA PLATA, MARYLAND 20646 23a. Part1. Enter the disease, or complications that object the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or such line. Approximate Interval Betw Onset and Death **Physician** /Medical Immediate Cause (Final SOPPIC SIFORM diseese or condition resulting in death) Examiner Due to (or as a consequenca of): MACE BILLARY The lew requires that the death certificete be executed pue Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medicai Due to (or as a consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yee 2 No 3 Probably 4 Unknown signed I þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peen page 2 1 ☐ Yes 2 ☐ No ai or Attending Physician: The safter death.

In Director: After this certificated in by the funeral director, pages of in by the funeral director, pages. 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No Certification: To 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

Box 68760 P.O. Records, Division of Vital To the Hospital or A within 24 hours after To the Funeral Direcompletely filled in b

Baltimore, Maryland 21215-0020

State Registrar

Medical

29a. Certifier

29b. Signature and title of cartifier

32. Registrar's Signature 31. Date filed (Month, Day, Year)

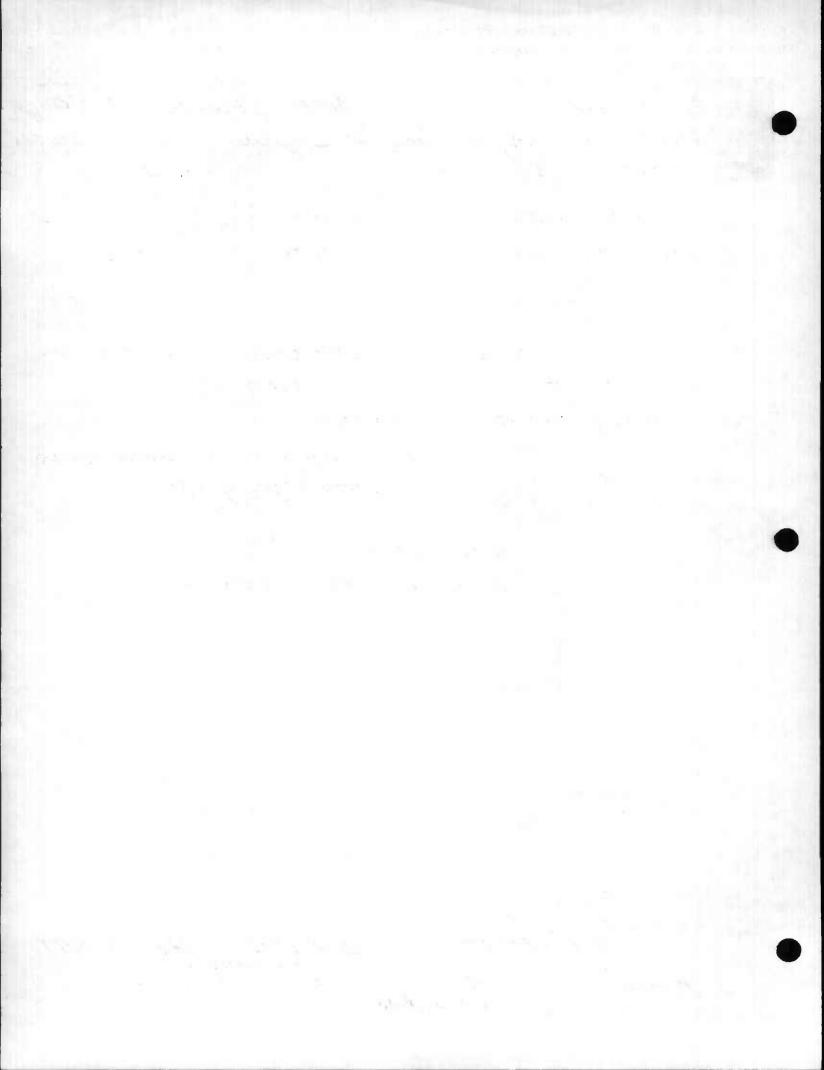
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 7523

DHMH 16 Rev 6/95

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end pranher steled.

29c. License number



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month ounger December pm /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Health Services Largo (are If Under 24 Hrs. 6. Sex 1 → M 2 □ F If Under 1 Year 5. Social Security Number 9. Birthplaca (State or Foreign Country)
Wash., D.C. 7. Age (In vrs. last birthday) **Funeral** Months Hours 41 579-78-7531 Director Usuai Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits Director D.C. 1 Ves 2 □ No Washington 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 327 15th Street, N.E. 20002 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forees? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 72 hours after Never Married 2☐ Merried 1 Ves 2 No Specify: Black p 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Eiementary/Secondary (0-12) College (1-4or 5+) Sheet Examiner Unk. U.S. Govt. 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be fi Department of Health and Mental H Important: if Nem 27 is marked oth any linjury or other traumatic sven sones. 18. Mother's Name (First, Middle, Maiden Surname) Be Booker T. Younger Mary F. Norman 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zlp Code) Mary F. Younger, Mother 327 15th St., N.E. Washington, D.C. 20002 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removel from State Lincoln Memorial Cem. 12/10/97 4 ☐ Donation 5 ☐ Other (Specify) Suitland, 21. Signature of Fureral Service Licensee Office ²². Name and Address of Facility Hall Brothers Funeral Home William O. Ables 621 Florida Avenue, N.W. Wash., D.C. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Accordined Immune deficiency Synthene disease or condition resulting in death) Examiner Due to or as a consequence of): Physician/Medical Examiner sician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): physician s the burial Due to (or es a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causs of death? 1 Tyss 2 No 3 Probably 4 Nunknown should be det à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was an eutopsy page 2 certificate 2X No 1 Yes 1 ☐ Yas 2 ☐ No Be 25. Was case referred to medical examiner? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Aftar 1 DNaturai 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State)

The law requires that the death certificate be executed P.O. Box 68760, Records,

Baltimore, Maryland 21215-0020

of Vital or Attending Physician: Division s after death. filled in by the To the Hospital within 24 hours a To the Funeral C Hospital completaly

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and manner as steted.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier

29c. License number D20108 29d. Date signed (Month, Dey, Year)

ROPA, M) 14300GALCANTFOXLN BOWIEMD 20715 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) KAKESHA

31. Dete filed (Month, Day, Year) State Registrar

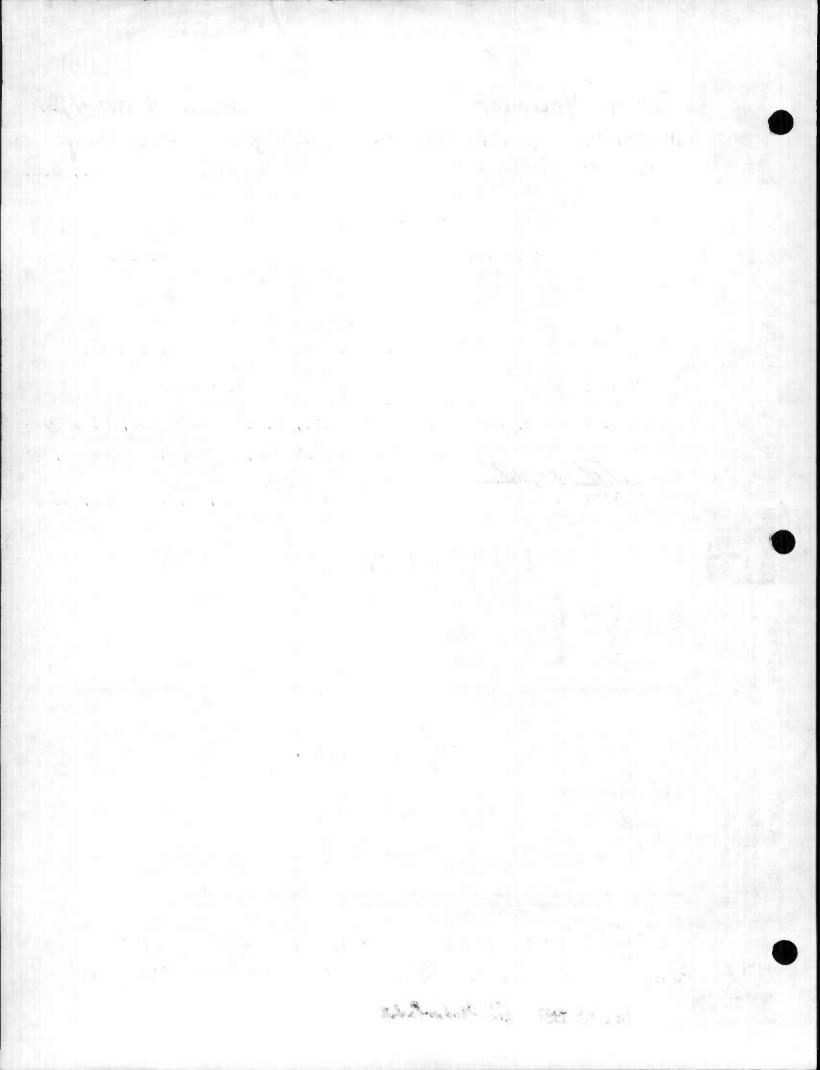
Medical

DEC 08 1997

4 Homicide

29a. Certifier





State of Maryland / Department of Health and Mental Hygiene

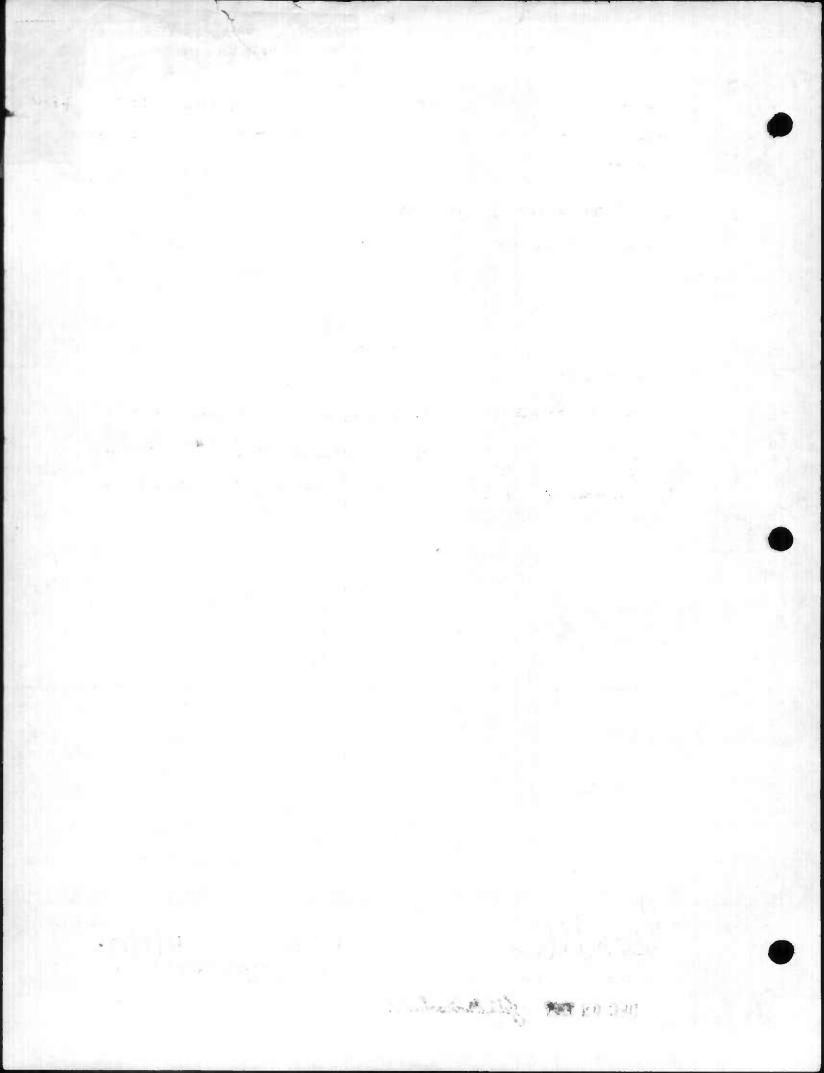
Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death ^{Day} 1997 **Physician** 7 PM Elizabeth Zimmerman December /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges Hvattsville Sacred Heart Home 5. Social Sacurity Number 7. Age (In vrs. lest birthday) If Under 1 Year If Undar 24 Hrs. Birthplaca (State or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** Days 1 M 2 F 90 Months Hours 578 12 7130 Director Nov 29 1907 Washington DC Usual Residence of Decedant death with the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Md Prince Georges Hvattsville 1 N Yes 2 No Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 20782 USA 5805 Oueens Chapel Road Funeral 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armad Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 11 Marital Status permit. Pages 1 and 2 should be fited within 72 hours effer to Department of Heelth and Mental Hygiene. Important: If flam 27 is marked other than "natural", or flee any injury or other traumatic event 1 Never Marriad 2 Married 1 Yes 220No
If Yes, Give
Year or Dates: White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Drafting Draftperson 12 17. Father's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be Harry Zimmerman Frances Potter 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) C. Lewis Johnson/Cousin 59 Winward, East Hampton, New York 11937 20b. Placa of Disposition (Name of cob. Place of Disposition (Name of cemetery, cremetory or other place)

George Washington Med. Ctr.1997 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State Washington DC 4 Denation 5 Other (Specify) **Funeral Service License** 22. Name and Addrass of Facility 21. Signature Columbia Mortuary, 9013 Annapolis Rd. 23a. Part1. Enter the disaasa, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Batw Onsat and Death **Physician** /Medical Immediate Causa (Final preumonia disaase or condition resulting in death) Examiner Examiner demention Senile The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Last physician end the burial-tran Due to (or as a consequence of) Records, P.O. Box 68760. Physician/Medicai Due to (or as a consequence of): 98 for use es 23b. Did tobacco use contribute to the cause of death? ate hes been signed by the page 2 should be datached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed certificate hes 1 Yes 2 No 1 ☐ Yes 2 No Division of Vital or Attending Physician: 25. Was case refarred to inedical examiner? director, Be 26. Place of Beath (Check only one) Other: Nursing Home 5 Residence 8 Other (Specify) Lo 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred Certification: After 5 Pending invastigation 1 Natural eftar daath. 2 - No 1 Tyes 2 Accident 3 Suicide 6 Could not be datermined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of fnjury - At homa, farm, straat, factory, office building, etc. (Specify) in by 4 Homicida filled 24 hours e Hospital 1 Certifying Physician: To the best of my knowledge, daath occurred at tha time, date and piaca, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certify Medical To the Hosp within 24 hor To the Fune complately fi 29c. Licansa numbar 29d. Date signed (Month, Day, Year) 29b. Sid 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Peter M. Schissler, M.D. 31. Date filed (Month, Day, Year)

State Registrar DEC 09 1337





Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Deeth 3. Time of Death OSI Month luciel Almony 12 25 4b. City, Town, or Location of Death 4c. County of Death 4e Facility Neme (If not institution, give street end number) Genesis Elder Care Hammonds Lane Center Baltimore Anne Arundel 7. Age (In yrs. lest birthdey) If Under 1 Yaar if Under 24 Hrs. 5. Social Security Number 6. Sex 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Min. Months Deys 1□M 2X F Hours 212 22 1080 69 Jan. 26, 1928 Maryland Usual Residance of Decedent 10d. Inside City Limits 10a. Stata 10b. County 10c. City, Town or Location 1 ☐ Yes 2K No Anne Arundel Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? 212 Doris Avenue 21225 U.S. 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 ☑ No If Yes, Give Yaer or Detes: 14. Rece - American Indien, Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 11. Meritel Status Black, White, atc. 1 ☐ Never Marriad 21X Married 1 ☐ Yes 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) Salesperson Hecht Company 10th 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Neme (First, Middle, Last) Louise Roth Charles Lowman 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Millard R. Almony Jr./husband 212 Doris Avenue Baltimore, Maryland 21225 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition Dete 1 ☐ Buriel 2 XCramation 3 ☐ Ramoval from Stata 12/29/97 Towson, Maryland Hilltop Service Corp. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Gonce Funeral Home P.A. namuourle 4001 Ritchie Highway Baltimore, Md. 21225 23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Chronic Renal Fai wie Immediate Ceuse (Finel disease or condition resulting in deeth) Cubuscely Due to (or es e consequence of) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Mknown raletes, conjuture heart failure 24b. Were eutopsy findings evailable prior to 24a. Wes en eutopsy performed? cardiony opaby, gamprem. completion of cause of deeth? 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 Yo 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of

Examine Physician/Medical USB þ Completed s certificate has b director Be Certification: To

Physician

/Medical

Examiner

Directo

Funeral

þ

Completed

Be

Funeral

Director

7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Madical Examiner must be notified at

the Meryland

death

Peges 1 end 2 should be

Department of Health Important: If Item 27 any Injury or other tr

Physician

/Medical

Examiner

2/25/97

55 PM

T. 6.

Almony

Muriel

funeral

n 24 hours after des ne Funeral Director reletely filled in by th

To the Hosp within 24 ho To the Fune completely f

Registrar

edical

1 Naturel 2 Accident 6 Could not be 3 Suicide 4 Homicide

5 Pending Investigation

28e. Dete of Injury (Month, Dey Year)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, death occurred at the time, dete end plece, end due to the ceuse(s) and menner stated.

29b. Signetura and titla of cartified village Ceromin

29c. License number 11966

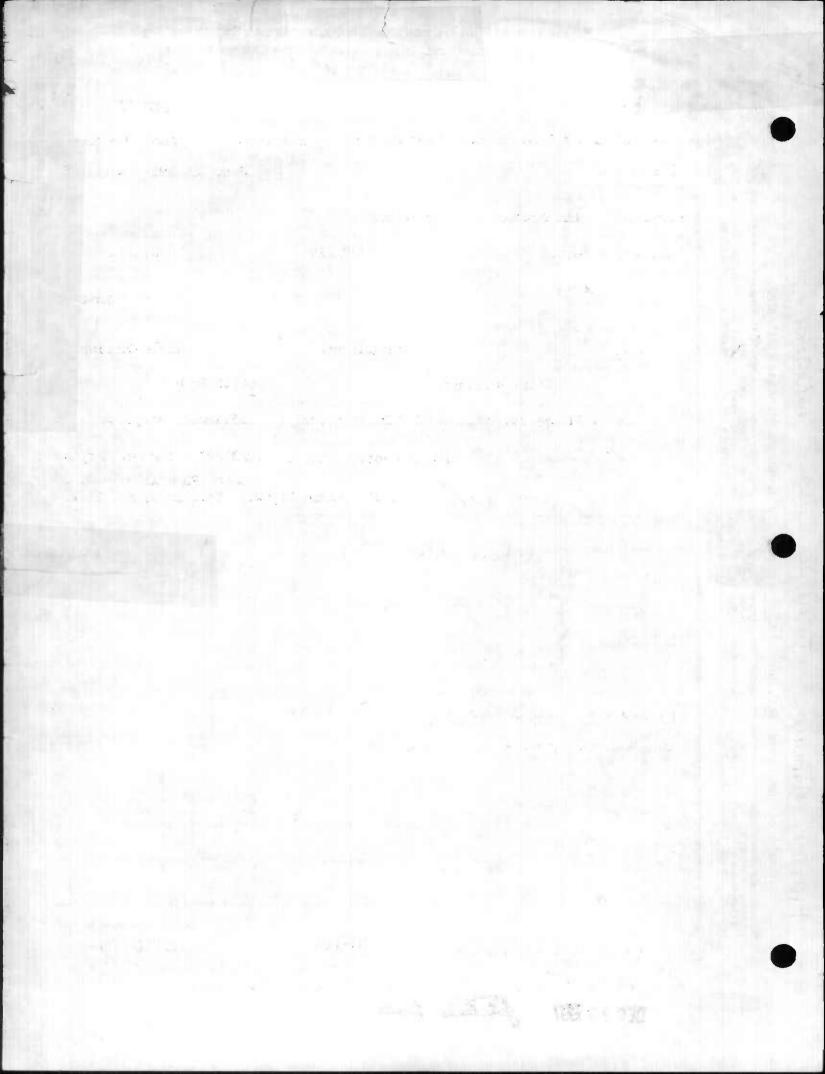
29d. Data signed (Month, Day, Year)

agreeme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

ichel 31. Dete filed (Month, Dey, Year) DEC 2 9 1997

29a. Certifier

(Check only one)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Daeth MAHER AL-HASSAN 24, DEC 4e. Fecllity Neme (If not Institution, give street end number) City, Town, or Location of Deeth 4c. County of Deeth TOPKINS N/A 405PITAL PALTIMORE THE JOHNS If Under 24 Hrs. Hours Min. 5. Soclei Security Number 6. Sex 7. Age (In yrs. last birthdey) Dete of Birth (Month, Dey, Year) Birthplece (State or Foraign Country) Months Deys 15 M 2□ F Yrs. N/A July 17, 1952 Jordan Usuel Residence of Decedent 10e, Slete 10b. County 10c. City, Town or Location 10d. Inside City Limits Jordan N/A Amman 1 Nes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Icarda Street 00000 Jordan 11. Marital Stetus 12. Wes Decedant Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married Yes 2 No f Yes, Give Yaar or Dates: White 1 ☐ Yes 2 No Specify. 3 Widowed 4 Divorced 15. Dacedent's Education ify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Medical 12 5+ Doctor 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Mustafa Al-Hasan Suad Shraim 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Retetionship (Type, Print) Rasha Al-Hasan Icarda Street Khalda, Amman, Jordan 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Islamic Cemetery of Jordan 12-28 Amman, Jordan 21. Signature Funeral Service Licer 22. Name end Address of Facility Charles S. Zannino Licensed Mortician 2007 Eastern Avenue Baltimore, Maryland 21231 enter the mode of dying, such as cardiac or respiratory arrest, integral Between hat caused the death. Do not enter Immediate Ceuse (Finel disease or condition resulting in deeth) METASTATIC RENAL CELL CARCINOMA 3 MONTHS Due to (or es e consequence of) Due to (or es a consequence of) Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24e. Was en eutopsy performed? 24b. Were eutopsy findings available prior to completion of causa of deeth? 1 Yes 2 No 1 Yes 2 No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetiant 3 DOA

Physician /Medicai Examiner

the

98 for use

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show

Hygiene. other than "natural", or items 23s or vent, the Medical Examinat must be.

. Pages 1 and 2 should be filk iment of Heelth and Mental Hy lant: If item 27 is marked oth jury or other traumatic event

permit. Page Department of Important: If any Injury or once.

the

filed within 72 hours efter

21215-0020

Baltimore, Maryland

Box 68760

P.O. 1

Records,

of Vital Physicien:

Division or Attending

The law requires that the death certificete be

certificate hes

this the funerel

After

s effer death.

To the Hospital o within 24 hours of To the Funeral Di completely filled is

in by t

Director

Funeral

by

Completed

Be

2

Physician/Medical Examiner

þ 8

Completed page 2 should

Be

2

Certification:

Medical

Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last

RENAL FAILURE

INFERIOR VENACAVA CLOT

1 Yes 2 No 27. Menner of Deeth

5 Pending invastigation 6 Could not be determined Date of tnjury (Month, Dey Year)

28b. Time of

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only

1 Neturel

2 Accident

3 ☐ Suicide

4 \ Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture and this of certifian

MEURA M.D. 29c. License number RES-000

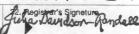
DECEMBER 24,1997

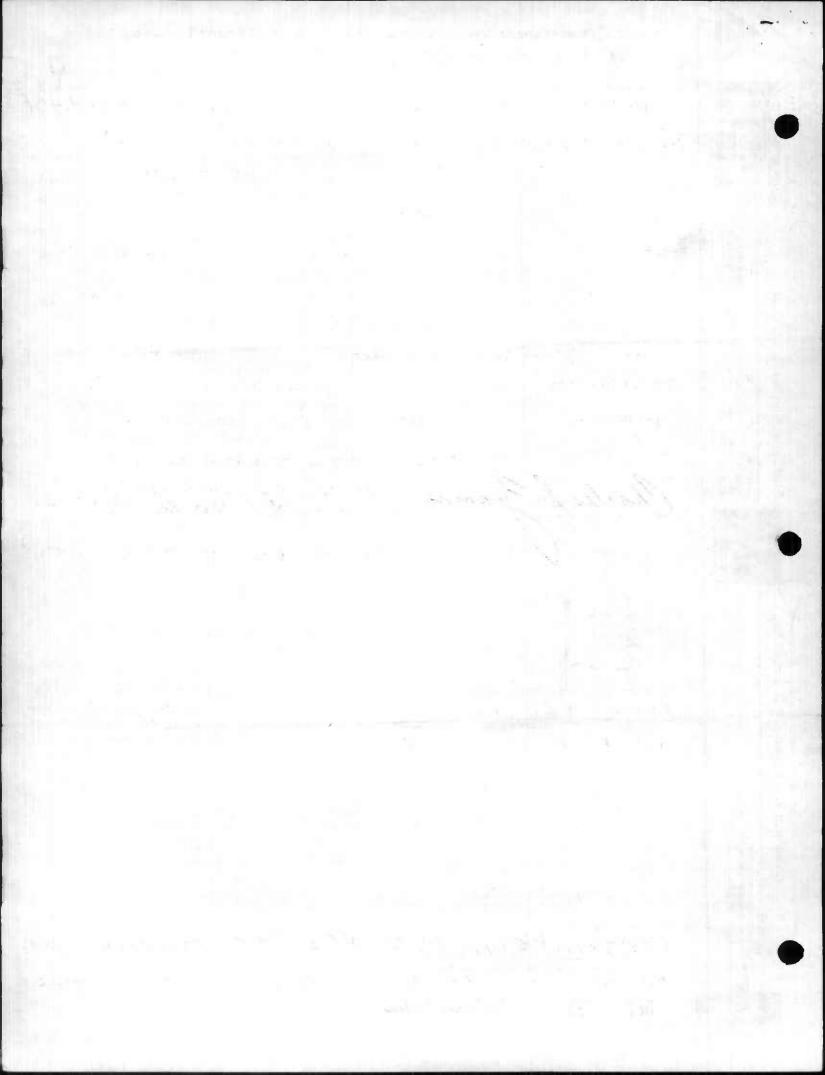
29d. Date signed (Month, Day, Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

, JOHN HOPKINS HOSPITAL, BALTIMORE, MD-21287 T. MEHRA

State Registra





State of Maryland / Department of Health and Mental Hygienen Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Death 3. Time of Death December 16, 1997 **Physician** Walter Broadway 12:50P /Medicai 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Johns Hopkins Hospital Baltimore If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number Birthplaca (Steta or Foreign Country) 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funerai** 1₽M 2□ F Deys Yrs. 240-36-6468 68 Director Nov. 18, 1929 North Carolina Usual Residence of Decedent the Maryland 10e Stete 10b County 10c. City. Town or Location 10d. Inside City Limits or 28a-f show traumatic event, the Medical Examiner must be notified at 1 XYes 2 □ No Director Md. N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Herne 23a 1516 N.Collington Ave 21218 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hyglene. International files 27 is merked other than "natural", or flee any Injury or other traumatic event. 1 ☐ Yes 2 ☐ ¥o If Yes, Give Yaer or Detes: 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Wivorced Black Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 6th Grade Chemical Worker W.R.Grace 17. Fathar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) Be Sidney Broadway Emma McClendon 19e. Intorment's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) 3904 Queenslace St. Pikesville, Md. 21208 Genet Kellman-Neice 20b. Plece of Disposition (Name of cematary, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Steta Voshell Memorial Cem. 12/29/97 Dundalk.Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Address of Fecility 21. Signature of Funeral Service Liber Caple Funeral Service 5502 Winner Ave.Balto.Md.21215 Part Letter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory errest, mode, or heart tellure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medicai Immediate Cause (Final Cerebro-Vascular Accident 7 years disaasa or condition rasulting in death) Examiner Due to (or as a consequence of): Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Dua to (or as a consequence of): Box 68760 Physician/Medical Due to (or as a consequence ot): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. P.O. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yaa 2 ☐ No 3 Probably 4 Unknown Pneumonia Records, by 8 24b. Were autopsy findings available prior to Completed 24a. Wes en autopsy performed? completion of cause of death? The 1 Yes XNo 1 Yes 2 No certificate Division of Vital Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) axaminer? Hospitel: XX Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To this 28a. Date of fnjury (Month, Day Year) 27. Mennar of Death 28b. Tima of 28d. Describe how Injury occurred 28c. Injury et Work? A Hospital or Atten-24 hours after death, rel Director; After the fiv Attending Affar 1 Netural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Pieca of fnjury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 D Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daeth occurred at the time, date and place, and due to the cause(s) and menner stated. edical 29a, Certifler To the Hor within 24 h To the Fun

State Registrar

DHMH 16 Bey 6/95

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) 601 North Wolfe Street Baltimore, Md 21205 Line Daydo

29d. Dete signed (Month, Dey, Year)

Dec 16, 1997

29c. License number

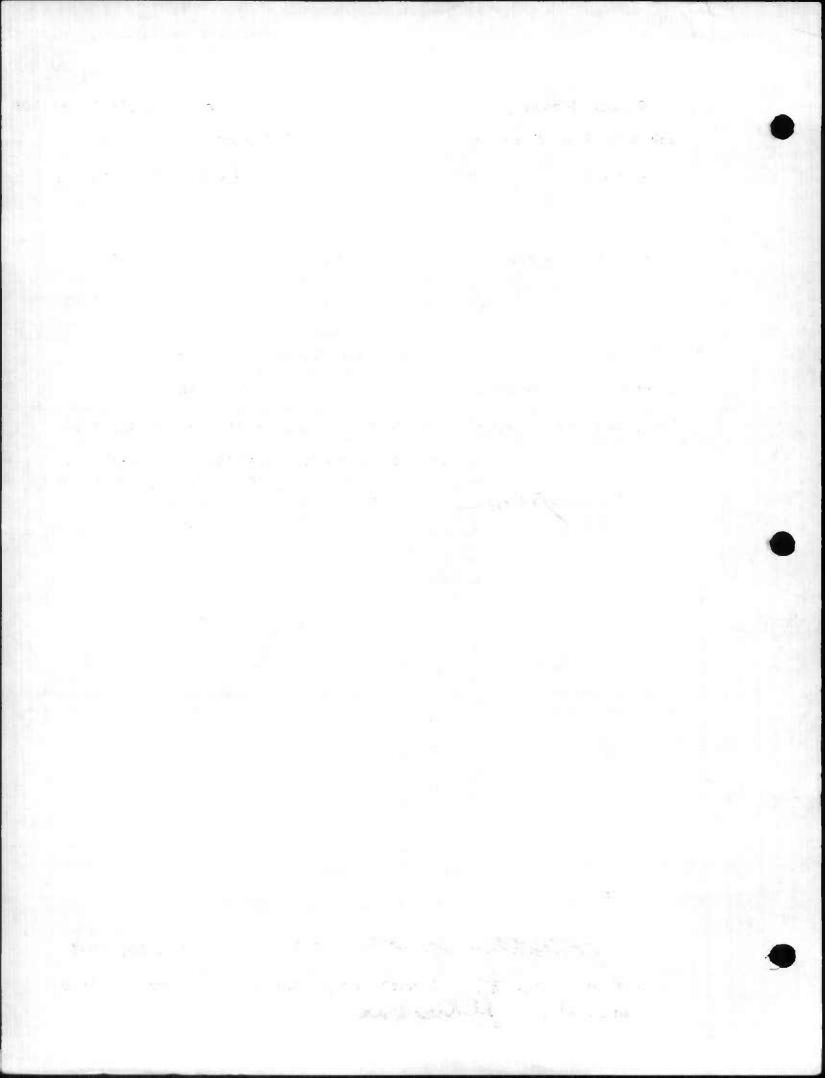
08735

31. Dete tiled (Month

29b. Signeture end title of certifier

Justin Stebbing,

MD



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Charlotte 0249Am JUNE 1997 December 26 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Bult more Kaspital dallstown No-Thwest Center 5. Sociel Security Number 6 Sex If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) 1 □ M 2 🖾 F Yrs. 219-18-8053 73 June 18, 1924 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Baltimore Maryland Milford 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21207 3611 Latham Road U.S.A. 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specity Yes or No-It Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Rece - American Indian, Black, White, etc. 1 Yes 2 No It Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify. 3 Widowed 4 Divorced White 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Years Housewife Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Dwight Buppert Lottie Wheateye Buppert 19e. fnforment's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mr. George Burck 3611 Latham Road Baltimore, MD 21207 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Cemetery 12/30 Woodlawn, Maryland 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Betw Immediete Ceuse (Finel Hour en cephalopathy disease or condition resulting in death) 200/4 Due to (or es e consequence ot) Due to (or es e consequence of): Pert II. Other signiticant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco usa contribute to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown

Physician /Medical **Examiner**

pue

The law requires that the death certificate be axecuted

P.O. Box 68760,

Records,

Division of Vital

Hospital or Attanding Physician:

ţ

death. after deati filled in by the

within 24 hours a
To the Funeral C
completaly filled

Examiner

Physician/Medical

by

Completed

Be

edical Certification: To

permit. Pege Department o Important: If any injury or

Physician

/Medical

Examiner

10e State

Director

Funeral

Completed by

Be

Funeral

Director

show r 28a-f show

"natural", or items 23a or

Pages 1 and 2 should be filed within 72 hours after death inent of Health end Mental Hyglena. Intent of Health end Mental Hyglena. Int. If Hear 27 is marked other than "natural", or items 23 mry or other traumatic event, in Medical Exp. in an insulary or other traumatic event, in Medical Exp. in entitle.

Baltimore, Maryland 21215-0020

the Manyland

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In death) Lest

				24e. Wes en eutopsy performed?	24b. Were autopsy tindings evelleble prior to completion of cause of deeth? 1 Yes 2 No						
5. Wes cese referred to medicel			26. Plece of Deeth (Check only one)								
exeminer? 1 Yes 2 No	Hospitel: 1 ☐ Inpatient 2 ☑	ER/Outpetient 3	Home 5 ☐ Residence 8 ☐ Oth	ne 5 Residence 8 Other (Specify)							
7. Menner of Deeth 1 ☑Naturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Date of Injury (Month, Dey Year)	28b. Time of fnjury	28c. Injury et Work? 1 Yes 2 No	28d. Describe how Injury occur	red						
3 Suicide 6 Could not to determined		ome, ferm, street, tact	28t. Location (Street end Numb City or Town, Stete)	8t. Location (Street end Number or Rurel Route Number, City or Town, Stete)							
9a. Certifier (Check only one) 12 Certifying Pl	nysician: To the best of my knominer: On the basis of examine	owiedge, deeth occurre etion end/or investigati	ed et the time, dete end plea on, in my opinion, death occ	ce, end due to the cause(s) and mo curred et the time, date end plece,	anner es steted. end due to the cause(s)						

29c. License number

35844

29d. Dete signed (Month, Dey, Year)

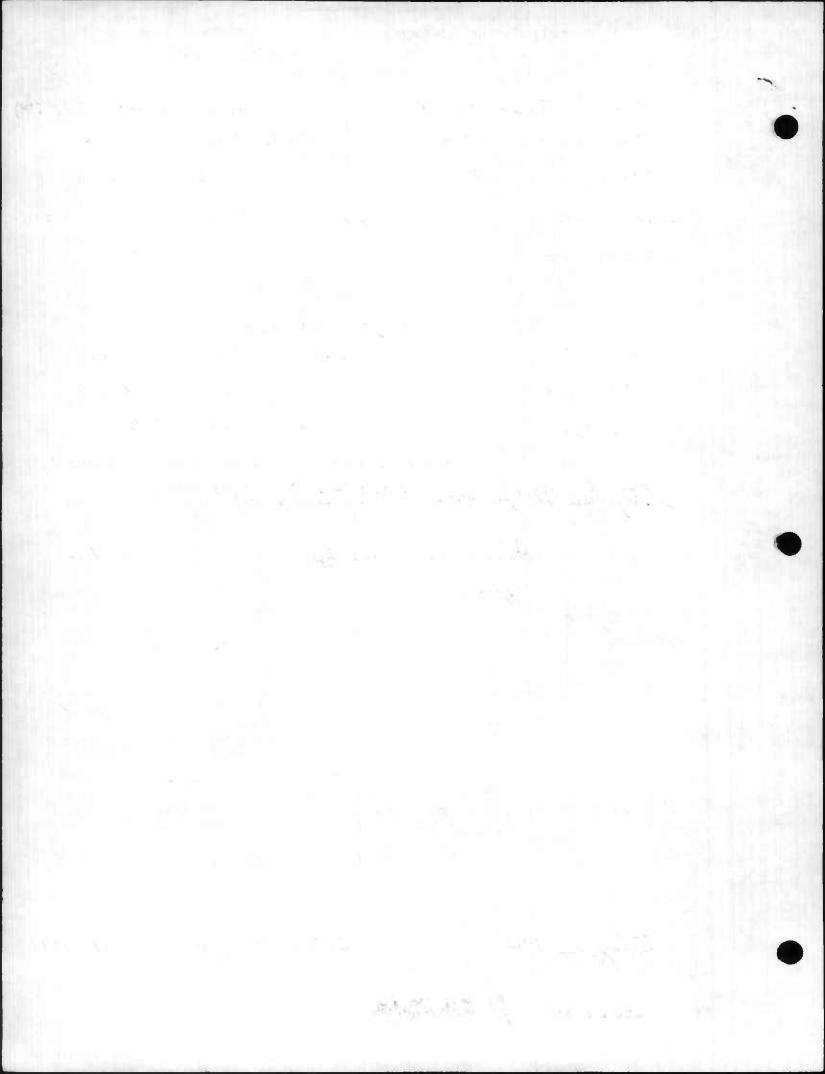
December 26, 1997

31. Dete tiled (Month, Dey, Year) State **QEC 2 9 1997** Registrar

29b. Signature end title of certitier

30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Hospital Center

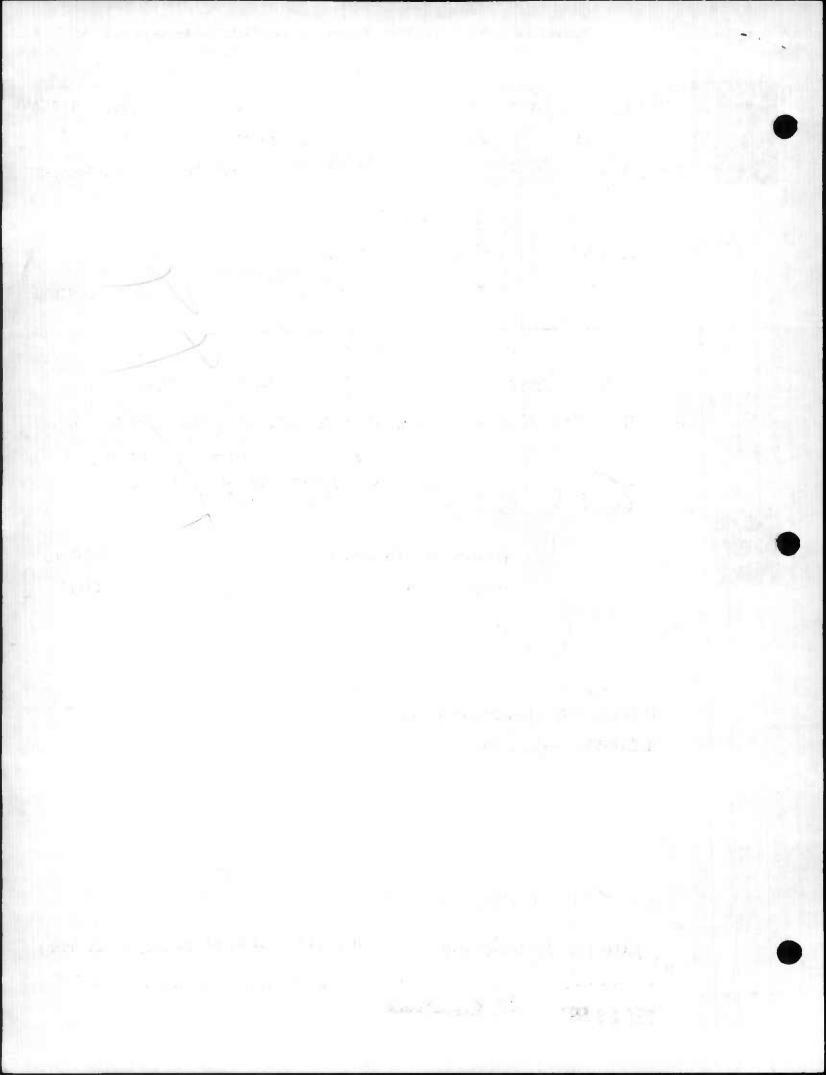
DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Neme (First, Middle,	Last)		Cer	tificate of	Death	2. Dete of		7 3	3. Time of Death
	Physici /Medic		Evelyn 13	Evelyn Barr					Decemb	ver 21	1997	9:05AM
	Examir		4e. Fecility Neme (If not institution, I	give street end nun HOSPITA				4b. City, Town, or Location of Deeth 4c. Cour BALTIMORE				
	Funeral Director		5. Sociel Security Number 218 42 8633		Sex 7. Age (In yrs. lest birthday,			If Under 24		rs. 8. Dete of Birth 9. Birthple		
pue	Mo N		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, 1	Town or Lo	cation				1	0d. Inside City Limits
Mary	28a-f show	tor					MORE					1 ∰ Yes 2 □ No
death with the Maryland	23a or 28	Funeral Director	10e. Street end Number 4800 YELLOWWOOD	AVE. A	AVE. APT 618			10f. Zip Code 21209				ntry?
_ 6	or its		11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed For	2∰ No e		Wes Decedent of H f Yes, specify Cubo I □ Yes 2# No	lispenic Origir en, Mexicen, F Specify:	? (Specify Yes or Puerto Rican, etc.)		ece - Americ leck, White, hityAFR.	
Maryland 21215-0020	han nat	Completed by	15. Decedent's (Specify only highest particular) Elementery/Secondery (0-12)	grede completed)	College (1-40f 5+)		dent's Usual Occupation kind of work done during most of working DO NOT use retired) DMEMAKER			16b. Kind of Business/Ir		dustry
yland buld be file	rment of Health end Mer rant: if Item 27 is marke njury or other traumatic	To Be (17. Fether's Neme (First, Middle, La I SAAC			18. Mother's Neme (First, Middle, Meiden Surneme) ESTELLE ROBINSON						
Mar d2sh			19e. Informent's Name/Relationship NATHANIEL L. BAR						or Rural Route Nur			
ore,			20e. Method of Disposition 1# Burial 2 □ Cremetion 3	☐Removel from 5	20b. Plac	e of Dispos etery, crem	sition (Neme of netory or other plea		. BALTO.	20c. Location	n - City or To	own, Stete
Itin			4 Donetion 5 Other (Spe		KIN		PARK Name and Addre	ss of Facility	12/27/97			1, MD.
m §	Depa impo any ir		21. Signeture of Funda Service Licensee ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. 21217									
	hysician		23a. Pert1. Enter the disease, or co shock, or heart failure. List or	omplications that cally one cause on ea	sused the leeth. I	Do not ente						Approximete Intervel Between Onset end Deeth
	Medicai xaminer		Immediate Cause (Final disease or condition resulting in death)	e. Pu			MBOLU	S			1	NO DAYS
_	يتبلا	ner		VE	Due to (or e		uence of):					DAYS
68760,	g physician end as the buriel-trensit	Examiner	Sequentially list conditions,	b	Due to (or es							0.10
68760,	slcian	a E	Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events									
	ding phy se as the	Medical	resulting in deeth) Lest	d	Due to (or es e consequence of):							
Box death cert	the attending hed for use a	ician	Dat II Other slowlillout conditions		- Al- 1 A		4-4-4	- In Book	001-0			
P.O	signed by the attendin d be detached for use	by Physician/N	Pert II. Other significent conditions HYPER TROPHE	nderlying ceuse giv	en in Pert I.		23b. Did tobacco use contribute to the cause of 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐					
Records,	LO O	Completed t							24e. W	es en eutopsy rformed?	CO	ere eutopsy findings eilable prior to mpletion of ceuse deeth?
H B	ate he	Com							10	Yes 200	10	JYes 2□ No
of Vita	ector,	Be	25. Wes case referred to medical exeminer?	Hospital, d	,		011		Deeth (Check onl	y one)		
Of Physi	this or	. To	1 Yes 2 No 27. Menner of Deeth			Outpatien		4 LI Nursi	ng Home 5 Re	e how injury occ		y)
noi polibo	th. : After e fune	ation	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Investiget	28e. Dete o (Month	, Dey Year)	Injury	28c. Injur Wor M 1	k? Yes 2 ☐ No		e now injury occ	uneu	
Division of Vital	s efter des il Director ed in by th	Certification:	3 Sulcide 6 Could not determine	200. Piece	00 00 00 00 00				28f. Location City or 1	28f. Location (Street and Number or Rural Route I City or Town, State)		
Division To the Hospital or Attending	within 24 hours effer death. To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	edicai	29a. Certifier (Check only one)	Physician: To the taminer: On the beaning	sis of examinetion	dge, deeth end/or Inv	occurred at the timestigation, in my o	ne, dete end p pinion, deeth	plece, end due to the control occurred et the time	ne ceuse(s) end e, date and plec	menner es s e, end due to	teted. o the cause(s)
Tot	To the com	Σ	29b. Signature end title of certifier	0	1 111		AS a		21 TM 9018	29d. Dete sign		
	5		30. Name end eddress of person wh	o completed ceuse	of deeth (Item 23		Print)			occa,,		
	Sta	te	larun Mullick 31. Date filed (Month, Dey, Year)	∠ 40	Ol West igistry's Signetur	iscived	dere Avenu	e bal	timore n	wylanc	1 di	215

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Deeth Month **Physician** 28 Flora P. Berry Dec. 5 p.m. /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 3917 Maine Ave. City Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 20XF Days 83 212-32-2146 Yrs. Virginia Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Llmits 28a-f ehow must be notified at Md. City Baltimore Director 1 ☐Xes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 Herns 23a 3917 Maine Ave. 21207 U.S.A. Funeral a filed within 72 hours efter death if Hygiene. other than "natural", or items 23 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ऒ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indien, Black, White, etc. the Medical Examiner 1 ☐ Never Merried 2 ☐ Married 21215-0020 1 ☐ Yes 2 No Specify: ρ Specify: Black 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Nursing Homes Domestic traumatic event. Baltimore, Maryland permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: If Itam 27 le merked othe any ligiry or other traumatic event potes. 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be Charles F. Ponts Flora Amanda Powell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 3917 Maine Ave., Baltimore, Md. 21207 Raymond T. Berry 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlel 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Piney Grove Cem. Jan. 2, 1998 Boring, Md. 22 Name and Address of Facility Eckhardt Funeral Chapel 21. Signature of Full 11605 Reisterstown Rd. Owings Mills, Md. 21117 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medical Carcenoma Immediate Cause (Finat disease or condition resulting in death) **Examiner** The lew requires that the deeth certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and the burial-tran Due to (or as a consequence of): Box 68760. ettending physicien for use as the buria Physician/Medical Due to (or es e consequence of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? been signed by the should be detached 3 ☐ Probably 4 ☐ Whknown 1 Yas 2 No Chrombosia (Clivone Records, þ 24b. Were autopsy findings evallable prior to Be Completed 24a. Was an autopsy performed? completion of cause of deeth? this certificate has 1 Yes 2 LNO 2010 Division of Vital ial or Attending Physician: T s efter death. al Director: After this certificet ed in by the funeral director, pa 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Desidence 6 Other (Specify) P 1 Yes 2 N 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital or within 24 hours eff To the Funaral Di completely filled in 1 Cartifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. Medical 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) il (lberai MI) D26748

State Registrar

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

ANIL LIBEROLMD 4419 PALLS RD BALTO MD 2121 32. Registratis Signature

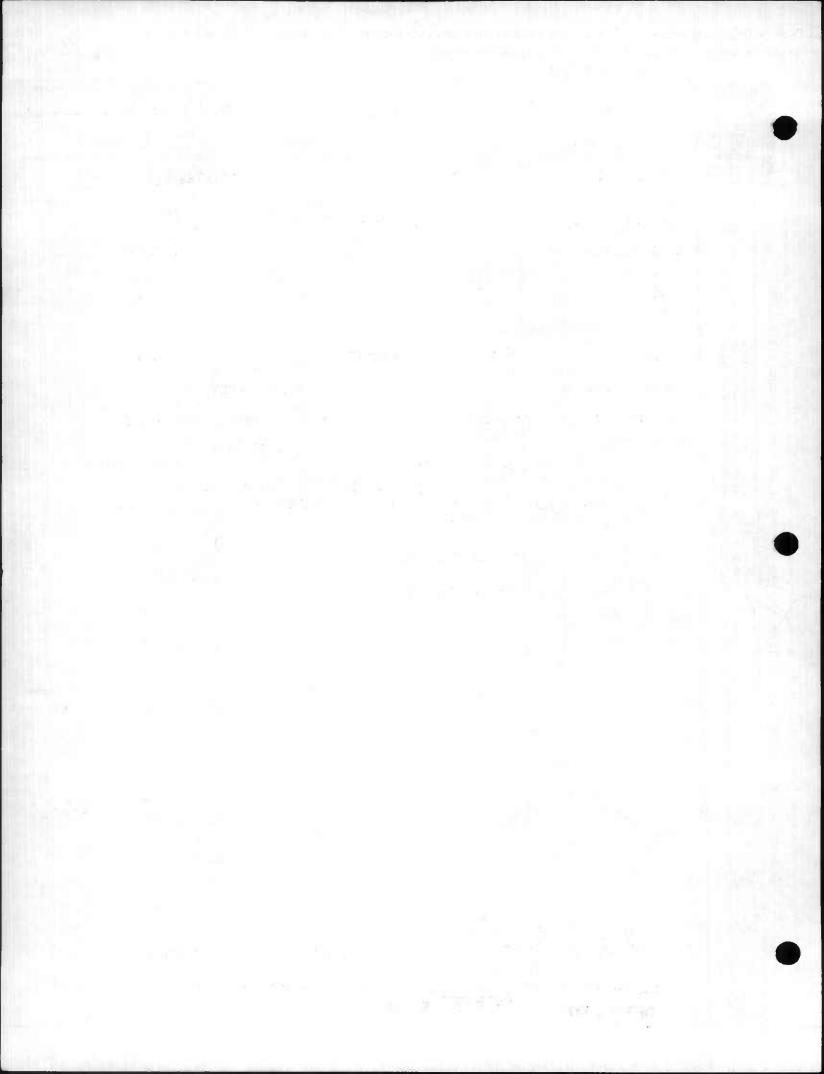
.... . AZZ said TOP men . extent THE PARTY OF THE PARTY OF A REST OF THE PROPERTY OF THE SECOND STATES OF THE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Vear **Physician** 3:50 pm DECEMBER 22,1997 MARIE BOOKER /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner STELL MARIS TOWSON BALTIMORE CO. If Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign **Funeral** Days Hours 1 M 2 F Yrs. Director 215-24-2317 76 FEB. 4,1921 VIRGÍNIA Usual Residenca of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "nature!", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at 1√ Yes 2□ No Director MARYLAND N/A BALTIMORE CITY 10e Street and Numbe 10f. Zip Code 10g. Citizen of What Country? With 4726 CHATFORD AVE. 21206 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after. Department of Heelth and Mental Hygiana. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specif NEGRO þ 3 Widowed 4 □ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8TH N/A HOUSEWIFE HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be JOHN G. PORTER MARY PALMER 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) DELORES JOHNSON / DAUGHTER 4726 chatford ave. BALTO, MD. 20b. Placa of Disposition (Name of cemetery, crematory or other place) DEC. 20a. Method of Disposition Date 20c. Location - City or Town, State 29,1997 1 Burial 2 Cremation 3 Removal from State MARYLAND NATIONAL MEM. PK 4 ☐ Donation 5 ☐ Other (Specify) LAUREL, MARYLAND 21. Signature of Funeral Service Licanses CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. anh. Do not enter the mode of dying, such as cardiac or respiratory arrest 23a. Part1. Enter the disease, or complications that caused to shock, or heart tailure. List only one ceuse on each line. Approximete Interval Between Onset end Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) MULTIPLE DECUBITI Examiner Due to (or as e consequenca of): Examiner SEVERE ARTHRITIS Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68766. physician Physician/Medical the Due to (or as a consequence of) 88 ettending usa Por signed by the ed Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed has page 2 this certificate 1 Yes 21 No 1 ☐ Yes 2 ☐ No Division of Vital director. 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only one) Other: $_{4}\square$ Nursing Home $_{5}\square$ Residenca $_{6}$ XOther (Specify) $_{1}$ HOSPICE 2 1 ☐ Yes XXNo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) funeral 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: or Attending Parter deeth.

Director: After t Natural 2 Accident 5 Pending 1 Yes 2 No investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) in by 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29a. Certifier (Check only one) *Cortifying Physician: To the best of my knowledge, deeth occurred et the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) and manner stated. Medical 29b. Signature light title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D44128 December 22, 1997 ca 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) 2300 Dulaney Valley Rd., Timonium, MD 21093 Penelope Edwards, Dr. Peneloj 31. Date filed (Month, Dey, Year State Registrar

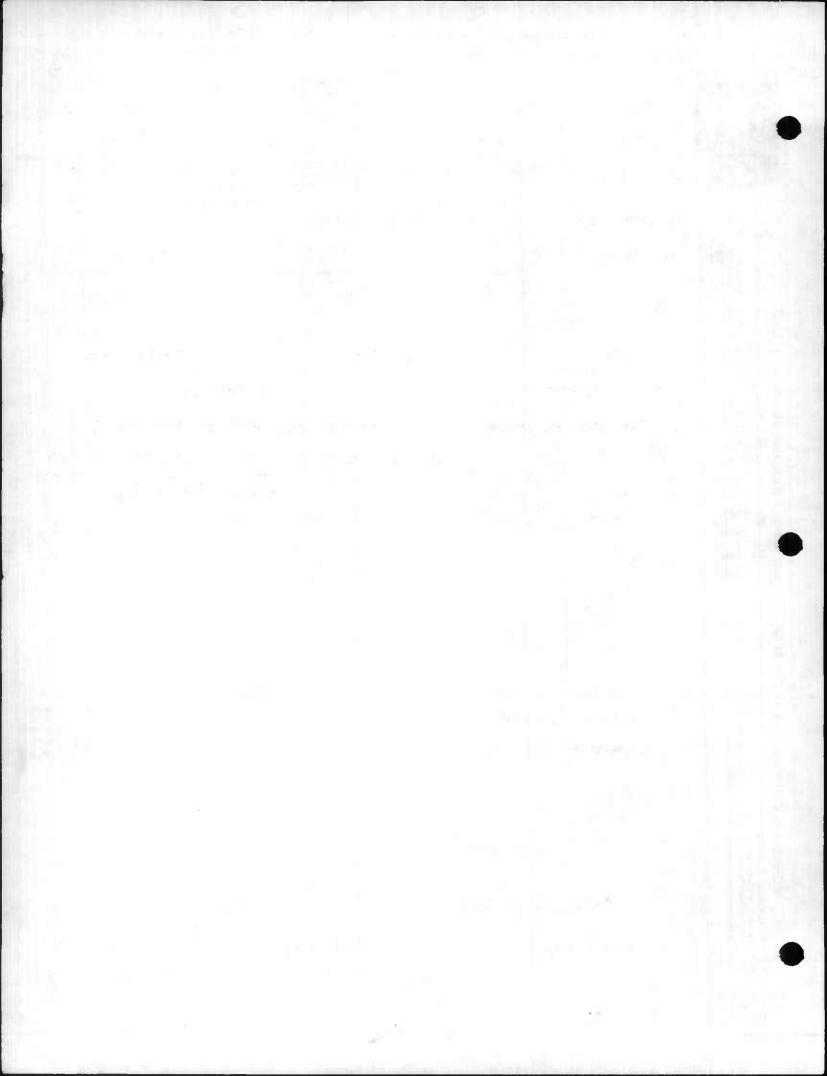
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 7

iciar		1. Decedent's Name (First, Mid							2. Date of D Month	eath Day	Year	3. Time o	
dica	ai -	Viola	М.		ker			1 C' T	DEC.		97	2:45	5 am
nine	r	4e. Fecility Neme (If not Instituti GENESIS ELDEF						4b. City, Town, or			1,1	DF 00	
-1	-	5. Social Security Number	6. Sex		. lest birthday)	If Under	1 Year	BALTIMOF If Under 24 Hrs				RE CO.	
ai or	2	217-03-1513 Usual Residence of Decedent	1□ M XX F	9		Months	Days	Hours Min	s. B. Dete of B. (Month, D. AUG 3	1906	MAR	VLAND	
		10a. Stete 10b. Count	ty	10c. C	ity, Town or Lo	cation	100				1	0d. fnside C	City Limit
	Director	MARYLAND N/A	1		BAL	TIMOR	E CI	TY				XIX Yes	2 🗆 N
2		10e. Street and Number	LDOAD			10f. Zip		٥٥		10g. Citizen of		ntry?	
	9	449 ROUNDVIEW		adent Evenin I	10 101	Mar Dean	212		Oncello Manager		S.A.	on Indian	
	by rur	11. Marital Status 1 Never Married 2 Ma 3 Widowed 4 Divorce	Armed Fe	NO XO		If Yes, spec		lispenic Origin? (: en, Mexican, Pue Specity:	rto Rican, etc.)	Specif	ck, White,		
	Completed	15. Decede	ent's Education est grade completed)	1 1 5	16a. Dece	dent's Usua	al Occup	ation during most of we	orkina	16b. Kind of B	usiness/In	dustry	
	d l	Elementery/Secondary (0-12)		1-4or 5+)			se retired	1)	Jiwag .				
6	3	12th grade 17. Father's Name (First, Middle	l acti		Lat	undry		10 Mathada Na	ma (First Middle	Chesie	-	tem	
0	ď	John A. Thom									110)		
F	0	19a. Informant's Name/Relation			19b. Mallir	ng Address	(Street	and Number or F	1 Thomp:		. Stete. Zip	Code)	
		Charles McCoy	Jr./Frie	nd	455	Roun	dvie	w Rd. F	Raltimor	e Marvl	and i	21225	
		20a. Method of Disposition		20b.	Place of Dispo	sition (Ner	ne of	w Rd., E	Date	20c. Location	- City or To	wn, State	
		1 X Vurlat 2 Cremation 4 Donation 5 Other	3 ∐Removal from Specify)	State	edar Hi	11 Ce	emet	ery	12/29	GLENBUR	NIE,	ARYLA	ND
VIIVE.		21. Signature of Funeral Service	e License	Clo	12	2. Name an	d Addre	ss of Facility W]		. BROWN ORTH AVE		UNITY	F/H
		23a. Part1. Enter the diseese, a shock, or heart failure. List	or complications thet	caused the dea	th. Do not ent	er fhe mod	e of dylr	g, such as cardia	ac or respiratory	arrest,	T	Approximatinterval Bet	ite itween
n	1										1	Onset and	Death
ai er		Immediate Ceuse (Final disease or condition resulting in deeth)	a	'Pr	reumo	nia					1	2 wes	eks
	_ E			Due to	or as a consec	quence of):							
			b	Due to		,,,,,,,,,					-		
18	L X	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events		Due to (or as a consec	quence or):					1		
6	edicas	Cause (Disease or Injury that initiated events resulting in death) Last	C	Due to (or as a conseq	uence of):							
1 100	-	resulting in death) East	L.								1		
hy Dhyelolan/II	200		d										
- ion	SIC	Pert II. Other significant condit			_		ause giv	en in Part I.	23b. Dic	tobacco use co	entribute to	the causa	of deat
40	=	Peripheral	Vascul	on c	discon	1			1	Yes 25 No	3 Pro	bably 4] Unkno
Ē	2	Peripheral							24a Wa	s an autopsy	24b. W	ere autopsy	findings
Completed	and .	Danunte	χ .						per	ormed?	CO	ere autopsy ailable prior mpletion of d deeth?	to cause
3	5								1 🗆	Yes 2 No	1[Yes 2) No
a	מ	25. Was case referred to medic examiner?					Lou		eath (Check only	one)			
F		1 Yes 2 No			ER/Outpatier			4 Unursing		Idence 6 Ott		y)	
2		27. Manner of Death 1 Natural 5 □ Pend		th, Dey Year)	28b. Time of Injury	M 2	8c. fnjur Wor	yat k? Yes 2 ∐ No	28d. Describe	how Injury occur	rred		
Madical Cartification.	e i i i ca	3 Sulcide 6 Could	mined 286. Place	of Injury - At I	nome, farm, str ify)			163 2 110	28f. Location City or To	(Street and Num own, State)	ber or Rura	Il Route Nun	n <i>ber</i> ,
Clealo	Zical C	29a. Certifier 1 Certify (Check only one) 1 Medica	ing Physician: To the I Examiner: On the b and man	best of my knoasis of examination	owledge, death ation and/or Inv	occurred vestigation	at the tin	ne, dete end plac pinion, death occ	e, end due to the curred et the time	cause(s) and m , date end place,	anner as s end due to	tated. the ceuse(s	s)
M	E	29b. Signature and title of certifi	1			290	. Licens	e number		29d. Date signe			
		> Greethar	lan			1	027	1541		Decemb	ilr 2	4,19	97
		30. Name and eddress of person	who completed caus	se of deeth (Ite	m 23e) (Type,	Print)		01: 0:	0	144	4.4.0		

DHMH 16 Rav 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death **Physician** Month 11:45 AM Dec /Medical 4e. Facility Name (If not institution, give street end number) 4h City Town or Location of Deeth 4c. County of Deeth Examiner Mariner Health of Catonsville Catonsville Baltimore If Under 24 Hrs.
Hours Min.
APR. 11, 1 5. Sociel Security Number 215-07-5836 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1□M 2XF **Vrs** Director 82 1915 Maryland Usuel Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Maryland 1 ☐ Yes 2 No Director Baltimore Lutherville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8503 Valleyfield Road 21093 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: White 3℃ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health end Mental Hygiena. Int: If them 27 Is marked other than " Elementery/Secondery (0-12) College (1-4or 5+) Domestic Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Joseph C. Thomas Julia B. Selby 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health er Important: If them 27 is any injury or other trau David J. Bilger/son 8503 Valleyfield Rd. Lutherville, MD 21093 20b. Pleca of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 12/26/97 22. Neme end Address of Fecility
Cremation Society of Maryland, Inc. 21. Signature of Fonerel Servica Lips The mald Baltimore, MD 21228 299 Frederick Road 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Physician/Medical Examiner Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest pue Records, P.O. Box 68760 attending phy for use es the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? signed by i 1 | Yes 2 | No 3 | Probably 4 | Unknown þ 24b. Were sutopsy findings available prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? cata has b 1 Yes 2 3 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica etely filled in by the funeral director, p. Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28e. Place of Injury - At home, larm, street, factory, office building, etc. (Specify) 28l. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 12 Certifying Phystcian: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end menner es stated.
2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) and menner stated. 29a, Certifier Medical

29c. License number

29d. Dete signed (Month, Day, Year)

405 Frederick Rd. Baltimore, MD 21228

State Registrar 29b. Signature end title of certifier

30. Name and address of person who completed

31. Dete filed (Month, Day, Year)
DEC 2 9 1997

audio pul

dause of death (Item, 23a) (Type, Print)



CMK

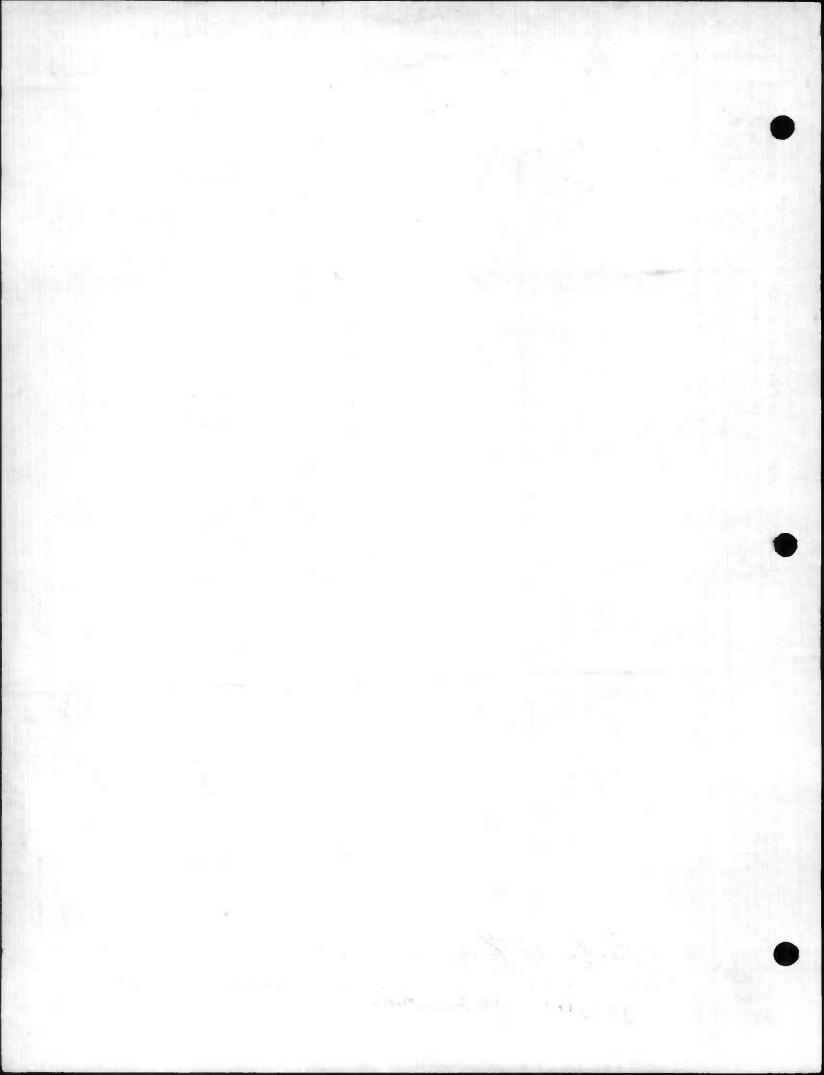
HERBERT CARTER

State of Maryland / Department of Health and Mental Hygiene

		It	tems: 23 part I,27, 28. 1. Decedent's Neme (First, Middle, La	a-f per MEO G-755 1/2/(of Death	2. Dete of De		3 9 U 9 5
L	Physic /Medi	cal	Herbert 4e. Fecility Neme (If not institution, gir	CARJER		4h City Town or	Month DECEMB Location of Deeth		Yeer 1997 0417AM
H	Examli Funeral Director	ner	702 EXETER HALL 5. Social Security Number 6. : 218-60-9532	Sex 7. Age (In yrs. last birth	ndey) If Under 1 \ Months D	BALTIMOR	E CITY 8. Date of Birt		9. Birthplece (State or Foreig
	72 hours after death with the Maryland natural, or itams 23s or 28s-f show of Experient rates to notified at	Funeral Director	Usuel Residence of Decedent 10e. State 10b. County 10e. Street end Number 702	10c. City, Town Sul	10f. Zip Co	218		10g. Citizen of	, A
000	ours after de ral', or itam Examinate	by	11. Meritel Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes. 2 ☐ No If Yes, Give Yeer or Detes:	13. Wes Decedent If Yes, specify	of Hispanic Origin? (! Cuben, Mexican, Puel No Specify:	Specify Yes or No- rto Rican, etc.)	Specif	ca - American Indien, ick, White, etc.
21215-0020	filed within 72 hours Hygiene. ther than "natural", ant, the Medical Exe	Completed	15. Decedent's Elementery/Secondary (0-12)	completed) (College (1-4or 5+)	Decedent's Usuel Of Give kind of work of life. DO NOT use in	lone during most of wo	orking	16b. Kind of B	uainess/industry
Maryland	should be filed withind Mental Hygiene. marked other than umatic avam, the Mental Canada.	To Be C	17. Fether's Name (First, Middle, Last	when	M-26 Add (O	Heles	me (First, Middle,	Q 5000 (Emrer
altimore, Ma	ges 1 and 2 it of Health at If item 27 is or other trau		19e. Informent's Name/Reletionship (20e. Method of Disposition 1	Removel from State	Disposition (Neme of cremetory or other	treet end Number or R	Prod. N	13.210	, Stete, Zip Code) 13 - City or Town, Stete
Baltil	permit. Pege Depertment of Important: If any Injury or once.		21. Signeture of Furgral Service Lice	1 1 4	22. Name end A	ddress of Facility	1 Funda	enal A	W. 21212
	Physician /Medical Examiner		23a. Pert1. Enter the disease, or com shock, or heert feilure. List only Immediate Ceuse (Finel disease or condition resulting in deeth)	e. ALCOHOL INTOXICATION Due to (or es e co	ON	dying, such es cardie	c or respiretory e	rest,	Approximate Interval Between Onset end Deeth
Box 68760,	death certificate be axecuted the ettending physician and ed for use es the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	b					
P.O.	as thet the deatl igned by the ette be datached for	Physician/	Pert II. Other algnificent conditions of	ontributing to deeth but not resulting in t	the underlying caus	e given in Pert I.		obacco use co	ontribute to the cause of death
Records,	aw requiras as been sign 2 should be	Completed by					24e. Wes perfo	en eutopsy rmed?	24b. Were autopsy findinga eveileble prior to completion of cause of deeth?
Vital B	ate pag	Be	25. Wes case referred to medical exeminer?	Hospital:		Othor	eth (Check only o		1 Vea 2□No
Division of	g = 3	Certification: To	1 to Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending Investigation 3 Suicide ★★ Could not be	28a. Dete of Injury (Month, Dey Yeer) Unknown Unknown Unknow	wn M	Injury et Work?	28d. Describe to Unknown	now Injury occur	rred
Div	spital or Attandours after deet near Director:		4 Homicide determined	28e. Plece of Injury - At home, fembuilding, etc. (Specify) Found at Residence yelclan: To the best of my knowledge,			City or Tow	<i>m, Stete</i> 702 Baltimore	ber or Rural Route Number, Exeter Hall City, Md.
	To the Hospital of within 24 hours at To the Funeral D completely filled I	Medical		niner: On the basis of exeminetion end/ end menner stated.	or Investigetion, in	my opinion, deeth occ cense number	urred et the time,	dete end pleca, 29d. Date signe	and due to the ceuse(s) and (Month, Day, Year) ER 14, 1997

111 Penn Street, Baltimore, Maryland 21201

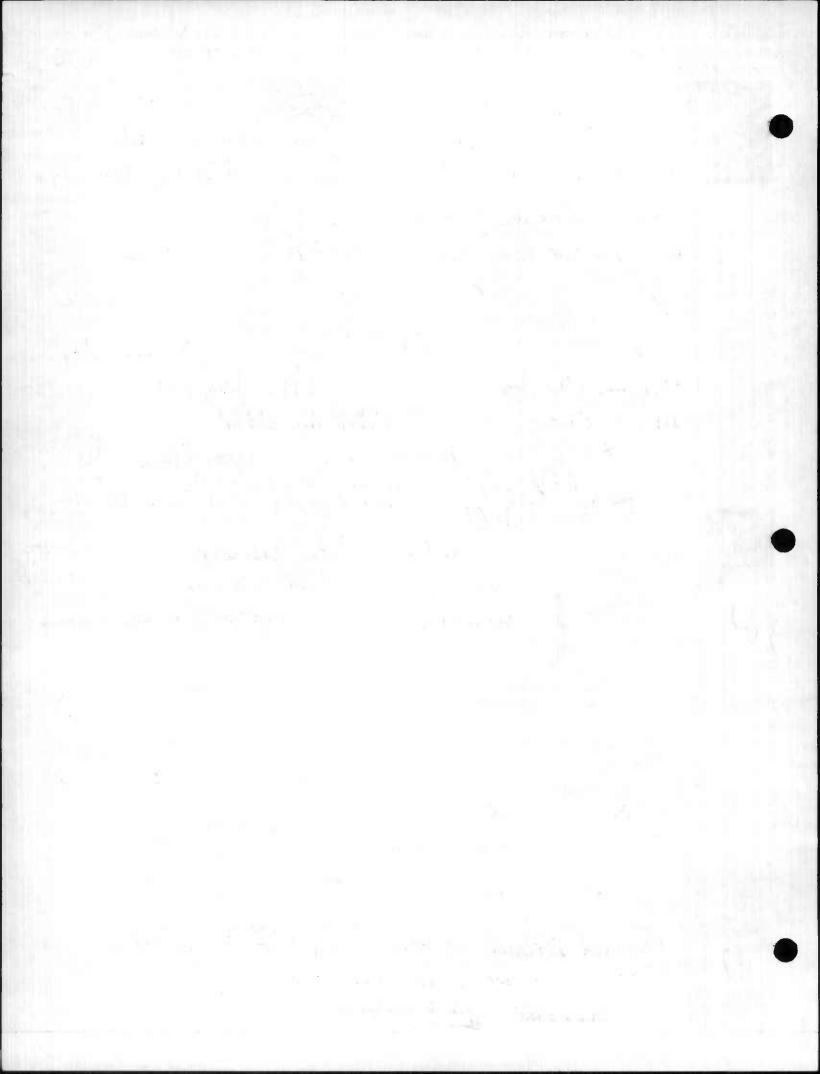
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7 20006

				Certificate of	Death	Reg. No.	33030
Phys	ician	1. Decedant's Neme (First, Middle,		DANACL	10	2. Date of Deeth	Year 9 3. Time of Death
10	dicai		ean Charles		-		17 203 PM
Exar	niner	4e. Fecility Neme (If not institution,			4b. City, Town, or		ity of Deeth
		VIII	OF MARYLAND Sex 7. Age (In yrs. last t	HOSP -	If Under 24 Hrs	W.L.	VIA
Funer		402 - S4 - 8160 Usuel Residence of Decedent	1□ M 20 F 7. Age (III yrs. last t	Yrs. Months Days	Hours Min.		9. Birthplece (State or Foreign Country) Kentucky
yland		10a. Stete 10b. County		own or Location			10d. Inside City Limits
e Ma	Director	MJ BALT	more Glen	V BURNIE			1 □ Yes 2 No
5-0020 72 hours after death with the Maryland natural, or items 23s or 28s-f show	rai Dire	10e. Street and Number 8057 PHRING	LROAD EAST	10f. Zip Code	61	10g. Citizen of	t What Country?
ter dea	Funeral	11. Marital Status	12. Wes Decedent Ever in U,S. Armed Forces?	13. Was Decedent of H It Yes, specify Cub	lispanic Origin? (S en, Mexican, Puer		ace - American Indian, lack, White, etc.
15-0020 72 hours afte "natural", or i	by	1 Never Married 2 Married 3 Widowed 4 Divorced	if Yas, Give Year or Dates:	1□ Yes 2 No	Specify:	Spec	11
15-0 n 72 hc	Completed	15. Decedent's (Specify only highest	Education 16 grede completed)	Sa. Decedent's Usual Occup (Give kind of work done life. DO NOT use ratire	during most of wo	rking 16b. Kind ot	Business/Industry
vithin ene.	g E	Elementery/Secondery (0-12)	College (1-4or 5+)		a)	Rall	2000 (1.61
id 212 filed with Hygiene. ont, the		17. Fether's Neme (First, Middle, La	st)	olice	18. Mother's Na	me (First, Middle, Meiden Sume	inde City
aryland Should be filed and Mental Hygi merked other americ event, I	To Be	Thomas Ch	arles		FECE	Maynard	
	-	19a. Intormant's Name/Reletionship		9b. Meiling Addrass (Straat	end Number or Ri	ural Route Number, City or Town	n, State, Zip Code)
		Alice C. Cla	ar 7	Jessup	ma, 20	194	
of Heal		20e. Method of Disposition		of Disposition (Neme of tery, crematory or other ple			- City or Town, State
Pages Pages merit of the		1 ☐ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe	cify) Metro	Crematory		12/29 miltime	ro Md
all mark pourty by in it	á	21. Signature of Funeral Service Lie	adval (22. Name and Addre	ess of Fecility		
m 2012	a	I July	tin !	Hale Cra		LW. Glan Burnie	Ud 21061
		23a. Part1. Ehter the disease, or co	omplications hat caused the death. Do	o not enter the mode of dyir	ng, such es cardie	or raspiretory errast,	Approximata interval Between Onset and Death
Physicia	n		,	,			Onset and Death
/Medica	_	Immediate Cause (Final disease or condition	END St	AGE LIVE	R Mis	ease	>6Mts
Examili		resulting In deeth)		a consequence ot):			- 1 Month
sit ed	- le		END Sh	AGE Re	NAL I	FAILURE	1 1000
60, be executed	Examine	Sequentially list conditions, if env. laeding to immediate		e consequance ot):	ci la al	10. 1 4.	
.O. Box 08.760, the death certificate be executy the attending physichanand		Sequentially list conditions, if eny, taeding to immediate causa. Enter Underlying Ceusa (Disaasa or Injury that Initiated events			- Smpn	lococcus Auke	ns battlemia
ortificate be not physicial as the buni	Medical	resulting In deeth) Lest	Due to (or es e	e consequenca ot):			
certifi nding	1		d				
Geath ce attending of for use	Physician/	Part II Other elgoificent conditions	contributing to death but not resulting	in the underlying serves sh	on in Deat I	22h Did tehanna was a	and the to the same of death 5
thet the deed by the a	hys	Tarri. Other arginicant conditions	contributing to death out not resulting	in the underlying cause gr	van in rain i.	1 ☐ Yes 2 ☐ No	ontribute to the cause of death?
S, H es the igned be de	by P					10100 2010	o a riodatiny
of Vital Records, P Physician: The law requires that this certificate has been signed b						24e. Wes en eutopsy performed?	24b. Were eutopsy tindings evallable prior to
law re	Completed					perioritied	completion of cause of deeth?
The law	E					1 ☐ Yes 2 No	1□ Yes 2XNo
Vital Inician: The certificate rector, page	Be C	25. Wes case reterred to medical			26. Plece of De	eth (Check only one)	
Of Vita Physician: this certific	To	exeminer?	Hospitai: Inpatient 2 ER/C	Outpatient 3 DOA Oth	ner: 4□ Nursing H	lome 5 ☐ Residence 6 ☐ O	ther (Specify)
On O ding Ph h. After th funeral		27. Manner of Deeth 1 Neturel 5 ☐ Pending		Time ot 28c. Injury Wor	yet NA	28d. Describe how Injury occu	urred
VISION Attending or death. sctor: After by the fune	catic	2 Accident investigat	ion NIA h		Yas 2□No	NI	4
Division or Attending after death. Director: After d in by the fune	ertification:	3 ☐ Suicida 6 ☐ Could not 4 ☐ Homicida determine	28e. Piece ot Injury - At home, to building, atc. (Specify)	tarm, street, fectory, office		28t. Location (Street end Num City or Town, Stete)	nber or Rurel Route Number,
religion of the control of the contr	O			NIA		N/	A
DIVI To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	Check only 2 Medical Ex	Phyaician: To tha best of my knowledg aminer: On tha basis of examinetion e	ga, daeth occurred at tha tir end/or investigation, in my o	ma, dete end plece pinion, deeth occu	i, end dua to tha causa(s) and n irred at the time, deta and place	nenner es stated. a, and dua to tha cause(s)
thin the	Med	one) 29b. Signeture and title of certifier	end menner statad.	29c. Licens	se number	1 a. a. A 29d Date sign	ned (Month, Dey, Year)
P ≥ ₹ 8		A liet out of	2001.0	- 1000 1 0	UN TOTAL	licensed 290. Daje sign	197
5		Mulle K	eumm mg, I	NYERRY P	11++5	11/24	1/+
1)			o complated cause of death (item 23e) -RELNE STREE		noce	m/ 2120	1
	state	31. Dete tiled (Month, Dey, Year)	32. Registra s Signature	5,0,0,	,	1) -110	/
Regi		DEC 2	1997 Della Devi	idoar-Nandalas			
			The same of the sa				

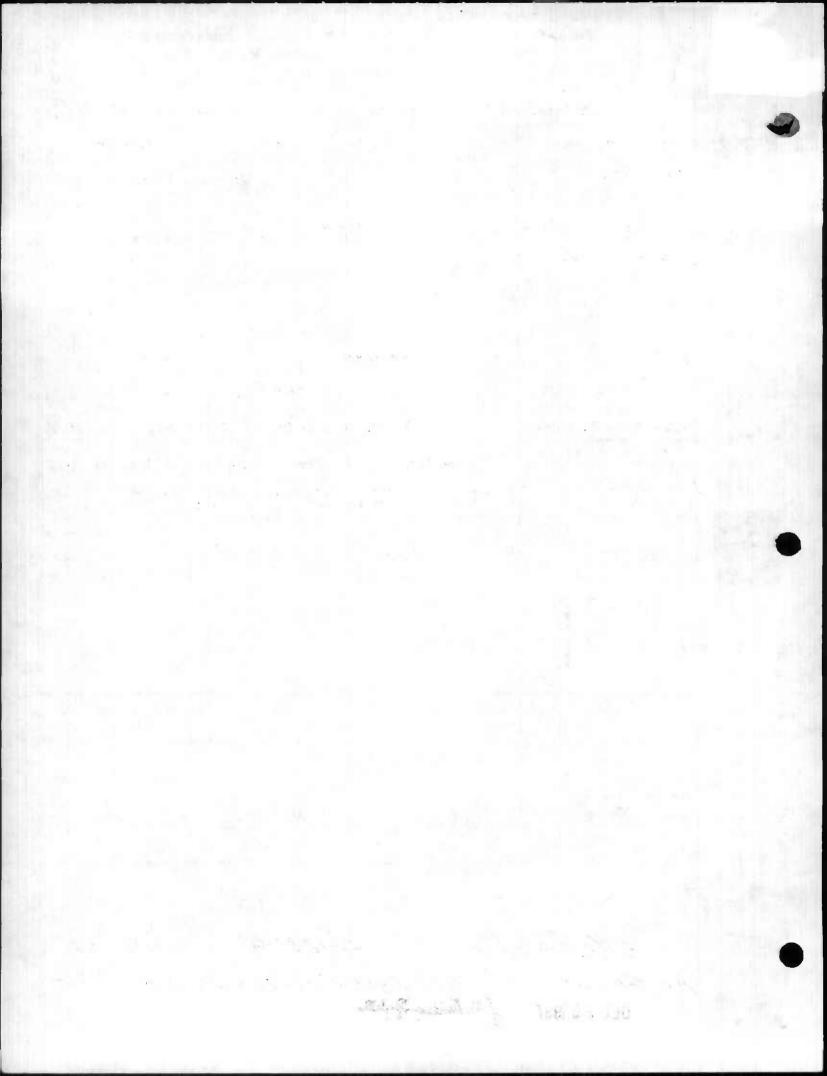
Registrar



State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle	, Last)		Cel	rtificate	OI I	Dealli	2. Date of D	Reg. No.	1 0 9	J J J
ician dical niner	L	Margaret E			Const	antine		lb. City, Town, or	Month DECEME Location of Dee		Year 1997	11 35 pm
	п	Manor Care Nur	sing Hom	e				Ruxtor	1		Baltimor	e
ai or	2	Social Security Number 19-20-7054 suel Residence of Decedent	6. Sex 1 □ M 2 ☑ F	7. Age (In yr. 95	s. last birthday) Yrs.	If Under 1 Months	Year Deys	If Under 24 Hrs Hours Min	(Month, D	irth	9. Birthplace Country)	(Stete or Foreign
		a. State 10b. County		10c. C	City, Town or Lo	cation					10d.	Inside City Limit
to		Maryland Balt	imore		Cocl	keysvi	110					1 □ Yes 2 ☑ N
Director	10	e. Street and Number	Imo I C		0001	10f. Zip C				10g. Citizen o	of What Country?	
a		10314 G Malcol	m Circle			21	030			U.S	S.A.	
by Funeral	•	. Marital Status 1 Never Married 2 Marrie 3 XWidowed 4 Divorced	Armed Fo	2 No ve		Vas Decede f Yes, specif I □ Yes 2		ispanic Origin? (S n, Mexican, Puer Specify:	pecify Yes or N to Rican, etc.)	0- 14. R B		Indien,
To B		15. Decedent' (Specify only highest Elementary/Secondary (0-12) 8 Years	s Education (grade completed) College (1-4or 5+)	(Give life. L	lent's Usual kind of work DO NOT use nemake	done o	ation during most of wo)	rking		Business/Indust	
Se C	17	. Father's Name (First, Middle, L	ast)		1101	псшаке		18. Mother's Na	me (First, Middle		- Carlotte	
ls merked o		George B. Tra	cey					Marga	ret B.	Unkr	iown	
ľ	19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street &						Street and Number or Rurel Route Number, City or Town, Stete, Zip				de)	
		Irs. Doris E. S a. Method of Disposition 1 Burial 2 Cremation	3 □Removel from	State	Place of Dispo- cemetery, cren	sition (Neme netory or oth	of er plea	1	Date	20c. Location	n - City or Town,	
	25	4 Donation 5 Other (Sp.		Me	adowrio				12/29	Elkrid	lge, Mar	yland
	21	. Signature of Funeral Service L	les M	Jen	12 Lo		Bye	rs Funer ty Road				133
n i	Im	Ba. Part1. Enter the disease, or of shock, or heart failure. List of mediate Cause (Final sease or condition sulting in death)		we:	STrok	le	of dying	g, such as cardie	c or respiratory	arrest,	Inti	proximate erval Between eset and Deeth
Examiner	Se	equentially list conditions, any, leading to Immediate use. Enter Underlying use (Disease or Injury	b. ~		or as a conseq							
Medical	res	use (Disease or Injury at initiated events suiting in death) Last	c	Due to (or as a consequ	uenca of):						
Physician/	Pe	t II. Other significant condition	s contributing to de	eath but not re	sulting in the ur	derlying cau	se give	on in Pert I.	23b. Dld	tobacco use o	ontribute to the	cause of death
by Ph	-								10	Yee 2□ No	3 Probabl	y 4 Unknov
Completed	-								24a. Was perf	an autopsy ormed?	evailab	autopsy findings ble prior to etion of cause h?
	_								10	Yes 2 No	1 □ Ye	s 2 No
Be	25.	Was case referred to medical examiner?	Hospital:		_		Othe	26. Place of Dea				
. To	27.	1 ☐ Yes 2 ☐ No Manner of Death	111		ER/Outpatient			4 Lac Nursing P	ome 5 ☐ Res	how Injury occi		
Certification:	27. Manner of Death 1 Natural 28. Date of Injury (Month, Dey Year) 28b. Time of Injury Work? 1 Yes 2 Injury 28c. Injury at Work? 1 Yes 2 Injury 28c. Injury at Work? 28c. Injury at Work?											
		4 Homicide determin	buildir	ng, etc. (Speci	(fy)				City or To	wn, Stete)	nber or Rural Ro	
edical	29	a. Certifier 1 Cartifying (Check only one)	Physician: To the kaminar: On the ba and mann	isis of examina	owledge, death ation and/or Inv	occurred at estigation, in	the time my op	e, date and place Inion, death occu	, and due to the rred at the time,	cause(s) and n dale and place	nanner as stated i, and due to the	d. cause(s)
8								number		29d. Date sign	ed (Month, Dey,	Yeer)
Med	230	MICE	ow hod	m		2)-/	2840	7	12-0	26-9	7

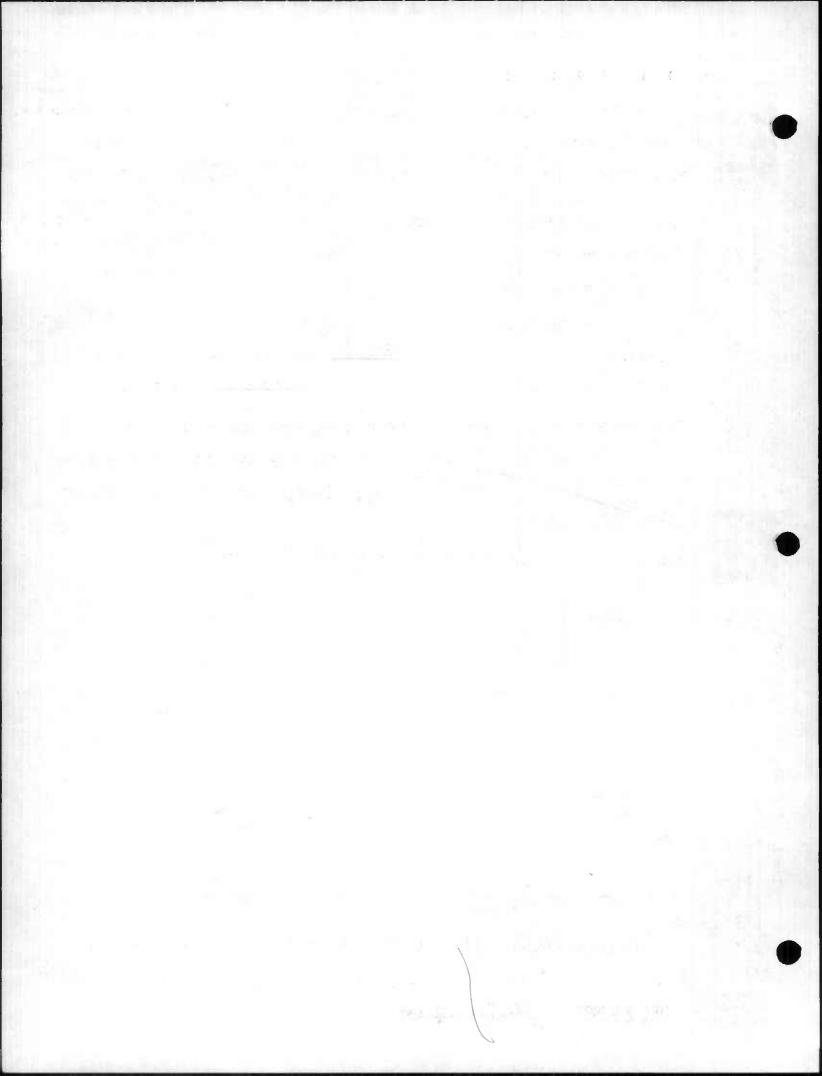
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Amende		#16a,18 perFH G75				Ce	rtific	ate of	Death		Reg. No.	7 39	09	8
Physician /Medical		. Decedent's Name (First, Midd WILMER e. Fecility Name (If not institutio		REESE	orl	COI	EMA	N, JR	4b. City, Town, or	2. Dete of De Month DEC •	24	1997	3. Time o	f Death 5 A.M
Examiner	ľ	1403 E. JOPE	2.30		11)				TOWSO			nty of Deeth ALTIMO	RE	
Funeral Director	2	Social Security Number 217–01–7325 Usual Rasidence of Decadent	6. Sex		Age (In yrs.	lest birthday, Yrs.	if Ui Mon	ndar 1 Year ths Days	If Under 24 Hr. Hours Min	s. 8. Date of Bi	th ey, Year)		aca (Stete	or Foreign
ahow del		Oa. State 10b. County			10c. Ci	ty, Town or L	ocation					10	d. inside C	Ity Limits
28a-fall noutrad rector	L	MD BALT	IMOF	RE		TOWSO	N						1 🗌 Yes	2 No
0 8 0		0e. Street and Number 1403 E. JOPPA	ROAL)				Zip Code 2128				of Whet Count	ry?	
Eraniner municipality of Funeral	•	1. Marital Status 1 Never Married 2 X Mar 3 Widowed 4 Divorced	ried	12. Was Decada Armed Forca 1 Types 2 If Yes, Give Yaar or Deter	s?] No	J,S. 13.		ecedent of h specify Cub s 2 kNo	dispenic Origin? (an, Maxican, Pue Specify:	Specify Yas or Norto Rican, etc.)	Spec		tc.	
r, the Mexical		15. Deceder (Specify only highe Elementary/Secondary (0-12) 12th GRADE	t's Educ st grade	cation completed) College (1-4o	r 5+)	(Give	kind of DO NO teve	dore	pation during most of wo d)		16b. Kind of	WH] Business/Indi		
Be of	1	7. Father's Name (First, Middle, WILMER COLEMAN							18. Mother's Na	ime (First, Middle				
marke matic						19h Meili	na Add	ress /Street		KERR S			Codel	
r trau	19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Relationship (Type, Print)							TOWSON			2008)			
et of	2		3 □R		20b. I	Place of Disponentery, cre	metory	Neme of or other ple		Date	20c. Location	n - City or Tov)
Important: If i any injury or once.	2	21. Signature of Funeral Service	License			2 J	2. Name	e and Addre	ss of Facility JNERAL HO					
esician ledical aminer	10	23 Fig. Enter the disease, or model, or haert failure. List mmediate Cause (Final disease or condition resulting in deeth)	a.		EST		H	EAR	T FAI				intérval Bet Onset and	
ng physician and s es the buriel-transit Medical Examiner	3800	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	f b.		Due to (or es a conse	quance	of):					1	
	r	hat initieted events esulting in death) Last	ه ا		Due to (c	or as a consec	juanca	of):						
ed for use	P	art II. Other algnificant condition	ns cont	ributing to death	but not res	sulting in the u	nderlyli	ng cause giv	ven in Part I.	23b. Did	tobacco use	contribute to	the cause	of death?
been signed by the attendit should be deteched for use leted by Physician/I										1 🗆	Y == 20 No	3 □ Prob	ably 4	Unknown
9 N D	-									24a. Was	an autopsy ormad?	com	re autopsy to lable prior to pletion of control of cont	0
page . Com										1 🗆	Yas 2 No	10	Yes à	No
rector, pag	2	5. Was case referred to medica examiner?	-	ospital:				Ott	AP.	eth (Check only				
After this c funeral din tlon: To	2	1 Yes 2 No 7. Menner of Deeth 1 SNaturel 5 Pendir 2 Accident investi	ıg .	1 □ Inpa 28a. Dete of In (Month, L		28b. Time of Injury		28c. Injur	4 LI Nuising	Home 5 2 Res 28d. Describe	dence 6 Co how Injury occ			
To the Funeral Director: After this certific completely filled in by the funeral director, Medical director, Medical Certification: To Be 6	2 Accident investigation 3 Suicida 6 Could not ba 4 Homicide determined building, etc. (Specify)									28f. Location (City or To	Street end Nur wn, Stete)	mber or Rural	Route Nun	iber,
pletely fills edical	2	29a. Certifier 1 Certifyir (Check only one) 1 Certifyir 2 Medical	g Physi Examin	clan: To the bes er: On the basis and manner:	of examina	wledge, deat tion and/or In	h occur vestige	red at the tir tion, in my o	me, date end plac opinion, deeth occ	e, end due to the urred et the time,	ceuse(s) end date end plece	manner es sia e, end due to	ited. the ceuse(s	3)
To the	2	9b. Signature and title of cartifia July 10 Neme end address of person EVIN TONEY 11. Date filed (Month, Day, Yeer)	lu	D -	Phy	sicia	U	29c. Licens	se number 39759	3	29d. Date sign	ned (Month, D	ey, Year)	
,	3	O. Neme end address of person LEVIN Scher	who con	npleted cause of	deeth (Iter	m 23a) (Type,	Print)	in S	quare -	Drivel	Suite	3211	BACT	0.
State	3	1. Date filed (Month, Dey, Yeer)		32. Regis	trer's Signa	ature								

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

lle seeled		1. Dacedant's Nama (First, Middle, L	est)			rtificate	1		2. Data of Dat		Vaar	3. Tima of De
Physicia /Medica		Samuel Thoma	as Crouse	Jr.					Month /2	28	97	5 30
Examine		4a. Facility Name (If not institution, go	iva straat and numbe	r)				4b. City, Town, or L	ocalion of Deeth	4c. Count	y of Death	Arel
		Carroll Co. Gen.	Hospital					Westmin	ster	Carr	oll	
uneral rector		ヒリー・リーンとノー	Sex 7. / 1 M 2 F	80	. last birthday) Yrs.	If Under Months	1 Yaar Deys	if Undar 24 Hrs. Hours Min.	8. Data of Birt Month Day May 27	1917	9. Birthp Coun Mary	laca (State or F
ž		Usual Rasidance of Dacedent 10a. Stata 10b. County		10c. C	ity, Town or Lo	ocation					1	0d. Insida City L
28a-f show notified at	10	Maryland Baltimo	No.			terst					'	1 Yas 2
or 28a-f	rect	10a. Street and Number) T e		vers	10f. Zip				10g. Citizan of	What Coun	itn/2
23s or	0	13935 Old Hanove	r Rd.				1136	6		U.S.		my:
	by Funeral Director	11. Marital Status 1 Navar Married 2 Marriad 3 Widowed 4 Divorced	12. Was Deceder Armad Forces 1 Yas 20 If Yas, Giva	?] No			ant of H fy Cuba	lispenic Orlgin? (Span, Maxican, Puarto	pecify Yes or No- Rican, atc.)		ce - Americ ick, Whita,	
			Yaar or Datas		100 D						Whi	
then 'nat the Medica	Completed	15. Dacedant's E (Spacify only highast gr Elamantary/Secondary (0-12)	ducation ade complatad) Collaga (1-40	5+)	(Giva	dant's Usual kind of work DO NOT use ntory	Occup dona a ratired	etion during most of world)	king	Baltim Electr	ore G	as &
		17. Fathar's Nama (First, Middla, Las	t)					18. Mothar's Nam	a (First, Middla,	Maidan Sumar	71a)	
lic ev	To Be	Samuel T. Crouse	Sr.					Freda Ag	atha			
am a	-	19a. Informent's Name/Ralationship	(Type, Print)		19b. Mailin	ng Addrass	(Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)					
27 ls		Ruth Taylor - daughter 11870 Rai						s (Street end Number or Rural Houta Number, City or Town, Stata, Zip Coda) sburg Rd. Marriottsville, Md. 21104				
E 2		20a. Mathod of Disposition	uth Taylor - daughter 11870 Ram a. Mathod of Disposition (N						Dete	20c. Location		
		1 Donation 5 Other (Speci						n. Dec. 3	0.1997	Rejeta	retow	n Md
		21. Signatura of Funarai Sarvice Lica						ss of Facility	0, 1997	METDIE	1 a cow	n, no.
		1 State E	ea ox		Ec	khard	t Fr	meral Ch	apel	2/12	2	
	-	23a. Part1. Entar tha disaasa, or con shock, or haart failura. List only	plications that cause	d tha daa				terstown			Is, M	Approximate
sician edicai miner	Jer	Immediata Causa (Final disaasa or condition rasulting in daath)	a		GCT/C		An.	EMIA		_		Onsat and Dea
	i Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury										
for use es the	Physician/Medicai	that initiated avants rasulting in death) Last	d	Due to (d	or es e conseq	uence of):						
d for use	Cla	Part II. Other elgolficent conditions	antributing to dooth		u de la company			and David	001 0144			
	by Phys	Part II. Other significant conditions of			or pry			DISERSE	1 D Y	es 2 No		the cause of d
2 shou	Completed								24a. Was a perfor		ava	ra autopsy find illabla prior to inplation of caus daath?
page	Co								1 U Y	as 2 No	10	Yes 2 No
E 6		25. Was casa rafarred to madical axaminar?						26. Placa of Daar	h (Check only or	7a)		
al dire	0	1 ☐ Yas 2 No	Hospital: 1 Inpat		ER/Outpatien	t 3 DOA	Oth	ar: 4 Nursing Ho	oma 5 ☐ Rasid	ence 6 Oth	ar (Specify)
91.0								y at k? Yas 2 □ No	28d. Dascribe h			
illed in by the f		4 ☐ Homicida datarmined	building, a	tc. (Specil	(y)				28f. Location (S City or Tow	n, Stata)		
2 6	dica	29e. Cartifler 1 Certifying Pt (Check only one)	nysician: To the bast niner: On the basis of and manners	f axamina	wledga, daeth tion and/or Inv	occurred at astigation, in	tha tim	na, data and plece, pinion, daath occur	end due to tha c red at tha tima, d	ausa(s) and malata and place,	annar as sta and dua to	atad. tha causa(s)
etely a	0	29b. Signetura and titla of certifier	and mainial S	arou.		29c.	License	a number	2	9d. Deta signe	d (Month. I	Dav. Year)
ompletely fil	Σ				-	22		- 1 Table 117			Accessive to	7
completely filled in by the fun	2	19/	16	-	1	0 0	1	111-		/	01	-
completely	1	Varant	Fro	6	2 m	0	00	1663		18/3	8/9	7
completely	1	30. Marne and address of person who	completed cause of	death (Item	(234) (Type,	Print)	8	ANCHO VESTMI	R ST	13/3	8 9	7

the second second feet and

2 1

1

Envilond California - Gai bureter.

1 - 10 - 10

- X

.al oluga II de la company de la company

is to Town - or estates 17 for making in. societismills, c. 17

Planers Serve Co. Do. E. 1957 delibertist, at.

11.

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Genevieve Ciesielski December 17 1997 5:20 P.M. 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Cherrywood Healthcare & Rehabilitation Reisterstown 8. Date of Birth (Month, Day, Year) Baltimore 7. Age (In yrs. lest birthdey) If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 9. Birthplace (State or Foreign Months Davs Hours 1□ M 21 F Yrs. 214 30 4029 Pennsylvania 83 Usual Residence of Decedent 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 X Yes 2 □ No Baltimore Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21225 U.S. 4111 Hillcrest Avenue 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14 Race - American Indian Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married 1 Yes 2 No Specify: White 3 Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16h Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Westinghouse Wireman 8th 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Marcianna Kozol Golaszewski Frank 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Sykesville, Maryland 21784 Frances Mackert / daughter 6451 Knight Drive 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 1 X Burlai 2 ☐ Cremation 3 ☐ Removal from State Glen Haven Memorial Park12/22/97 Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licens 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 once incations that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, one cause on each line. Approximate Interval Between Onset and Death Acute Respiratory Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Brun Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury Carenne that initiated events resulting in death) Last Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown NOOM 24b. Were autopsy tindings available prior to Hypetenm 24a. Was an autopsy performed? completion of cause of death? orten Commen 2 No 1 Yes 2E No

26. Place of Death (Check only one)

Other: 45 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

DIKSVIlle

29d. Date signed (Month, Day, Year)

M1) 2/20x

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show worle

than "natural", or items 23s or the Medical Examiner must be

s marked other

Item 2

= 0 permit. Page Department of Important: If any Injury or

Pages 1 and 2 should be filed within 72 hours after death nant of Health end Mental Hygiena.
nt: If Item 27 is marked other than "natural; or items 23.

Baltimore, Maryland 21215-0020

Directo

Funeral

by

Completed

Be

the Maryland

with

Examiner Physician/Medicai phys: signed by the e ģ Completed

this

Division of Vital Records, P.O. Box 68760 Be J. Certification: Attending aftar deat Director: n 24 hour. ò

To the Hosp within 24 ho To the Fune completely fi Medicai

State

Registrar

31. Date filed (Month, Dey, Year)

29b. Signature and title of certifier

25. Was cese referred to medical examiner?

5 Pending Investigation

6 Could not be determined

1 Yes Posth

2 Accident

1 Natural

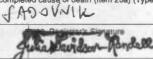
3 ☐ Sulcide

29a. Certifier

4 Homicide

(Check only one)

MIEVEL



Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work?

🕊 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

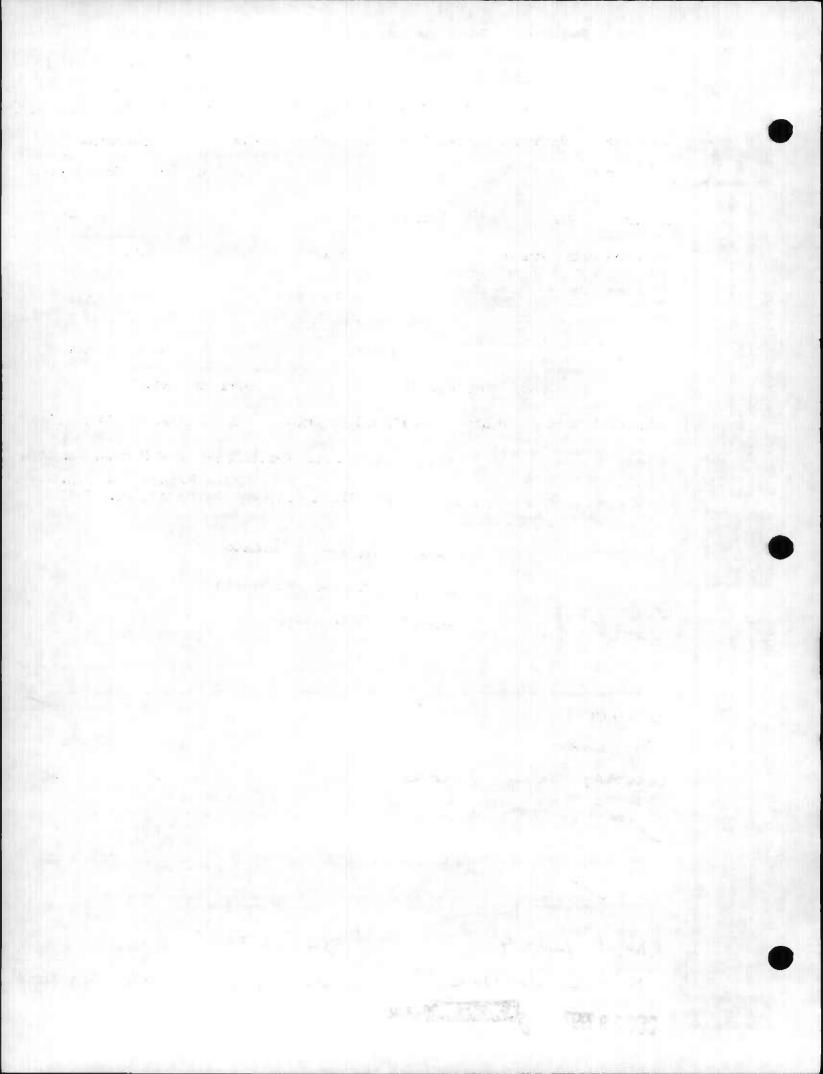
29c. License number

1 Yes 2 No

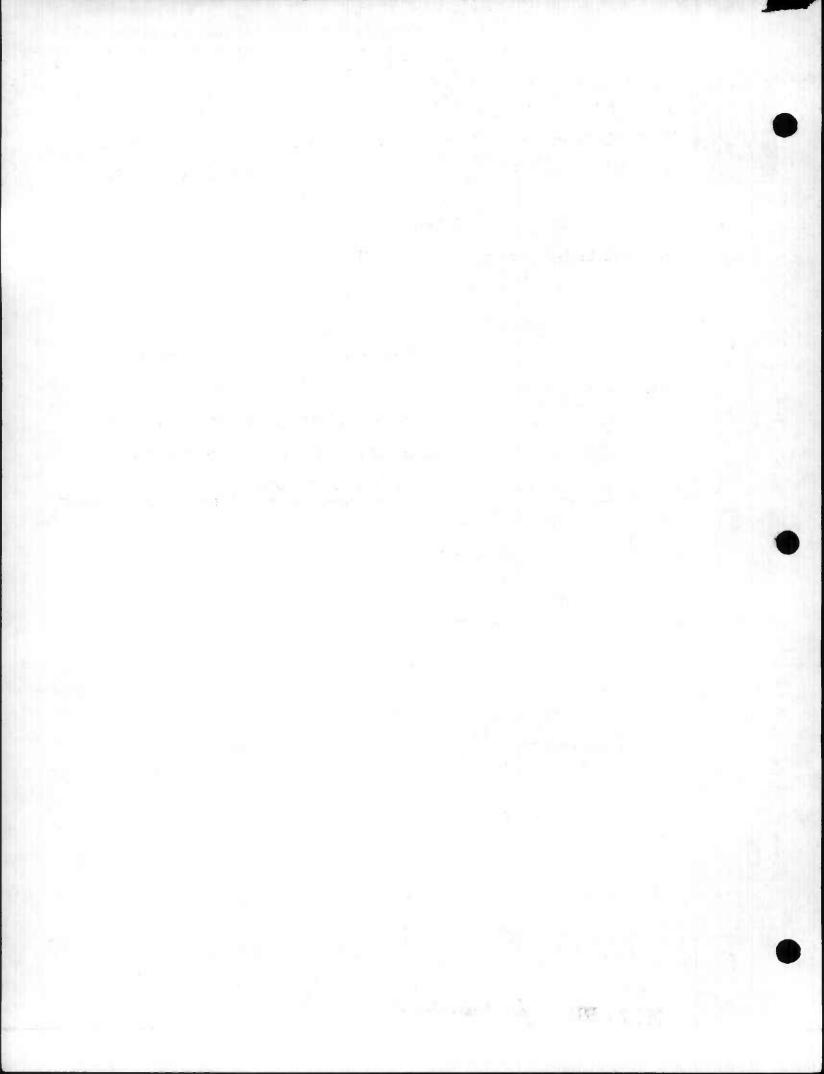
1838 GREENTHEE Rd.

28a. Date of Injury (Month, Dey Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** po DOME A.D. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Howard County General Hospital Columbia Howard If Under 1 Yaar | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 212-09-3631 1 ☐ M 2 ☑ F Director Oct. 2, MD. Usual Residence of Decedent 10b. County 10c. City, Town or Location 25a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director 1 Yes 2 No MD. Howard Columbia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Berra 23s or 21044 U.S.A. 10703 Bridle Rein Terrace Funeral 12. Was Decedant Evar in U.S. Armed Forces? 11. Marital Status Was Decadent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Black, White, etc. hours after 1 Nevar Married 2 Marriad 1 ☐ Yes 2 ☑ No If Yes, Give altimore. Maryland 21215-0020 'natural', or 1 ☐ Yes 2 ☑ No Specify: Specify: White þ 3 □ Widowed 4 □ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 homemaker own home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surnama) 2 should be f and Mental H Be is marked Louis C. Bowinkelman Sara Kane 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 and 2 Health Joseph Cooke, 3609 Broad Leaf Ct., Glenwood, Md. 21738 mportant: If Item 27. son 20b. Place of Disposition (Name of cemetery, crematory or other place) Baltimore National Cem. 12/30/97 Baltimore, Md. 20a. Method of Disposition 20c. Location - City or Town, State 6 1 Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licensee 22. Name and Address of Facility Witzke Funeral Homes, Inc. Thon Semme 1630 Edmondson Ave., Catonsville, Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Onsat and Death **Physician** /Medical Immediate Cause (Final disaasa or condition resulting in death) Examiner Due to (or as a consequence of): Examiner physician and s the buriel-transit lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760 Physician/Medicai 88 attending I Part II. Other atgnificant conditions contributing to death but not sending in the underlying of 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yee 2 No 3 Probably 4 ☐ Unknown Records, þ Completed 24b. Wera autopsy findings availabla prior to completion of cause of death? 24a. Was an autopsy performad? peen page 2 The certificate 1 ☐ Yes 2 No 1 Yes VE No Division of Vital or Attending Physician: 25. Was case referred to medical examiner? director. Be 26. Place of Death (Check only one) Hospital: Certification: To 2 No Other: 4 Nursing Homa 5 Rasidenca 6 Othar (Specify) 1 Yas Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending Investigation s effer dec. 1 WNatural 2 Accident 1 Yes 2 No 3 Suicide 6 ☐ Could not be Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 28f. 4 Homicide within 24 hours eft To the Funeral Di completely filled in Medicai 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner as stated. (Check only one) er: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. To the 29b. Signature and fittle of contrib 29c. License number 29d. Date signed (Month, Day, Year) ax address of person 31. Date filed (Month, Day, Year) State 2 9 1997 Registrar DEC



State of Maryland / Department of Health and Mental Hygiene

	_			4 .4							1		Reg. No.				
clar	_	1. Decedant's Nem	+PIE		CLON	TC						2. Data of Da Month	Day	10	Yaar	3. Tima	
lica' inei	_	4e. Facility Nama (13			41	b. City, To	own, or Loc	DEC cation of Deat	25 h 4c.	-	97 of Deeth	6.1	SAI
mei	١.	Honors			ENER	41- 1	Hospi	T4L			Lume				NAR	D	
		5. Social Security N 212-01-975	lumber 6	.6ax 1□ M 2⊠	7. Aga (in yrs. lasi		if Undar 1	1 Yeer Days	If Under Hours		8. Date of Bir (Month, De 4-19-1	th 9y, Year)		-	laca (State try)	or Foreig
	-	Usuai Rasidenca o											710				
١,		10a. State	10b. County	1	1		Town or Lo								1	0d. Insida (.)
Director	200	MD.	Howa	ira		E1.	licot	t Cit									2 D(N
al Die	a Di	3964 Ne	wcastle	Court				10f. Zip (210)42			U.S.		Vhat Coun	try?	
25	n La	11. Maritei Status1 ☐ Navar Marr3 ☑ Widowed	ied 2 Married	Arme	Decedant Evant Forces? If as 2 No services, Give or Datas:	ar in U,S.		Ves Deceda f Yas, specif I □ Yes 2	-			cify Yas or No Rican, etc.)		Blac	e - Americ k, Whita, Whi	atc.	
Pate	Sied	(Spec	15. Decedant's		ted)	1	16a. Deced	lant's Usuai	Occupe	ition	t of workin	0	16b. Kir	nd of Bu	sinass/Ind	lustry	
Completed	T T	Elementary/Saco			ga (1-4or 5+)		homem	kind of work	e retired))	I OF WORK	9	O.W	n h	omo		
0	5	17. Fether's Nema	/First Adidalla La				Homem	lakei		40 44-11-	. 4. 61	america a article	own home			.e	
a a	ň	James R.		ist)						Fre	deric	(First, Middle Cka Ne	ill	Sumam	10)		
Department or treatment of wenter registers any Injury or other traumatic event, the sone. To Be Com		19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Ste									State. Zin	Code)					
	P Cames IV 11500																
		20a. Mathod of Dis				20b. Piac	e of Dispos	sition (Name	e of	9)		Dete			City or To		
			☐ Cramation 3 5 ☐ Other (Spec		rom Stata	St	. Joh	n Cem	eter	у́у	12/29	9/97	Ellic	ott	City	, MD.	
		21. Signetura of Fu	naral Sarvice Lic	ensaa			22.	. Name and	Address	s of Facili	ty	T - 0					
	- 1			1 . 1			WT	LZKE	rune	erai	nomes	s, Inc.					
an and		2/2	la Z	20	mme.	27)				leon	A 170		evil	10	MD 3	1228	
r	+	23a. Part1. Enter the shock, or has	ha disaasa, or co	emplications to	hat caused th	رحر a daath. [16	30 Ed	lmond	lson g, such as	Ave.	Cator	nsvil rrast,	1e.	MD.2		te
		23a. Part1. Enter the shock, or had	ha disaasa, or cont failure. List on				Do not ente	30 Ed or tha moda	lmond of dying	g, such as	cardiac o	Cator	nsvil rrast,	1e.	MD.2	21228 Approxima Interval Ba Onsat and	te tween Deeth
1		Immediata Cause (disaasa or conditio	Final				Do not ente	30 Ed or tha moda	lmond of dying	g, such as	cardiac o	Cator	nsvil rrast,	le,	MD.2	Approxima Interval Ba	te tween Deeth
		Immediata Cause (Final				Do not ente	30 Ed or tha moda	lmond of dying	g, such as	cardiac o	Cator	nsvil rrast,	le.	MD. 2	Approxima Interval Ba	te tween Deeth
		Immediata Cause (disaasa or conditio rasulting in death)	Final n		sche	TIVE se to (or as	Do not enter	EAM uence of):	lmond of dying	g, such as	cardiac o	Cator	nsvil rrast,	1e.	MD. 2	Approxima Interval Ba	te tween Deeth
		Immediata Cause (disaasa or conditio rasulting in death)	Final n		sche	TIVE se to (or as	Do not ente	EAM uence of):	lmond of dying	g, such as	cardiac o	Cator	nsvil	1e.	MD. 2	Approxima Interval Ba	te tween Deeth
Examiner	Examine	Immediata Cause i disaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Unde Causa (Disaasa or hat initiated events	Final n nditions, amadiata riving injury		sche	TIVE ne to (or as the co (or as	16 Do not ente H s a consequ H s a consequ	230 Ed or the mode (EMM uence of):	lmond of dying	g, such as	cardiac o	Cator	nsvil	1e.	MD. 2	Approxima Interval Ba	te tween Deeth
edicai Examiner	edical Examiniei	Immediata Cause (disaasa or conditio	Final n nditions, amadiata riving injury		sche	TIVE ne to (or as the co (or as	Do not enter	230 Ed or the mode (EMM uence of):	lmond of dying	g, such as	cardiac o	Cator	nsvi1	1e.	MD.2	Approxima Interval Ba	te tween Deeth
Medical Examiner	Medical Examinie	Immediata Cause i disaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Unde Causa (Disaasa or hat initiated events	Final n nditions, amadiata riving injury		sche	TIVE ne to (or as the co (or as	16 Do not ente H s a consequ H s a consequ	230 Ed or the mode (EMM uence of):	lmond of dying	g, such as	cardiac o	Cator	nsvi1	1e.	MD. 2	Approxima Interval Ba	te tween Deeth
Medical Examiner	Medical Examinie	Immediata Cause i disaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Unde Causa (Disaasa or hat initiated events	Final n n n n n n n n n n n n n n n n n n	a	sches Du	re to (or as	16 Do not ente	and an end an	Imono a of dying	AIL SEV	UNE	, Cator	rrast,		7	Approxima Interval Ba	S S
Medical Examiner	Medical Examinie	Immediata Cause (disaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Under Causa (Disaasa or that Initiated events rasulting in death) I	Final n n n n n n n n n n n n n n n n n n	a	sches Du	re to (or as	16 Do not ente	and an end an	Imono a of dying	AIL SEV	UNE	, Cator respiratory a	rrast,	usa con	7	Approximulation and the cause the cause	S S
by Physician/Medical Examiner	by ruysicial medical Examine	Immediata Cause (disaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Under Causa (Disaasa or that Initiated events rasulting in death) I	Final n n n n n n n n n n n n n n n n n n	a	sches Du	re to (or as	16 Do not ente	and an end an	Imono a of dying	AIL SEV	UNE	, Cator respiratory a	tobacco u	usa con	ntribute to	Approximulation and the cause the cause	S S
by Physician/Medical Examiner	by ruysicial medical Examine	Immediata Cause (disaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Under Causa (Disaasa or that Initiated events rasulting in death) I	Final n n n n n n n n n n n n n n n n n n	a	sches Du	re to (or as	16 Do not ente	and an end an	Imono a of dying	AIL SEV	UNE	23b. Did	tobacco u	use con □ No	ntribute to 3 Prot	Approximation and the control of the cause washing a surface of the cause of the caus	of death Unkno
by Physician/Medical Examiner	by ruysicial medical Examine	Immediata Cause (disaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Under Causa (Disaasa or that Initiated events rasulting in death) I	Final n n n n n n n n n n n n n n n n n n	a	sches Du	re to (or as	16 Do not ente	and an end an	Imono a of dying	AIL SEV	UNE	23b. Did	tobacco u Yes 20	use con □ No	24b. Wa ave	Approximulation and the control of t	of death Unkno
Physician/Medical Examiner	by ruysicial medical Examine	Immediata Cause (disaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Under Causa (Disaasa or that Initiated events rasulting in death) I	Final n n n n n n n n n n n n n n n n n n	a	sches Du	re to (or as	16 Do not ente	and an end an	Imono a of dying	AIL SEV	UNE	23b. Did	tobacco u Yee 2E an autopomed?	use con □ No	24b. Was avo	Approximation and the cause the cause cably 4.5 are autopsy aliable prior of jeath?	of death Unknown
Be Completed by Physician/Medical Examiner	De completed by right are medical Examiner	Immediata Cause i disaasa or conditio rasulting in death) Sequantially list co if any, laading to in cause. Entar Unde Causa (Disaasa or that initiated events rasulting in death) i	ricant conditions	a. Co	sches Du	re to (or as	16 Do not ente	and an end an	Imono a of dying T T T C D Guesa give	SEV	Cardiac of	23b. Did	tobacco u Yee 2E an autopommed?	No No	24b. Was avo	Approximation and the cause the cause cably 4.5 are autopsy all able prior of jeath?	of death Tunkno
To Be Completed by Physician/Medical Examiner	to be completed by right and real Examined	Immediata Cause in disease or condition resulting in death) Sequentially list condition of any, leading to in cause. Enter Under Cause (Disease or that initiate events resulting in death) in the cause of the caus	red to medical	a. Co b. I c. d. Hospital:	Du GES Du Du Du to death but r	TIVE THE TO (or as THE C THE TO (or as THE C THE TO (or as THE C THE TO (or as THE TO (o	16 Do not ente	GOO Eder the mode of the mode	Imono a of dying T T C Bussa give	26. Place	Cardiac of	23b. Did 1 24a. Was parfo	tobacco u Yee 2E an autopormed? Yas 2 (5)	use cor □ No sy	ar (Specif)	Approximulation of the cause weekly 45 and 20 and 2	of death Tunkno
To Be Completed by Physician/Medical Examiner	to be completed by right and real Examined	Immediata Cause disaasa or conditio rasulting in death) Sequantially list co if any, laading to in cause. Entar Unde Causa (Disaasa or that initiated events rasulting in death) I Pent II. Other aignifi 25. Was case refar axaminar? 1	red to medical	aC	Du but no death but n	TIVE THE TO (or as THE C THE TO (or as THE C THE TO (or as THE C THE TO (or as THE TO (o	16 Do not ente	uence of): uance of): uance of): uance of): 28	A Other	26. Place	a of Death	23b. Did 1 □ 24a. Was parfo	tobacco u Yee 2E an autopormed? Yas 2 (5)	use cor □ No sy	ar (Specif)	Approximulation of the cause weekly 45 and 20 and 2	of death Tunkno
To Be Completed by Physician/Medical Examiner	to be completed by right and real Examined	Immediata Cause idisaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Unde Causa (Disaasa or that initiated events rasulting in death) if the condition of the cause in the cause of t	red to medical solutions, madiata rhying injury cest cent conditions red to medical solutions invastigati 6 □ Could not	aC	Du GES Du Du Du to death but r	re to (or as e to (or es e to	16 Do not enter Here s a consequence of the conseq	ance of): and arriving car and arriving ca	A Other	26. Place	a of Daath ursing Hom	23b. Did 1 24a. Was park (Check only one 5 Resided)	tobacco u Yee 20 an autopomed? Yas 20 one) danca 8	No No Other	24b. Was correctly ar (Specif) ed	Approximation and the cause cable of the cause cabl	of death Unknown findings to causa
To Be Completed by Physician/Medical Examiner	to be completed by right and real Examined	Immediata Cause (disaasa or condition rasulting in death) Sequantially list co if any, leading to in cause. Enter Unde Causa (Disaasa or that initiated events rasulting in death) I Pert II. Other aigniff 25. Was case refar axaminar? 1	red to medical	aC	Du GES Du Du Du to death but r	re to (or as e to (or es e to	16 Do not enter Here s a consequence of the conseq	ance of): and arriving car and arriving ca	A Other	26. Place	a of Daath ursing Hom	23b. Did 1 24a. Was parfo	tobacco u Yee 2E an autop: med? Yas 2 (I one) danca 8 how injury	No No Other	24b. Was correctly ar (Specif) ed	Approximation and the cause cable of the cause cabl	of death Unknown findings to causa
Certification: To Be Completed by Physician/Medical Examiner	octalications to be completed by this storage medical Examinist	Immediata Cause in disaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Unde Causa (Disaasa or that initiate events rasulting in death) if the cause in the cause in the cause in the cause in the cause. Entar Unde Causa (Disaasa or that initiate events rasulting in death) if the cause in the cause i	red to medical solutions, madiata rhying injury cest cent conditions red to medical solutions invastigati 6 □ Could not	a. Co b. T c. d. Hospital: a contributing Hospital: ba 28a. P byaician: To aminar: On the	Du GES Du Du Du to death but r late of Injury Month, Dey Y laca of injury uilding, atc. (re to (or as to	160 Do not enter Hess a consequence of the consequ	ance of): and anyling call anyli	and of dying a of dyin	26. Place 27. 4 No. 28. data an	a of Daath ursing Hom	23b. Did 1 24a. Was parts (Check only of the 5 Resiled, Dascribe) 8f. Location (City or Tound due to the	tobacco u Yee 20 an autopomed? Yas 20 denca 8 show injury Street encury, State)	No No Other	24b. Was averaged and a second of the second	Approximulation of the cause webly 4 5 are autopsysillable prior inplation of the cause webly 4 5 are autopsysillable prior inplation of the cause webly 4 5 are autopsysillable prior inplation of the cause webly 4 5 are autopsysillable prior inplation of the cause webly 4 5 are autopsysillable prior inplation of the cause webly 4 5 are autopsysillable prior in the cause webly 4	of death Unkno findings to causa
To Be Completed by Physician/Medical Examiner	toursal certification, to be completed by regarding Examined	Immediata Cause (disaasa or conditio rasulting in death) Sequantially list co if any, leading to in cause. Entar Unde Causa (Disaasa or that initiated events rasulting in death) I Pert II. Other aigniff 25. Was case refar axaminar? 1	red to medical notations, madiata riving injury Lest icant conditions of Dending invastigation of the could not detarmine the	a. Co b. T c. d. Hospital: a contributing Hospital: ba 28a. P byaician: To aminar: On the	Du GES Du Du Du to death but re to death but re pate of Injury Month, Dey Y place of Injury uilding, atc. (c)	re to (or as to	160 Do not enter Hess a consequence of the consequ	ance of): and and and ance of): and and ance of):	and of dying a of dyin	26. Place r: 4 Nu at data an inion, data	a of Daath ursing Hom	23b. Did 1 24a. Was parts (Check only of the 5 Resiled, Dascribe) 8f. Location (City or Tound due to the	tobacco u Yee 2 an autopomed? Yas 2 danca 8 how injury Street enc. And to and date and	No No Other occurred Number	24b. Wa ave con of a sand dua to	Approximulation of the cause webly 4 5 are autopsysillable prior inplation of the cause webly 4 5 are autopsysillable prior inplation of the cause webly 4 5 are autopsysillable prior inplation of the cause webly 4 5 are autopsysillable prior inplation of the cause webly 4 5 are autopsysillable prior inplation of the cause webly 4 5 are autopsysillable prior in the cause webly 4	of death Unknow findings to causa
edical Certification: To Be Completed by Physician/Medical Examiner	toursal certification, to be completed by regarding Examined	Immediata Cause idisaasa or conditio rasulting in death) Sequantially list co if any, laading to in cause. Entar Unde Causa (Disaasa or that initiated events rasulting in death) I Death of the cause	red to medical notations, madiata riving injury Lest icant conditions of Dending invastigation of the could not detarmine the	a	Du GES Du Du Du to death but re to death but re to death but re place of Injury Month, Dey Y Place of injury uilding, atc. (re to (or as to	160 Do not enter Here I have a consequence of the	ance of): and and and ance of): and and ance of):	and of dying a of dyin	26. Place r: 4 Nu at ? //as 2 D	a of Daath ursing Hom 2 No 2	23b. Did 1 24a. Was parts (Check only of the 5 Resiled, Dascribe) 8f. Location (City or Tound due to the	tobacco u Yee 2 an autopomed? Yas 2 one) danca 8 how injury Street end wn, State) causa(s) date and 29d. Date	No Other occurred Number	24b. Wa ave cor of in ar (Specif) ed	Approximulation in the cause of	of death Unknow findings to causa No

State Registrar

DEC 2 9 1997

DHMH 16 Rav 6/95

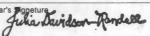
RLES ATTERBUCK			State of	Marylan	•		of Health		lental Hy	9/	39	3103
	1. Decedent's Nan	ne (First, Middle, Las	st)	4	-/ 100				2. Dete of De			3. Time of Death
Physician		Charle	s Edwar	rd Cl	atterb	nok			Month DEC.	24, 199	Yeer	4:24 PM.
/Medical Examiner	A Physician and Administration of	If not institution, give			acterb	uck	4b. City, 7	Town, or Lo	cation of Deeth			7.24 111.
Examiner		MILES AV	E.				В	ALTIM	ORE	N/A	A	
Funeral	5. Sociel Sacurity	Number 6. S	ex 7.	. Age (In yrs.	lest birthday)	If Under 1 N		er 24 Hrs. Min.	8. Date of Bir (Month, Da Dec 27	h v. Year		lece (Stete or Foreign
Director	156-03-02 Usual Residence	258	M 2□F	76	Yrs.		4,0	10.001	Dec 27	, 1920	Mar	ÿland
how Let	10a. Slete	10b. County			y, Town or Lo						1	0d. Inside City Limits
death with the Marylar me 23s or 28s-f shor r mast be notified at neral Director	Maryland	N/A		В	altimo	re						1 □XYes 2 □ No
or 28a-f.1 be notifie Directo	10e. Street and Nu	mber				10f. Zip Co				10g. Citizen of	Whet Coun	itry?
123a Mart 2		lles Avenu					21211			U.S.A		
her death her teath in the same 23 kiner must Funeral	11. Meritel Status		12. Wes Deced	es?	,S. 13.	Was Deceden 1 Yes, specify	t of Hispanic C Cuben, Mexic	Origin? (Spe an, Puerto	ecity Yes or No Ricen, etc.)	- 14. Rac Ble	ce - Americ ck, White,	
DOZO Dure atta	3 ☐ Widowed	ried 2 🕅 Married 4 🗆 Divorced	XXYes 2 If Yes, Give Year or Det	WW	II	1□Yes Ž	KNo Specil	y:		Specif	y: Whi	te
5-C 72 h 72 h natu dical	(Spe	15. Decedent's Ed			16a. Deced	ient's Usual C	ecupation lone during me etired)	ost of worki	ing	16b. Kind of B	usiness/Ind	dustry
1 21215-0 ad within 72 ho signere. ser than "natur it, the Medical.	Elementary/Seco		Collega (1-4	lor 5+)						C++ CC	0.11	
Co Marie Co		(First, Middle, Last)				Silver	Finish		/Eirst Middle	Stieff Meiden Sumer		er Co.
Maryland 21215-0020 d2 should be fised within 72 hours all the and Mental Hygiene. The marked other than "natural", or traumetic event, the Medical Exam To Be Completed by it		Lam B. Cla	tterbuc	k			ur	-	(First, Middle,	welden Sumen	116)	
Mary d 2 sho d 2 sho d 3 sho d		R. Clatte		Son)						or, City or Town, More, Ma		code) nd 21211
Battimore, semil. Pages 1 ar apartment of Has reportant! It liens iny Injury or other ince.		position Cremation 3 5 Other (Specify		oto C	cemetery, crar	sition (Neme netary or othe	r piece)	Pk 12	Date 2/29/97	20c. Location		
Sattir mmil. P spartm sportan sy injur	The second secon	uneral Service Licen		0		Name end A	ddress of Fed	ility		ral Home		
m gossa	a	Man.	Seit,	Y								land 21211
Physician /Medical	Immediate Cause						dying, such o			rrest,		Approximate Interval Batween Onset end Death
Examiner	disease or condition resulting in deeth)	on	е		or as a consec		abould	L D20	Cabe			
executed in and ial-transit			b								- 1	
760, the executed sician and thurial-trensit	Sequantially list co if any, leading to in causa. Entar Undo Cause (Diseese of	onditions, mmediata		Due to (c	or es a consec	juence of):					į	
		arlying r injury	c	D								
P.O. Box 68760, at the death certificate be executed by the attending physician and etached for use as the burial-trensit Physician/Medical Examily	resulting in death)		d	Due to (o	r as a conseq	uence or):						
Cia for atte	Part II Other eigni	ficant conditions or	ontributing to deat	th but not ree	ulting In the u	nderiving caus	e civan In Pa	41	23h Did	tobacco usa co	entribute to	the cause of death?
E 20 .			on bulling to doc	tii but tiot jos	utting in the u	nuonymy odo.	o givan ii r a			Yes 2□ No		bably 4 Unknow
									24e. Was	en autopsy ormed?	av	ere autopsy findings ailable prior to mpletion of cause
The law requirate has been spage 2 should										ECTION Yes 2X No	of	deeth?
Vital Sicien: The certificate lirector, page Co		rred to medical					06 PI-	on of Dooth				1765 20140
	examinar?		Hospital:	nationt 2	ER/Outpatier	t 3□ DOA	Other		n (Check only o	dence 6 □Oti	or /Specif	(v)
Phys rithis aral distriction			28a. Data of	fnjury	28b. Time of		Injury at Work?			how Injury occur		y)
ding Iding Ith.	1 Naturel 2 Accident	5 Panding investigation		Dey Year)	Injury	М	Work?	□No				
Division of the day of the function of the fun	3 Suicide 4 Homicida	6 Could not be determined	286. Place o	Injury - At he etc. (Specif		eet, factory, o	ffice		28f. Location (City or To	Street and Numi wn, Stata)	ber or Rure	al Route Number,
Hospi 4 hou Funer lely fill		1☐ Certifying Phy 2☑ Madical Exam	Inar: On the bas	is of examina	wiedga, daatt	occurred et t	he time, date my opinion, d	end placa, eath occurr	end dua to the	ceuse(s) and m date and place,	anner as s	tated. o the ceusa(s)
To the Hos within 24 hd to the Fun completely			end menne									
on to a	29b. Signature and	Old -	1	16.1	0	29c. L	icense numbe O.C.			DECEMBE		5, 1997

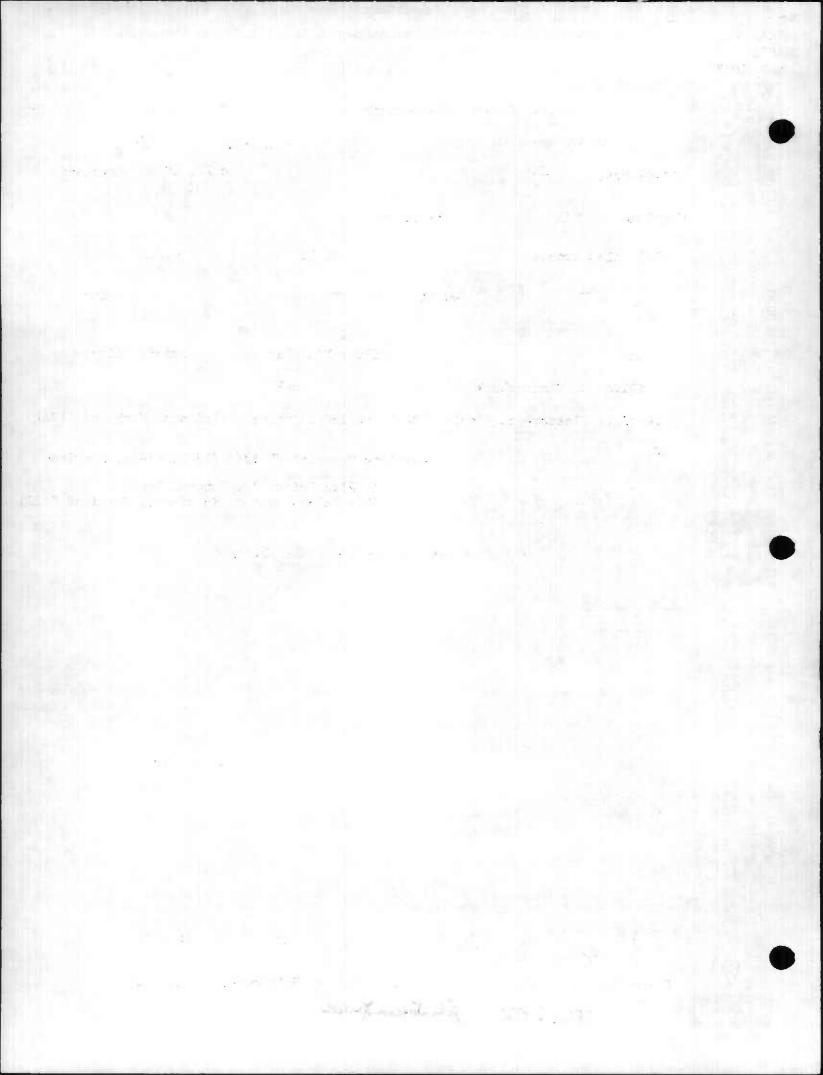
30. Name and address of person who complated ceusa of deeth (Item 23a) (Type, Print) Margarita Korell M.D.

111 Penn Street, Baltimore, Maryland 21201

State Registrar

DEC 2 9 1997 >





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death Month **Physician** Dec da /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Joseph Richey Hospice Baltimore N/A If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) 9. Birthplace (State of Country) MAY 17, 1923 Maryland 7. Age (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** 1□M 21 F 215-14-4718 Yrs. Director 74 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28a-f show traumatic event, the Mexical Exercisor must be notified at MD Baltimore 1 ☐ Yes 2√ No Director Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21228 106 Hilton Avenue USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic avant 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: by Specify: White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Spacify only highest grede complated) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Domestic 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) Be John Michael Dundon Meriam Gertrude Young 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 106 Hilton Avenue Catonsville, MD 21228 e of Disposition (Neme of Date 20c. Location - City or Town, State Gay J. Citro/Husband 20b. Place of Disposition (Neme of cametery, crametory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 12/23/97 Baltimore, MD 21. Signature of Funeral Service 22. Name and Address of Facility Cremation Society of MD, Inc. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate Approximate Interval Between Onsat and Death **Physician** CANCER /Medical Immediate Ceuse (Final disaese or condition resulting in death) **Examiner** Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Physician/Medicai Dua to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to Completed 24e. Wes an autopsy performed? completion of cause of death? After this certificate hes 1 ☐ Yes 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Death (Check only one) axaminer' Hospital: 1 ☐ Inpatiant 2 ☐ EP/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 8 Othar (Specify) 2 1 Yes 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 Suicida 28a. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide within 24 hours a

To the Funersi D

completely filled Medicai 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as steted.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and mannar stated.

Records, P.O. Box 68760 Division of Vital To the Hospital or Attending Physician: within 24 hours efter deeth. To the Funersi Director: After this certifica

with the Marylend

death

Baltimore, Maryland 21215-0020

29b. Signature

29c. License number

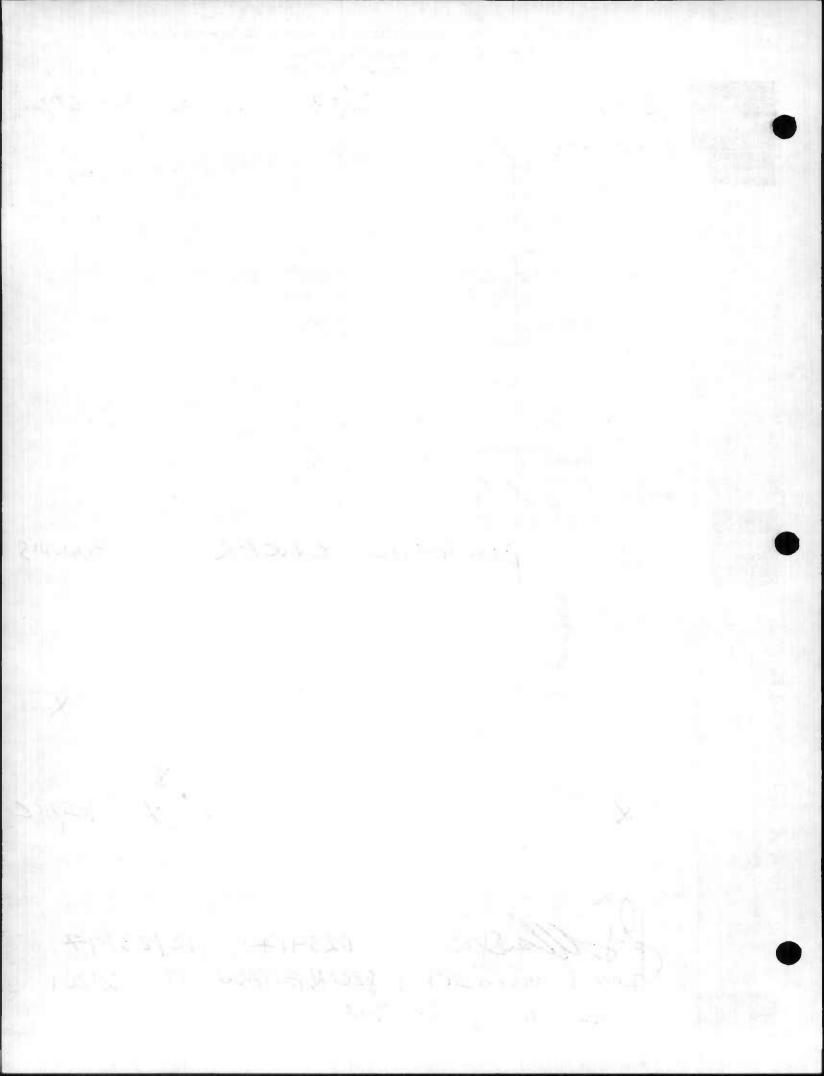
29d. Date signed (Month, Dey, Yeer)

30. Na d address of person who completed

State Registrar

0

31. Date filed (Month, Dev. Yeer)



State of Maryland / Department of Health and Mental Hygiene 7 39105

					Certifica	ate of	Death			Reg. No.	00	100
Physic	ian	1. Decedent's Name (First, Middle, La		11	1100		7-		2. Date of De	Day	Year	3. Time of Death
/Medi		AUGUST		= 17	HARI	2	75		DECEM	- 0'00	1997	17:00 PM
Exami		4a. Fecility Neme (If not institution, gir					4b. City, To	wn, or Loc	ation of Deat	h 4c. County	of Death	
			1 1 1 1 1 0	5917					ef CIT			
Funeral			Sex 7. Age (In)		Yrs. If Uni	der 1 Year is Days	If Under Hours	Min.	8. Date of Bir (Month, Di	ay, Year)	9. Birthpla	ace (Stete or Foreign ry)
Director		213-30-1569 Usual Residence of Decedent	67		113.]]	Feb 1,	1930	M	aryland
dand		10a. State 10b. County	10c	City, Tow	n or Location						10	d. Inside City Limits
Many Fed	to	Maryland Baltim	ore		Randa1	stow	n					1 ☐ Yes 2 ☑ No
r 28a	Director	10e. Street end Number				Zip Code				10g. Citizen of	What Count	ry?
h with		8821 Winands Ro	ad			21	133			II	.S.A.	
72 hours effer death with the Maryland netural; or items 23s or 28s-f show dical Examiner must be notified at	Funeral	11. Marital Stetus	12. Was Decedent Ever i	n U,S.	13. Was De	cedent of the	dispenic Orl	gin? (Spec	cify Yes or No lican, etc.)	- 14. Rac	ce - America	
or it		1 Never Merried 2 Married	1 ☐ Yes 2 🖾 No If Yes, Give			2 🔯 No				Specif	ck, White, e	ic.
72 hours natural',	d by	3 Widowed 4 Divorced	Year or Dates:							Specia	Wh	ite
P 4	Completed	15. Decedent's E (Specify only highest gr	ducation ade com <i>pleted)</i>	16e.	Give kind of life. DO NOT	work done	during mos	t of working	g	16b. Kind of B	usiness/Indi	ustry
filed within Hygiene. ont, the Ma	du	Elementery/Secondary (0-12) 12 Years	College (1-4or 5+) 4 Years	Fee						II C O-		
be filed tal Hygie d other event, t		17. Father's Name (First, Middle, Last		rec	leral G	overi				U.S. Go Maiden Sumer		nt
2 2 2 5 9 9	To Be	August	A. Denhard	1 . S	r.				rances			
d 2 should th and Men 7 is marks traumatic	-	19a. informant's Name/Reletionship		,		ess (Street		-		er, City or Town		Code)
		Mrs. Marguerite	Denhard	88	21 Wina	ands 1	Road	Rand	allsto	wn. MD	21133	3
of Healt of Healt litem 2		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation 3 ☐		b. Place of	f Disposition (f	verne of			Date	20c. Location	- City or Tov	vn, State
vermit. Pages 1 a Department of Hea mportant: If Item iny injury or othe		4 □ Donetlon 5 □ Other (Special		ruid	Ridge	Cemet	terv	12	2/26	Pikesv:	ille.	MD
permit. Pages Department of Important: If Its any injury or o		21. Signeture of Funeral Service Lice			22. Name	end Addre	ss of Facilit	ty				
20599		Steakern	Jankes	6						ctors, 1stown,		21133
		23a. Part1. Enter the disease, or comshock, or heart failure. List only	plications that caused the cone cause on each line.	leath. Do	not enter the m	ode of dyir	ng, such as	cardiac or	respiratory a	rrest,		Approximate interval Between
Physician												Onset and Death
/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	. ESOP	HA	SEAL	. Cf	TNC	ER	-		(o montins
	5	resulting in dealing	Due t	o (or as e	consequence o	of):						
nsit	듵		b		,							
ificate be execu g physician and ss the burial-tra	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying	Due t	o (or as a	consequence	f):					į	
e be		Ceuse (Disease or Injury thet initieted events	C. Due to	101.00.00	consequence o	۵.						
eath certificate be executed attending physician and for use es the bunal-transit	Medical	resulting In death) Lest	D04 (i	(or as a c	consequence o	1).						
h cer endin		PLANT BOX ON	d									
the atter thed for u	sicia	Pert II. Other significant conditions of	ontributing to death but not	resulting Ir	the underlying	cause giv	ven in Pert i		23b. Did	tobacco use co	ntribute to	the cause of death?
= 50	Physician								1 🗆	Yes 2 No	3 Probe	ably 4 Unknown
Se us	by											
v requires been sign should be	Completed								24e. Wes	an eutopsy ormed?	avai	a autopsy findings
N S S	nple							_			of d	pletion of cause eeth?
E se	ပိ								10	Yes 2 No	10	Yes 2500
ysician: The	B	25. Was case referred to medical examiner?	Hospitel:			Oth		of Deeth	(Check only	one) [/]		
this aldi	L.	1 ☐ Yes 2 No 27. Manner of Deeth	28a. Date of Injury	ER/Ou			4LI NU			dence 6 Oth		
After fune	ton	1 Natural 5 Pending	(Month, Day Year		Fime of njury M	28c. Injui Wor	rk? Yes 2 □ I		od. Describe	how injury occur	100	
Attending ir death. ector: Afte by the fune	fica	3 Suicide 6 ☐ Could not b	e Ogo Disea of Injury	t home fa			103 2		Bf. Location /	Street and Numi	ber or Rural	Route Number
or lefter Olive	Certification:	4 Homicide determined	building, etc. (Sp.	ecity)	, 5551, 14.51	ory, omoo			City or To			
spita hours neral y fillex	-	29a. Certifier Certifying Ph	yalcian: To the best of my	knowledge	, death occurre	ed at the tir	me, date an	d place, ar	nd due to the	cause(s) and m	anner as sta	ited.
To the Hospital or Attend within 24 hours effer death To the Funeral Director: completely filled in by the	edicai	(Check only 2 Medicat Exar	niner: On the basis of exam and manner stated.	ination an	d/or investigati	on, in my o	plnion, dee	th occurred	d et the time,	dete end plece,	end due to	the ceuse(s)
Within To the Comp	M	29b. Signature and title of certifier			2	9c. Licens	e number			29d. Date signe	d (Month, D	ay, Year)
,		* XXxedr	celeson, M;			RES	5-00	00		DECEM	BER	22,1997
10		30. Neme and address of person who	completed cause of death ((Type, Print)							
1		SONJA FREDRICKS	ON TOWER 110	60	NORI	HW	OLFE	ST	BAL	TIMORE	MI	21287
Sta		31. Date filed (Month, Day, Year)	32. Rec 10	2:1.	Market	L.						
Registi	ar	DEC 2 9 19	197 June 1	um/d/day	- Share							

DHMH 16 Rav 6/95

MA STATE OF

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** Sa 0837 23 ec /Medical 4b. City, Town, or Location of Death 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth ANNE Examiner 9. Birthplece (Stete or Foreign Country) Vorth Cambri BALTIMORES Berlin venue If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 8/15//0 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) **Funerai** 1□M 200F Months Deys Min. Hours -14-294 Director arolina Usuel Residenca of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Locetion 10d. inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f sho traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Anne Director 10e. Street end Numbe 10f. Zip Code 10a. Citizen of Whet Country? Ave 212 death Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Status Pages 1 and 2 should be filed within 72 hours effer of nent of Health end Mental Hygiene. nt: If flem 27 is marked other than "naturel", or item 1 Never Merried 2 Married 1 Yes 2 No If Yes, Give/ Year or Dates: altimore, Maryland 21215-0020 1 Yes 2 10 No Specify: þ Specify: ICIC 3 Widowed 4 ☐ Divorcad Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) unknown UIIDDOWI 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0763 / Jueen Diec 500 C Inglewood V 20c. Location - City or Town, State other t 20b. Place of Disposition (Neme of cemetery, cremetory or other) 20e. Method of Disposition 0 1 Buriel 2 Cremetion 3 ☐Removel from Stete Department of Important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) 12/29 21. Signeture of Funeral Servica Licanses 22. Neme end Address of Fecility 38 lions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, 40212 Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) UNK Examiner Examiner betic The law requires that the death certificate be executed physician and s the buriel-trans Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): ettending p **USB BS** cate hes been signed by the e page 2 should be detached in Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contributs to the cause of death? 3 Probably 45 Unknown 1 ☐ Yss 2 ☐ No þ 24b. Were autopsy findings avelleble prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? After this certificate hes 2 0 No 1 Tyes director, Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) /tal or Ah.

-rours effer death.

-al Director: Affer h.

- by the funeral dir 10 Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Man er of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Naturel 5 Pending Investigation 1 TYes 2 No 2 Accident 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours eff To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner es steted.

Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the lime, date end pleca, end due to the cause(s) end menner steted. 29a. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Deputy 0 30. Name end eddress of person who cause of deeth (Item 23e) (Type, Print)

ONES, MP

Registrer's Signeture

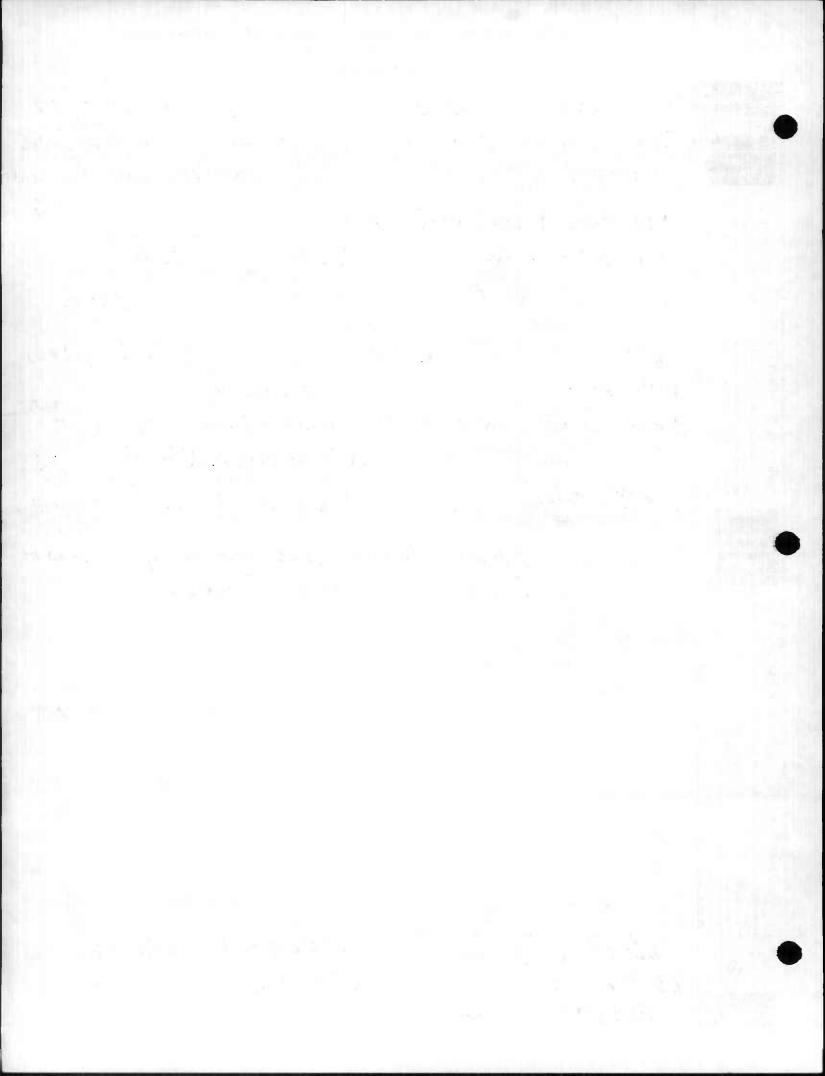
DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Yeer)

DEC 2 9 199



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 39107

	0	-	
State of Maryland / Department of Health and Mental Hygie	ne	1	

					,	Cert	ificate	e of	Death	F	Reg. No.			
		1. Decedant's Nama (Fin	rst, Middla, Las	t)						2. Data of Das	ith	V	3. Tima of Death	
	Physician	MARTHA	L.	DOLAN						Month DECEMBE	Day R 24, 1	Yaar 997	11:18 p	m
Ų.	/Medical Examiner	4a Facility Name (If not			er)			-	b. City, Town, or		4c. County			
	LAGITITIEI	FRANKLIN S							RDSEDAL	F	BALTI	MORE		
-	Funeral	5. Social Security Number			Age (In yrs. las	st birthday)	If Under		if Under 24 Hrs	8. Data of Birt	h		iace (State or Forei	ign
	Director	212260588 Usual Rasidance of Dac		□ M 2√3√F	69		Months	Days	Hours Min.	(Month, Day MARCH 2			SYLVANIA	
	and w		. County		10c. City,	Town or Loca	ation					1	0d. Inside City Limi	ts
	Mary	MD (BALTIMO	RE	DU	JNDALK							1□Yes 2	10
	the north	10e. Street and Number					10f. Zlp	Coda			10g. Citizan of V	Vhat Coun	itry?	
	With with I Di	7540 00000	A\/(\tau \)				The same	242	22		USA			
	The 2	7518 SCHOOL	L AVENU	12. Was Decedar	nt Ever in U,S.	13. W	as Daced	212 lant of H	lispanic Origin? (S an, Maxicen, Puari	pecify Yas or No-	14. Raci		en Indian,	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If them 27 is marked other than "natural", or items 23a or 28a-f show eny injury or other traumatic event, tra Modical Examera must be notified at the angle of the Completed by Funeral Director	1 Nevar Marriad		Armed Forca 1 Yas 2 If Yas, Giva Yaar or Date:	XNo				Specify:	to Rican, atc.)		k, White, WHIT		
ŏ	2 hou	15.	Decedant's Ed	ucation		16a. Decede	nt's Usua	I Occup	ation		16b. Kind of Bu	sinass/Ind	dustry	
215	Hedi Plet	(Specify or Elamantary/Secondary	nfy highast grad	da completed) Collega (1-4c	or 5+)	lifa. Do	O NOT us	k dona se ratired	during most of wo	rking				
2	d with	12	, (0 .2)	0		Н	OMEMA	AKER			OWN H	OME		
	be filed within 72 hours Hygiena. dother than "natural event, ma Modical Be Completed	17. Fathar's Nema (First	, Middla, Last)						18. Mothar's Na	ma (First, Middla,	Maidan Sumam	10)		
Maryland	Menta Menta Mic e	MERLE DYE							NANCY	MOORE				
an	2 should and Mer is marke aurmatic	19a. Informant's Name/I	Relationship (7	ype, Print)		19b. Mailing	Addrass	(Street	and Number or Ri	ural Routa Numbe	er, City or Town,	Stata, Zip	Code)	
	and salth n 27 i	JOSEPH J. DI	DLAN/HU	SBAND			SCH		AVE DUN	DALK, MD				
Baltimore,	of He ifem	20a. Mathod of Dispositi		Domous from Sto	CON	ce of Disposi netery, crami	Ition (Nem	na of thar plac	00)	Data	20c. Location -	City or To	wn, Stata	
Ĕ	Pages nat of int: If its iry or o	1 ⊠ Burial 2 □ Cra 4 □ Donation 5 □			OAK	KLAWN				12/29	BALTIM	ORE,	MD	
att	permit. Departmimporta importa eny inju	21, Signature of Funeral	Service Libera	606					ss of Facility					
m	De Line	1	4	5					DALE FUN CO AVE	EHAL HDM 21237	E			
		23a. Part1. Enter the dis	seasa, or comp	lications that cous	ad tha death.						rast,		Approximate	
	Physician	Shock, or haart tell	lura. List only o	one cause on aacr	ı iina.							1	Onset and Daeth	
H	/Medical	Immediata Causa (Final diseasa or condition		FND	OCARDIT	TTS							2 MTHS.	
4.	Examiner	rasulting in death)		e		is a consequ	ance of):					1	c Mins.	
	Je Je			CONICE	STIVE C			ATUV					2 MDNTHS	
	Secured Parameter Examiner	Sequentially list condition	ons C	b. COINCE.		s a consequ		וחו				1	C MONTHO	
ó		Sequantially list condition if any, leading to immed causa. Enter Underlying Cause (Disease or injury that Initiated events	liata	RENAL	FAILUF								1 MONTH	
68760,	a the burn	Cause (Disease or Injury that Initiated events	y 5	C.		s a consaqui	ance of):					-		
_	THE U.S. 41	rasulting in death) Last		d										
Box	as that the death certified by the attending be detached for use by Physician/N			d										
0	a des tha a hed f	Part II. Other significant	t conditione co	entributing to death	but not resulti	ing In tha und	derlying c	ause giv	en in Part I.	23b. Dld 1	lobacco uae co	ntributa te	o the cause of dea	th?
7	d by the	CHRONIC OBS	STRUCTI	VE PULMO	NARY DI	SEASE				1风	Yee 2 No	3 Pro	bably 4 Unknown	own
3	requires that seen signed b hould be dete					02,102				04- 104-		Jah W	era autopsy finding	
0	been si should	HYPERTENS:	ION								an autopsy med?	av	allable prior to	3
Records,												of	death?	
=	The pag									10	ras 2 No	1[☐Yes 2☐No	
Vital	entifi ector	25. Was casa rafarrad to axaminar?	o medicel	Manaitali				100		ath (Check only o	na)			
0	this cral dire	1 ☐ Yas 2X No		Hospital: 1 XInpa		R/Outpatient)A		Homa 5 Resid			fy)	
	After the funeration:	27. Mennar of Death 1 X Natural 5	Panding		njury Da <i>y Year)</i> 2	8b. Tima of Injury		8c. Injui		28d. Describe	now injury occur	160		
SIC	Attending or death. ector: After by the fune	2 Accidant	invastigation Could not be		1.1		М		Yas 2 □ No	004 1 nontine 4	December and Alice A	201.01.01	al Pouts Number	
Division	tal or Attending P is sher death. Is Director: After t led in by the funera Certification:	4 Homicide	determined	288. Place of	Injury - At hom etc. (Specity)	a, farm, stre	at, factory	, office		City or Tox		er or Huri	al Routa Number,	
	oltai orași illed ICe	00 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	/a							4 1 1			Antod	
	To the Hospital or Attending Phwithin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral Medical Certification;			valcian: To the besing and menner	of axaminatio									
	o the complete of the complete	29b. Signature and titla	of certifiar	010			290	. Licans	se number		29d. Data signe	d (Month,	Day, Year)	
	PSPO			Hol			Н	3559	93		DEC. 26	, 19	97	
•	157	30. Neme and eddress of	of person who	concluded course of	death (Item 3	3a) (Tvna P	rint)					,		
	10	DR. JOHN		4					MD 2470					
	State	31. Date filed (Month, D.	ay, Year)	32. Reg	Roge's Spenato	P. DAL	TIMO	DE,	MD 2122					
	Registrar	DE	C 2 9 19	97	ula Decre	Man-Na	hene							

97 DEC 29 AM 10: 10

Piease Type or Print in Biack indelibie ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 3. Time of Death 2. Data of Death Month **Physician** DOUGHERTY - UVINIA 24 /997 0150 DECEMBER /Medical 4a. Facility Nama (If not institution, give straat and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner SINAL GOJPITAL OF BALTIMORE BALTIMORE BALTIMORE 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Under 24 Hrs. 5. Social Security Numbar 8. Data of Birth (Month, Day, Yaar) 6/20/20 6. Sax 9. Birthplaca (State or Foreign **Funeral** Months 1□ M 25 F Days Hours VIRGINIA Yrs. 77 Director 213-09-5692 Usual Rasidanca of Dacadani 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show Director 17 Yes 2 □ No N/A BALTIMORE MD 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 238 1414 N. ROSEDALE STREET 21216 U.S. death Herns ? 12. Wes Decedant Evar in U,S. Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, Whita, atc. filed within 72 hours efter Hygiene. 1 Yas 2 No If Yes, Giva Yaar or Datas: 1 Navar Married 2 Merriad Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: by 3X Widowed 4 □ Divorcad BLACK Completed The Medical 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 CLERK STATE marked other 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) . Pages 1 and 2 should be fill ment of Health and Mental Hant: If them 27 is marked oth jury or other traumatic even Be JOSEPH MACKLIN MAUDE JONES 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1658 W. 100 PLACE-CHICAGO, ILL ROLAND DOUGHERTY (SON) 20a. Mathod of Disposition 20b. Piace of Disposition (Nama of camatary, crematory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata permit. Page Department of Important: If any injury or once. 4 □ Donation 5 □ Other (Specify) ARBUTUS MEMORIAL PK.12/29/97 ARBUTUS, MD 22. Nama and Addrass of Facility Signeture of Funarai Sarvice Licansee ELIZABETH L. PHILLIPS CFSX 21217 1721-27 N. MONROE ST.-BALTO.. MD 23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not anter the mode of dying, such as cardiac or raspiratory errest, shock, or haart failure. List only one cause on each line. Approximata intarval Batween Onsat and Death **Physician** /Medical SEP515 immediata Causa (Final DAYS disaasa or condition rasulting in daath) Examiner Dua to (or as a consaquanca of): Physician/Medicai Examiner END STAGE RENAL DISEASE Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daeth) Last Dua to (or as a consequence of) DIABETES MELLITUS, TYPE II OROMANY ARDERY DISTASE Box P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b Records, þ 24b. Wara autopsy findings eveilebla prior to completion of causa of daeth? Completed 24a. Was en autopsy performad? peen page 2 1 Yas 20 No Division of Vital Hospital or Attending Physician: 7 24 hours after death. Funeral Director: After this certifica stely filled in by the funeral director, p Be 25. Was casa rafarred to medical axaminar? 26. Piaca of Death (Check only ona) Hospital: 1 Hopatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 27. Mangar of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 1 Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be datarmined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 4 Homicida n 24 hours a Certifying Physician: To tha bast of my knowledga, daath occurred at tha tima, data end placa, and dua to tha causa(s) and mannar as stated.

2 Madical Examinar: On the basts of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mennar stated. Medical 29a Cartifiar To the Hosp within 24 hou To the Fune completely fi (Check only one) 29b. Signature end title of certifian 29c. Licensa number 29d. Date signed (Month, Day, Year) allet o Z402321-AJ- 9520 December 24,1997 30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print)

SINAL HOSPITAL OF BALTIMINE

, mo,

32. Registrar's Signatura

JUN

DEC 2 9 1997

DHMH 16 Rav 6/95

State Registrar

ALBERT

31. Dete filad (Month, Day, Yaar)

EC. 17.127 VOT 25 ALTER SHAPE STATE OF FIRE AT JOSEPH WEST AND A GROWN PRESENT THE MAKE AND THE PERSON NAMED IN COLUMN TWO Transmission of difference The same of the same of the same

a statute where it is

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Deamber 27 1997 William 8:35 P.M Ehert /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner CENTER HUSPITAL RANDALLSTOWN NORTHWEST BALTIMORE If Under 1 Year If Under 24 Hrs. Months Days Hours Min. Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) 1X M 2□ F 80 108-07-2796 New York Usual Residence of Decedent tos State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 □ No Director Snyder Sellnsgrove 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 17870 207 W. 8th. U.S.A. Ave. Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 □ Never Married 2 □ Married 1 ☐ Yes 2 No Specify: þ Specify: White 3 1 Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Pa. Dept. of College (1-4or 5+) Elementery/Secondery (0-12) 12 License Photographer Motor Vehicles 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Gustav Ebert Frieda 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 6505 Hawthorne La., Myrtle Beach, S.C. 29572 Georgia Ebert 20b. Plece of Disposition (Neme of cemetery, cremetory or other place)
All Saints Cemetery Dec. 31, 1997 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State Elysburg, Pa. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerei Service Licensi 22. Neme end Address of Fecility Eckhardt Funeral Chapel Md. 211.

11605 Reisterstown Rd., Owings Mills

Approximete Intervei Between Onset end Death Md. 21117 HEMORNHAGE Immediate Cause (Final INTRA CEREBRAL disease or condition resulting in death) Due to (or es e consequenca of) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use sontribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown FIBRILLATION à 24b. Were autopsy findings eveileble prior to Completed 24e. Wes en autopsy performed? completion of cause of death? 1 ☐ Yes 2 2 No 1 ☐ Yes 2 No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No To Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Neturei 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 I Homicide Medical Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner stated. 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) ms

Funeral

Director

8

"natural", or Items 23s.

Hygiene.

permit. Pages 1 and 2 should be the Department of Health and Mental Hy (important); if Nem 27 is marked other any injury or other two

Physician

Examiner

ĕ

2

B

1

Albar Attending

Director:

after A

To the Hospital or within 24 hours at To the Funeral Di

event, the Medical Examiner must be

2

Baltimore, Maryland 21215-0020

Box 68760

P.O.

Division of Vital Records,

Registrar

31. Dete filed (Month, Dey, Year)

DEC 2 9 1997

and address of person who completed cause of deeth (Item 23e) (Type, Print)

With Land 1

Stilled (Month, Dey, Year)

32. Floistrer a gnature Northern Horp. 32. Figistre's lignature

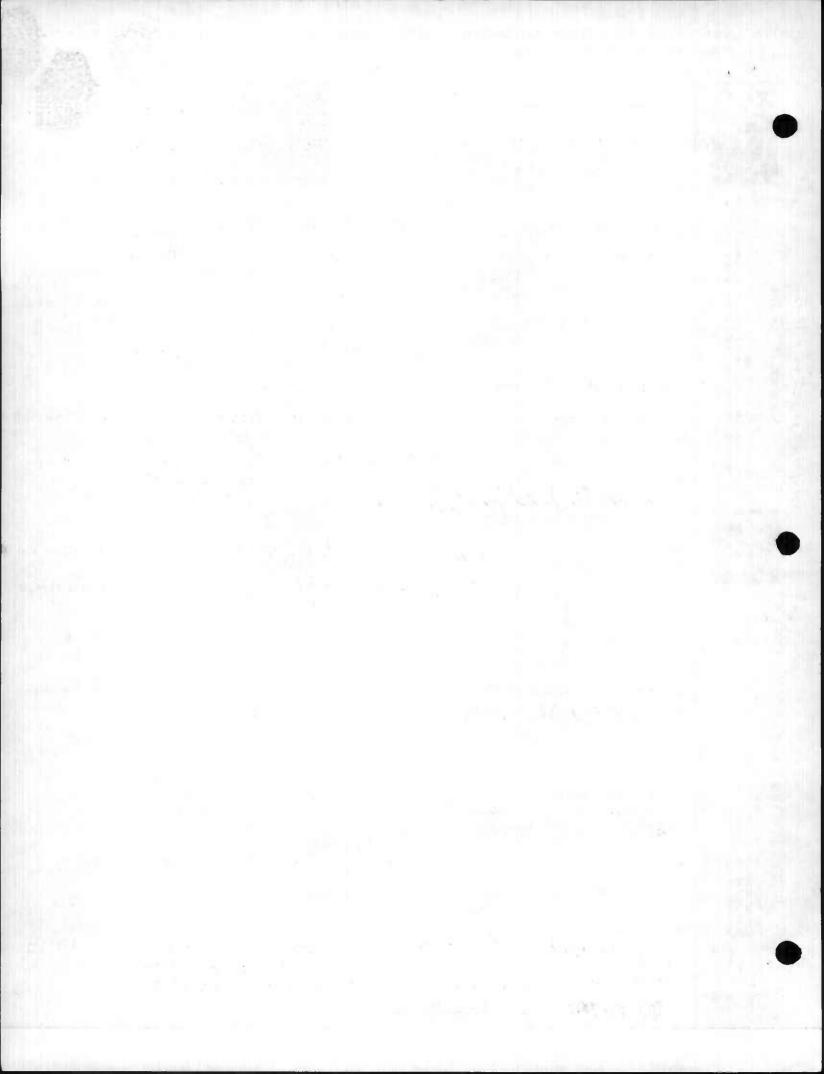
To the last see that the see th

Efficiency Company Com

a rate of the same

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

4						Cei	tificate	of Death	h		Reg. No.	391	10	
Dhuaisia		edent's Nama (First, Middla, Las	st)					2	. Data of De Month	ath Day	Yaar 3.	Tima of Death	
Physician /Medica		Andrew V	Wayne Ed	wards					De	3C .	20 199		26p.m.	
Examine	4	cility Neme (If n	ot institution, give	a street and numb	er)			4b. City, T	Town, or Loca	tion ot Deetl	4c. County	of Death		
	PHY	SICIAN	NS MEMO	RIAL HO	DSPIT	AL		LA F	PLATA		CHAR	LES		
Funeral		ial Security Num	bar 6. S			lest birthday)	If Undar 1 Months	Year If Unda Days Hours	ar 24 Hrs. 8	Dete of Bir (Month, Da	th		(Stata or Foreign	
Director	-	81-12-10	040	20 F	88	Yrs.					1, 1909	Misso		
pu a	10a. S	Rasidence of D	ob. County		10c. Cit	y, Town or Lo	cation				-, -, -, -,		nside City Limits	
the Marylar 28s-f ehow								16 7					Yas 2 No	
the A	100 5	MD treet and Numb	Saint Ma	arys	Ch	arlott	10f. Zlp C	, Maryl	Land		10a Chinan of h		X	
with a second	Ch			eterans H							U.S.A	n of Whet Country?		
eath me 23	11 M	rital Status	Hall ve	12. Was Deceda						fy Vac or No		a - Amaricen In	ndlen	
laryland 21215-0020 2 should be filed within 72 hours effer death with the Maryland end Mental Hygiene. Is marked other than "natural", or Nems 23s or 28s-f show sumatic event, the Medical Examiner must be notified at	10	Nevar Married Widowed 41		Armed Force 1 ☐ Yas 2 If Yes, Giva	Armed Forcas? 1 ☐ Yas 2 ☐ No			13. Was Decedant of Hispanic Origin? (It Yas, specify Cuban, Maxicen, Pue				White	idion,	
15-002	9	/Specify	5. Dacedant's Ed only highast gre	ucetion		16a. Deced	ient's Usual	Occupation			16b. Kind ot Bu		у	
within ene.	Elar	nantary/Second		Collaga (1-4	or 5+)				ost of working					
Marie 121	5					Boil	ermake	r			Unknown	l		
faryland 2 should be filed is marked other sumatic event, it	17. Fa		rst, Middle, Last)								Maidan Sumam	ra)		
y la	J	ames Fr	anklin E	Edwards				Nora	a Mc La	ughli	n			
e, N	1 100	ntormant's Namelissa	e/Relationship (1 Bageant	"ype, Print)		421	3 Nava	jo Driv			er, City or Town, ter, Mar			
POre		ethod of Dispos		Ramoval from Sta	20b. P	Plece of Dispo ematary, cren	sition (Nama	of ar place)		Data	20c. Location -	City or Town,	Stete	
Pages ment of t			Othar (Specify		F1e	ck Fun	eral H	ome	12/	22/97	Laurel,	Mary1	and	
Baltime permit. Pag Department: Important: In any Injury o	21. Si	gneture of Funa	ral Sarvice Lican	Dio	0500	1		Addrass of Faci	Dib		uneral H e, Maryl			
	23a. I	art1. Enter the	diseese, of comp	plications that caus	sed the daath							App	proximata	
Physician	4	niock, or neer u	anuta. List Offiy (nia ceusa on aaci	i mra.							One	rval Between set end Death	
/Medical		diata Causa (Fin	nal	C	APD	IAC	AG	2 RMT#	umik	4		FF	-W minus	
Examiner	rasulti	ng in daath)		0.		ras a conseq								
- P 1			_		AS	DIR	AT	NOI				te	EW minul whro	
20	Seque	ntially list condi	tions,	D.	Dua to (o	es e conseq	uence of):					10		
O		Intially list condi- laading to imma Entar Undarly (Disease or Inju-	ing	•								I		
68760 filicate be	that in	itiated evants ng in daath) Las		·	Dua to (or	r as a conseq	uance of):							
A 6 ding p				d								1		
BOX Beth ce attendii for use														
Records, P.O. Box 687 The law requires that the deeth certificals that has been signed by the attending physical page 2 should be detached for use as the considered by Physician Medical	Part II.	Other significa	nt conditions co	entributing to death	but not resu	ulting in the ur	ndarlying ceu	sa given in Pert	rt 1.	23b. Dld	tobacco use cor	ntribute to the	cause of death?	
P.O. that the deed by the additional detection	C	ERE	BRA	LA	NO?	KIA				1 🗆	Yes 2 No	3 Probably	4 Dunknown	
Division of Vital Records, F or Attending Physician: The law requires the after deeth. Director: After this certificate has been signed in by the funeral director, page 2 should be departification: To Re Completed by E												045 14/222	and a second floor all a second	
The law require rate has been single 2 should										24a. was perfo	an autopsy rmed?	availabl	utopsy findings la prior to tion ot ceusa	
The law ata hes t	1											of daeth	1?	
The Cata	5									10	Yas 2 DONO	1 ☐ Yas	s 2 No	
f Vital Invital Invita	25. W	as casa reterred aminar?		Hospital:					ca of Deeth (Check only o	ne)			
of thysic of this of the said direction of t	1[Yas 2 Yo		1 Linte		ER/Outpatien					dence 6 Oth			
Ing F	27. MB	nnar ot Death Naturel	5 ☐ Panding	28a. Date of In (Month, I	Day Year)	28b. Tima of Injury		. Injury at Work?		d. Describe	now injury occurr	ed		
Vision of Vita Attending Physicien: or deeth. ector: After this certificator, by the funeral director,	2[Accidant Suicide	invastigation 6 Could not be				М	1 ☐ Yes 2 ☐						
Division of tall or Attending P is after deeth. al Director: After ted in by the funare Certification.	4[Homicida	datermined	28a. Place of	Injury - At he atc. (Specify	oma, farm, str ()	eet, factory,	office	281	City or To	Street and Numb vn, Stata)	er or Aural Aou	ite Number,	
lette Diere	3		Δ											
Divisi To the Hospital or Attenwithin 24 hours after deel To the Funeral Director: completaly filled in by the	290. (ertifiar 1[Check only 2[one)	Medical Exam	rsician: To the be-	ot exeminat	wiedge, daeth tion and/or Inv	occurred at astigation, Ir	tha time, dete a my oplnion, da	and plece, and aath occurred	dua to tha at tha time,	ceusa(s) and ma deta and place, a	nner as stated. and dua to tha	cause(s)	
ithin Simple on the omple	-	ignatura and title	a ot certitier	end mannar	statad.		290 1	icansa number	,		29d. Data signed	d (Month Day	Voar)	
To To Con	200. 0		A 1 1	Δ	1 dans	1					D A A	a l	199-	
		1	man	V.	Link			-44436			Del.	-1-	(777	
VXI				ompletad ceusa o		23a) (Type,					k Drive	7		
04	24 0			atel, M		ture	Wa	ldorf,	Mary	land	20603			
State Registrar		DEC 2	1997	Juliane	trar's Signa	gandole								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** pry /Medical 4a. Facility Nama (If not institution, give street and number, 4b. City, Town, or Location of Death Examiner Balt NUrsin and if Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) Age (In yrs. last birthday) Year Birthplace (State or Foreign Country) Months Days 1 M 2 F 220-64-5573 Yrs Jan, 27, 1957 Md. Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. 1 Das 2 No Funeral Director Baltimore None 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 510 USA 21215 usberry 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cubap Mexicen, Puarto Rican, atc.) Race - Americen Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Nevar Marriad 2 Married 2 No by 3 ☐ Widowed 4 ☐ Divorced Car Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12th Carpenter Self-Employed 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Raymond Ford Mary Brown 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gary Brown / Brother 5468 Cedonia Ave. Baltimore, Maryland 21206 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 12/29 New Cathedral 22. Name and Addrass of Facility The Derrick C. Jones Funeral Home 21. Signature of Funaral Service Libe 4611 Park Heights Ave. Baltimore, Md. 21215 23a. Part t. Enter the disaasa, or complication, that ceused the daath. Do not enter the moda of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on aach line. Immediate Cause (Final disaasa or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☑ Probably 4 ☐ Unknown 24a. Was an autopsy performed? 24b. Wera autopsy findings available prior to completion of ceusa of death? 1 Tes 2 1 No 1 ☐ Yes 2 No 25. Wes cese referred to medicel examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 ☑ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deetl 28b. Time of 28d. Describe how injury occurred 28a. Dete of Injury (Month, Dey Yaer) 28c. Injury et Work?

Physician /Medical Examiner The law requires that the death certificata be executed pur

Funeral

Director

ral, or items 23s or 28s-f shore Example in the relified at

natural, or

th end Mantal Hygiena.
7 Is marked other than "natur traumatic event, the Medical

. Pages 1 and 2 should be filt ment of Health end Mantal Hy lant: If Item 27 is marked oth jury or other traumatic event

Department of Important: If any injury or

the Maryland

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Records,

Division of Vital or Attending Physician:

Physician/Medical signed by t P Completed page 2 director Be Certification: To filled in by the funeral

this certificate

After

s after deeth.

Hospital To the Hospital within 24 hours a To the Funeral Completely filled

5 Pending Investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident

3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide

29a, Certifier

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner es stated.

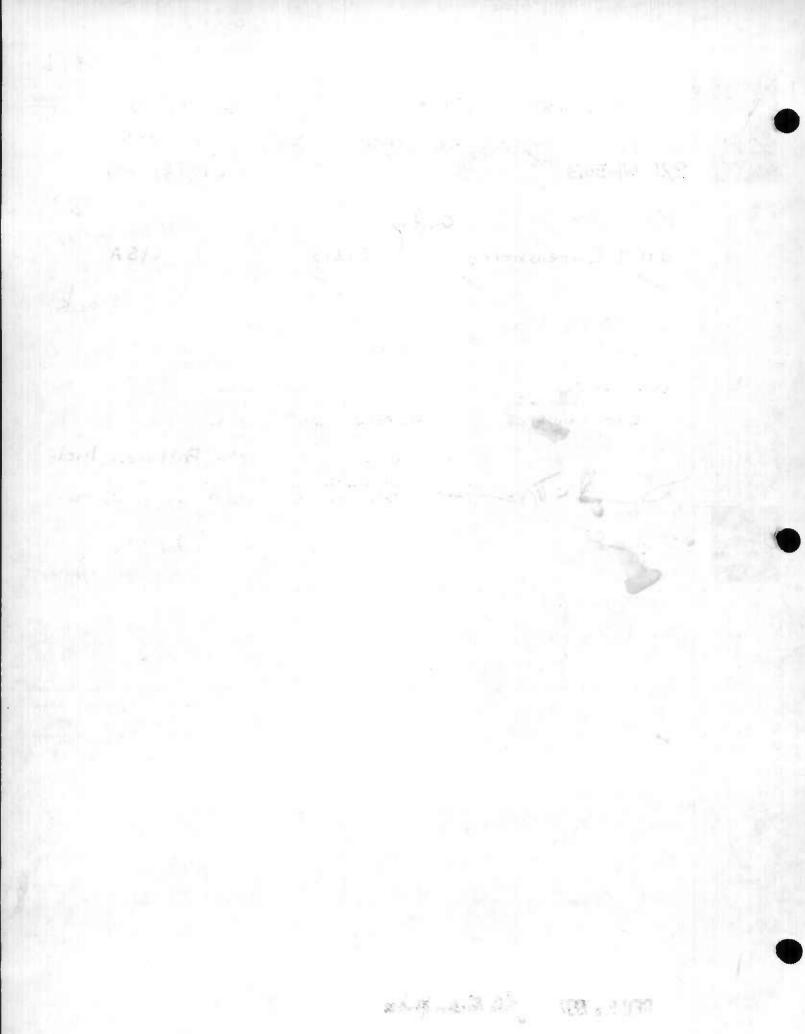
2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one)

29b. Signature and titla of certifier 29c. License number 29d. Data signad (Month, Day, Year)

Amatun H Maeem 15503 AMATUM, 501 Dolphin Street, Baltimore, MD 2/217 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

State Registra

Medicai



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

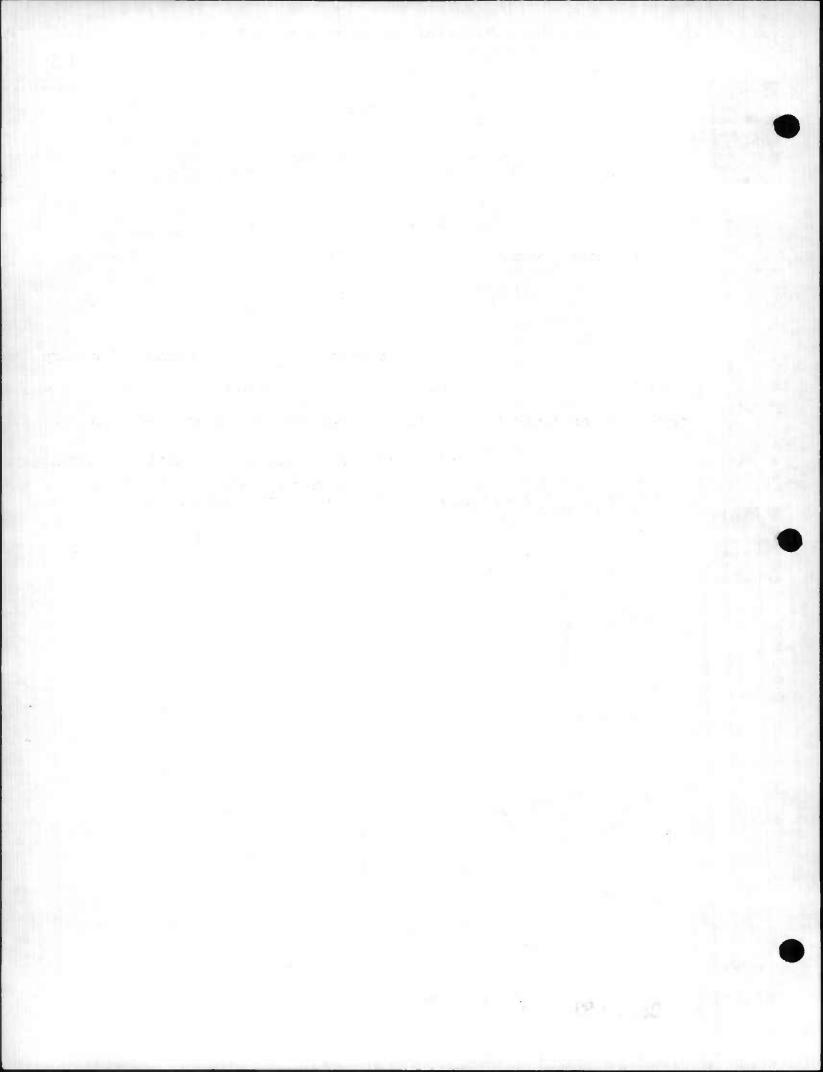
Physician		Decedent's Name (First, Middle,			1			2. Date of Deat Month	h Day Y	3. Time of Dea		
/Medica	1		Audrey F						7, 1997	12:43		
Examine	r	4e. Facility Neme (If not institution, g	norden Co				4b. City, Town, or L Reister	- A	4c. County of	imore		
Tienes.	4				last birthday)	If Under 1 Yea		8 Date of Birth	Dalt			
Funeral Director		212-34-5766 Usuel Residence of Decedent	1□M 2MTF	61	Yrs.	Months Dey		8. Date of Birth (Month, Day Sept.	, 1936 M	Birthplece (Stete or Fo County) laryland		
MO TO	-	10e. Stete 10b. County		10c. Ci	ty, Town or Lo	cation				10d. Inside City Li		
Hed a	10	Md. Balti	more	F	Reister	stown				1 ☐ Yes 2 🕻		
r items 23a or 28a-f shownined at notified at	a Dire	10e. Street and Number 106 Thorden	Court			10f. Zip Code 21136		11	0g. Citizen of Who	at Country?		
	2	11. Maritai Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deced Armed Ford 1 Yes 2 If Yes, Give Year or Dat	es? No No		Vas Decedent of Yes, specify Cu	of Hispanic Origin? (Specify Yes or N Cuban, Mexican, Puerto Rican, etc.) No Specify:			American Indien, White, etc.		
natur	mplered	15. Decedent's (Specify only highest s Elementery/Secondary (0-12)	grade completed)	ducation ide completed) College (1-4or 5+)		16a. Decedent's Usual Occup. (Give kind of work done of life. DO NOT use retired Housewife		sing	16b. Kind of Busin	ness/Industry		
ther if	3	17. Father's Name (First, Middle, La	st)					e (First, Middle, N				
la marked other than raumatic event, the M		Henry Sel						a Kelly	naroen Damentey			
marke imatic	-	19a. Informent's Neme/Relationship			19b. Meilin	g Address (Stree	et and Number or Rui		City or Town, Ste	ete. Zip Code)		
27 la			Felicia Farace -	daughter			Texas 7					
If item 27 is or other tra		20a. Method of Disposition			Piace of Dispos	sition (Name of natory or other pi			20c. Location - Ch			
unt: If Rem		1 ☐ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		ate			ry Dec. 27	,1997 B	altimore	, Md.		
Department Important: any injury once.	-	21. Signature of Funeral Service Lic	1111 1	ress of Fecility t Funeral	Chapel							
ysician Medicai		23a. Part1. Errier the disease, or co shock, or heart failure. List on Immediate Cause (Finel					-	or respiratory arre		Approximate Interval Betwee Onset and Dee		
aminer	Examiner	Examiner	Evalling	disease or condition resulting in death)	V		or es a conseq	uence of):		Unito		LYCHI
insit					b		, -	MHUEN				1766
iel-tra				Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as e consequence of):								
physician and as the buriel-transit	2	Cause (Diseese or injury that initiated events resulting in death) Last	c	Due to (c	or as e consequ	uence of):						
Co rei	clan/Med	resulting in death) East	d									
ed by the ettendir deteched for use			- u.									
ched ched		Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in P						23b. Did tobecco use contribute to the ca				
80						1 □ Yes 2X No 3 □ Pro						
shoul								24a. Was ar perform	24b. Were autopsy find available prior to completion of caus of death?			
page 2								1 □ Ye	s 2 2XNo	14/		
ficat or, p		25. Wes case referred to medical					26 Pines of Pear	h (Check only on		1 ☐ Yes 2 ☐ No		
r this certificate oral director, pag 1: To Be Co	2	examiner? 1 ☐ Yes 2 ☑ No	Hospitai:	nationt 2	ER/Outpatient	3 DOA 0	ther	ome 5. Reside		(Spacify)		
		27. Manner of Death	28a. Date of		28b. Time of	28c. Inj		28d. Describe ho				
Sign F		1X Netural 5 ☐ Pending investigat		+	injury H/A		Yes 2 No	H)r	+			
fter this			eet, factory, office	9	or Rural Route Number							
fter this	cel micanic	3 Suicide 6 Could not determine	building	29a. Certifier (Check only 2 Medical Examiner: On the basis of examination and/or investigation in my oninger								
fter this	olical cel illicalit	4 Homicide determine	building Physician: To the b	is of examina	owiedge, death ation end/or inv	occurred at the estigation, in my	time, dete and piace, opinion, death occur	and due to the ca red at the time, da	use(s) and mannate and place, and	er as steted. If due to the cause(s)		
tor: After this the funeral di		4 Homicide determine 29a. Certifier 1 Certifying F	Physician: To the baminer: On the basend manne	r stated.	ition end/or inv	estigation, in my	opinion, death occur	red at the time, da	ite and place, and	due to the cause(s)		
fter this		29a. Certifier (Check only one) Certifier (Check only one)	Physician: To the baminer: On the basend manne	r stated.	ition end/or inv	estigation, in my	opinion, death occur	red at the time, da	ite and place, and	due to the cause(s)		

9:52 Per 35:0 , ercha de la into participants, or, into anterest, in. in a little of the same of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 39 1 3

Usual Residence of Decedent 10a. State 10b. County Maryland NA 10e. Street and Number 4712 Shamrock A	Street and number) CH Medical C 7. Age (In yrs 10c. C B Venue 12. Was Decedent Ever in I Armed Forces? 1 Yes 2 (28)No If Yes, Give	en tar . last birthday) 5 Yrs. ity, Town or Loc altimo	ff Under 1 Yaar Months Days cation TE 10f. Zip Coda	4b. City, Town, or Batta OC If Under 24 Hrs Hours Min.	2. Data of Death Month December Location of Death e 8. Date of Birth	Day Yee 22, 1997 4c. County of De N Year) 9. B	eath JA Birthplace (Stata or Forei Country) aryland 10d. Inside City Limi	
4a. Facility Name (If not institution, giva: Johns Hopkins Boyvi 5. Social Sacurity Number 6. Sep 216-07-1335 Usual Residence of Decedent 10a. State 10b. County Maryland NA 10e. Street and Number 4712 Shamrock A 11. Marital Status Minever Married 2 Married 3 Widowed 4 Divorced	7. Age (In yrs 8 10c. C B	en tar . last birthday) 5 Yrs. ity, Town or Loc altimo	If Under 1 Year Months Days cation TCC 10f. Zip Coda	Baltamor If Undar 24 Hrs	Location of Death e 8. Date of Birth (Month, Day,	4c. County of De N	eath JA Birthplace (Stata or Forei Country) aryland 10d. Inside City Limi	
5. Social Sacurity Number 216-07-1335 15 Usual Residence of Decedent 10a. State 10b. County Maryland NA 10e. Street and Number 4712 Shamrock A 11. Marital Status 15. Decedent's Education 15. Decedent 15	7. Age (In yrs 8 10c. C B	5 Yrs. ity, Town or Localtimo	ff Under 1 Yaar Months Days cation TE 10f. Zip Coda	Baltamor If Undar 24 Hrs	8. Date of Birth	Year) 9. B	JA Bittplace (Stata or Forel Country) Aryland 10d. Inside City Limi	
5. Social Sacurity Number 216-07-1335 Usual Residence of Decedent 10a. State 10b. County Maryland NA 10e. Street and Number 4712 Shamrock A 11. Marital Status X Never Married 3 Widowed 4 Divorced 15. Decedent's Edur	7. Age (In yrs 8 10c. CB 10c. CB 10c. CB 11c. Was Decedent Ever in Larmed Forces? 1 Yes 2 (28)No If Yes. Give	5 Yrs. ity, Town or Localtimo	Months Days cation TE 10f. Zip Coda	If Undar 24 Hrs	8. Date of Birth	Year) 9. B	Birthplace (Stata or Forei Country) Aryland 10d. Inside City Limi	
Usual Residence of Decedent 10a. State 10b. County Maryland NA 10e. Street and Number 4712 Shamrock A 11. Marital Status X Never Married 3 Widowed 4 Divorced	JM 2 F 8 10c. C B Venue 12. Was Decedent Ever in I Armed Forces? 1 Yes 2 (28)No If Yes. Give	5 Yrs. ity, Town or Loc altimo	Months Days cation TE 10f. Zip Coda		(Month, Day,	Year) 9. E 1912 Ma	aryland 10d. Inside City Limi	
Usual Residence of Decedent 10a. State 10b. County Maryland NA 10e. Street and Number 4712 Shamrock A 11. Marital Status X Never Married 3 Widowed 4 Divorced 15. Decedent's Edur	10c. C B Venue 12. Was Decedent Ever in I Armed Forces? 1 Yes 2 (28)No If Yes, Give	ity, Town or Loo	cation re 10f. Zip Coda	nouis Mill.	Dec. 8	1912 Ma	aryland 10d. Inside City Limi	
10a. State 10b. County Maryland NA 10e. Street and Number 4712 Shamrock A 11. Marital Status X Never Married 2 Married 3 Widowed 4 Divorced	Venue 12. Was Decedent Ever in It Armed Forces? 1 Yes 2 (28)No If Yes, Give	altimo	re 10f. Zip Coda					
Maryland NA 10e. Street and Number 4712 Shamrock A 11. Marital Status X Never Married 2 Married 3 Widowed 4 Divorced	Venue 12. Was Decedent Ever in It Armed Forces? 1 Yes 2 (28)No If Yes, Give	altimo	re 10f. Zip Coda					
10e. Street and Number 4712 Shamrock A 11. Marital Status X Never Married 2 Married 3 Widowed 4 Divorced	Venue 12. Was Decedent Ever in I Armed Forces? 1 Yes 2 (20No If Yes. Give		10f. Zip Coda					
4712 Shamrock A 11. Marital Status X Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in t Armed Forces? 1 ☐ Yes 2 ②No If Yes. Give	18 13 W					1 Yes 2 N	
11. Marital Status X Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Edu	12. Was Decedent Ever in t Armed Forces? 1 ☐ Yes 2 ②No If Yes. Give	IS 13 W	2720		10	Og. Citizen of What	Country?	
11. Marital Status X Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Edu	12. Was Decedent Ever in t Armed Forces? 1 ☐ Yes 2 ②No If Yes. Give	IS 13 W	21200	6		U.S.	Α.	
3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Educ	1 ☐ Yes 2 ②No If Yes, Give	7,0.	Vas Decedent of I	Hispanic Orlgin? (S	specify Yas or No-		marican Indien,	
15. Decedent's Educ	If Yes, Give			an, Mexican, Puèr	to Rican, atc.)	Black, WI	hite, etc.	
	Year or Detes:	1	☐ Yes 2X No	Specify:	Specify:		hite	
(Specify only highest grade		16a. Decede	ent's Usual Occup	pation		16b. Kind of Busines		
		(Give k	kind of work done O NOT use retire	during most of wo	rking			
Elementery/Secondary (0-12)	College (1-4or 5+)	Conm	atroac			7	T	
	NA	Seam	stress	18. Mother's Na		Industry		
Frank	E.	orto					amberino	
			a Address /Ctuss					
				L Ave.				
		cematary, crem	atory or other pla	ce)	Date 2	Oc. Location - City	or Town, State	
4 □ Donation 5 □ Othar (Specify)		lv Red	eemer	Decemb	er 27 F	Baltimor	e.Marvla	
Immediete Cause (Final diseasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Disability &	seconda	y to Go	istric c	ancer		3 days	
that initiated events resulting in death) Last	Due to (or as a consequ	ence of):					
Dort II. Other planificant and dates	Arib. Aire - An aireach bus - Anns	lata = 1 = ab =	ded to constitut		OOL DIVA	han a name a mantha		
Part II. Other significant conditions con	induting to death but not res	sulling in that und	danying cause gr	ven in Part I.	23b. Did tobacco use contribute to the ceuse of			
Liver cirrhosis					1 1	8 ZJAINO JU	Probably 4 Unkn	
					24a. Was ar	autopsy 24t	b. Were eutopsy finding available prior to completion of cause of deeth?	
					1 □ Ye	s 2MNo	1 ☐ Yes 2 No	
25. Was case referred to medical				26. Place of De	eth (Check only one	a)		
examiner? 1 ☐ Yes 2 🕱 No	ospitel: 1 Inpatient 2	ER/Outpatient	3 DOA Oth	205:			pecify)	
27. Manner of Death	28a. Date of Injury	28b. Time of					700.77	
	(Month, Day Year)	injury						
3 Sulcide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	iome, farm, strei		(Street and Number or Rural Route Number, own, State)				
29a. Certifier (Check only one) 1 Certifying Phys	icien: To the best of my known: On the basis of examination and manner stated.	owledge, death of ation and/or investigation	occurred at the tie estigation, in my o	me, date and place opinion, death occu	, and due to the ca irred at the time, da	use(s) and manner ite and place, and d	as stated. lue to the ceuse(s)	
29b. Signature and titla of cartifier			29c. Licans	sa number	29	d. Data signed (Mo	inth, Day, Yaar)	
Manhan MA Cen	Man day		1001	hhuron	1169	oca-Ler as	1997	
		m 23a) (Tymo B						
		20a) (1ype, P	Johns Johns	HOPKINS	BUYVICH P	Techicul Co	21TC(-	
			4940	tastem.	AVE 8017	, MO 212.	4 	
	Maria Parmer (N 20a. Method of Disposition 1 Burial 2 Cremation 3 R 4 Donation 5 Othar (Specify) 21. Signature of Funeral Service License 23a. Part 1. Enter the disaase, or complishock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significent conditions con Liver cirrhosis 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending investigation 3 Sulcide 6 Could not be determined 29a. Certifier (Check only one) 29b. Signature and titla of cartifier 29c. Signature and titla of cartifier 3 Name and address of person who con 30. Name and address of person who con 30. Name and address of person who con 30. Name and address of person who con	17. Fathar's Name (First, Middle, Last) Frank Frank Frank Frank 19a. Informant's Name/Relationship (Type, Print) Maria Parmer (Neice) 20b. Method of Disposition Method of Dispositi	17. Fathar's Name (First, Middle, Last) Frank Forte 19a. Informant's Name/Relationship (Type, Print) 19b. Mailin Maria Parmer (Neice) 20a. Method of Disposition 1	Frank Forte 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street A603 Powel.] 20a. Method of Disposition 18 puril 2 Cremation 3 Removal from Stata 20ch Place of Disposition (Nama of cematagy, crematory or other place) 20b. Place of Disposition (Nama of cematagy, crematory or other place) 22b. Name and Address (Street A603 Powel.] 20b. Place of Disposition (Nama of cematagy, crematory or other place) 22c. Name and Address (Name of Loops of Cematagy, crematory or other place) 22c. Name and Address (Name of Loops of Cematagy, crematory or other place) 22c. Name and Address (Name of Loops of Cematagy, crematory or other place) 22c. Name and Address (Name of Loops of Cematagy, crematory or other place) 22c. Name and Address (Name of Loops of Cematagy, crematory or other place) 22c. Name and Address of Place) 22c. Name and Address of Name of Cematagy, crematory or other place) 22c. Name and Address of Place) 22c. Name and Address of Name of Cematagy, crematory or other place) 22c. Name and Address of Name of Cematagy, crematory or other place) 22c. Name and Address of Name of Cematagy, crematory or other place) 22c. Name and Address of Name of Cematagy, crematory or other place) 22c. Name and Address of Plac	18. Mother's Name Frank 18. Mother's Name The Name 18. Mother's Name The Name The Name 18. Mother's Name The Name 18. Mother's Name The N	18. Mother's Name (First, Middle, M Forte Concetta	17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Aeliden Surrams)	



97-6918-510 UNK. #97-260 CMK

MOISES GONZALES

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

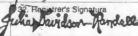
L		Į
ı	Funeral Director	ı
re, Maryland 21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland If Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28e-f show other traumatic event, its Wedcal Example in the notined.	To De Commission Production

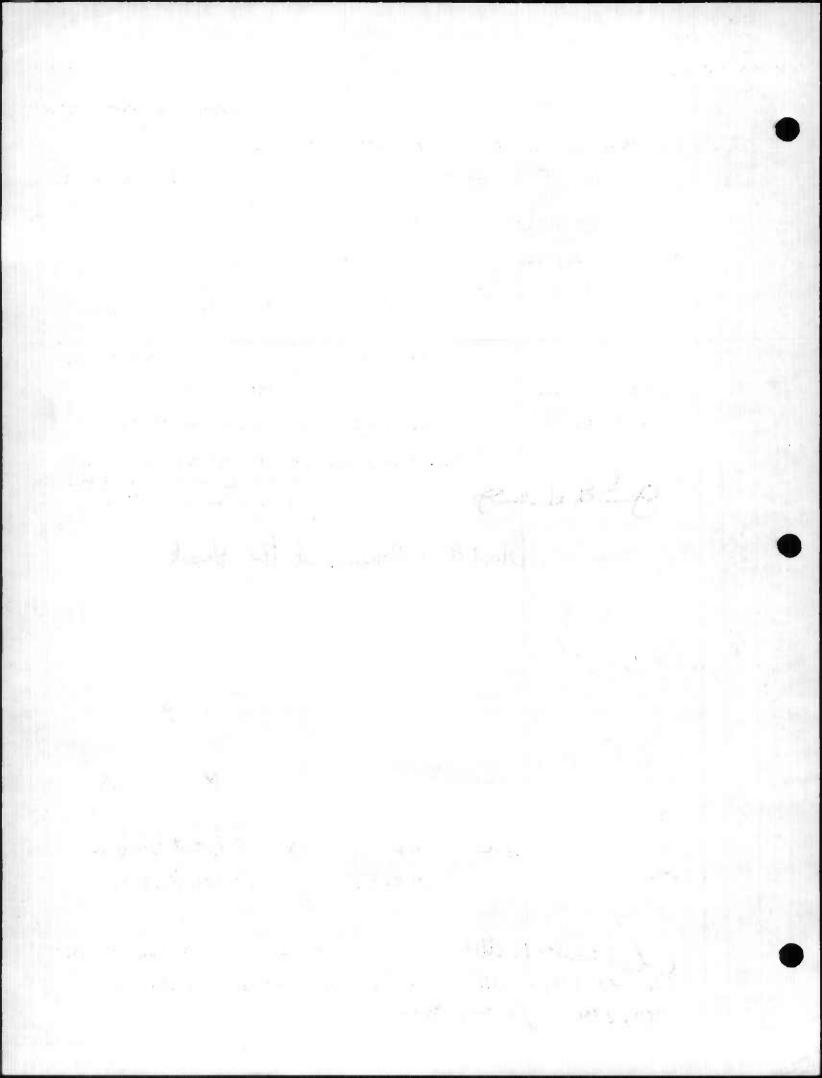
that the death certificate be axecuted Box 68760 physician P.O. signed by Records, The law requires certificate Division of Vital funaral 3

1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Moises Gonzales NOVEMBER 29, 1997 0234AM /Medical 4a. Fecility Neme (If not institution, give street and numbar) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 1300 NORTH PORT STREET-ODD SIDE REAR ALLEY BALTIMORE CITY Baltimore 5. Social Security Number 8. Sex If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthday) Birthplace (Stata or Foreign Country) 8. Date of Birth (Month, Day, Year) 1€M 2□ F 334-54-7769 37 03/31/1960 Puerto Rico Usuel Residence of Dacedent 10e, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Northampton PA Easton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11 South 2nd Street 18042 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Biack, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Specify: Puerto Rican Specify: 3 ☐ Widowed 4 ☐ Divorced Black 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) laborer Manufacturing 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Sumame) Carlos M. Ramos Hilda L. Reves 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) 11 South 2nd St Easton, PA 18042 Hilda L. Reyes 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Department of Important: If its any Injury or o 1 ☐ Buriai 2 X Cremetion 3 ☐ Removal from State Page 4 ☐ Donation 5 ☐ Other (Specify) 12/19/97 Lansdale, PA 19446 Lansdale Crematory 22. Name end Address of Fecility Gary L. Kaufman Funeral Home Inc. 21. Signature of Funeral Service Licensee Pratt StrickerSt Baltimore, MD 21223 erth. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, hock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical immediate Cause (Final disaase or condition resulting in death) Examiner Examiner Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Causa (Diseese or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Physician/Medical Due to (or as e consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? Mino 1 Yes 3 Probably 4 Unknown by Completed 24a. Was an eutopsy performed? 24b. Ware autopsy findings eveilebie prior to completion of cause of daeth? 2 No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 Nothar (Specify) AT SCENE Certification: To 18 Yes 2 No 27. Mannar of Deeth 28a. Date of Injury (Month, Day Year) 28b Time of 28d. Describe how injury occurred 1 Natural 5 Pending CN 281. Location (Street and Number or Aural Route Number, City or Town, State) UNK 1 Yes 2 No Investigation 2 Accident 6 Could not be detarmined 3 Suicide 28e. Plece of Injury - At home, ferm, straat, factory, office building, etc. (Spacify) Homicida STREET 300 N. Hora within 24 hours a To the Funeral D completely filled edicai 29a. Certifier 1 Certifying Phyaician: To the best of my knowladga, daath occurred at tha tima, data and place, and due to tha cause(s) end mannar as stated. 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end manner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Yaar) O.C.M.E. NOVEMBER 29, 1997 who completed cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Day, Year)

State Registrar

DEC 2 9 1997

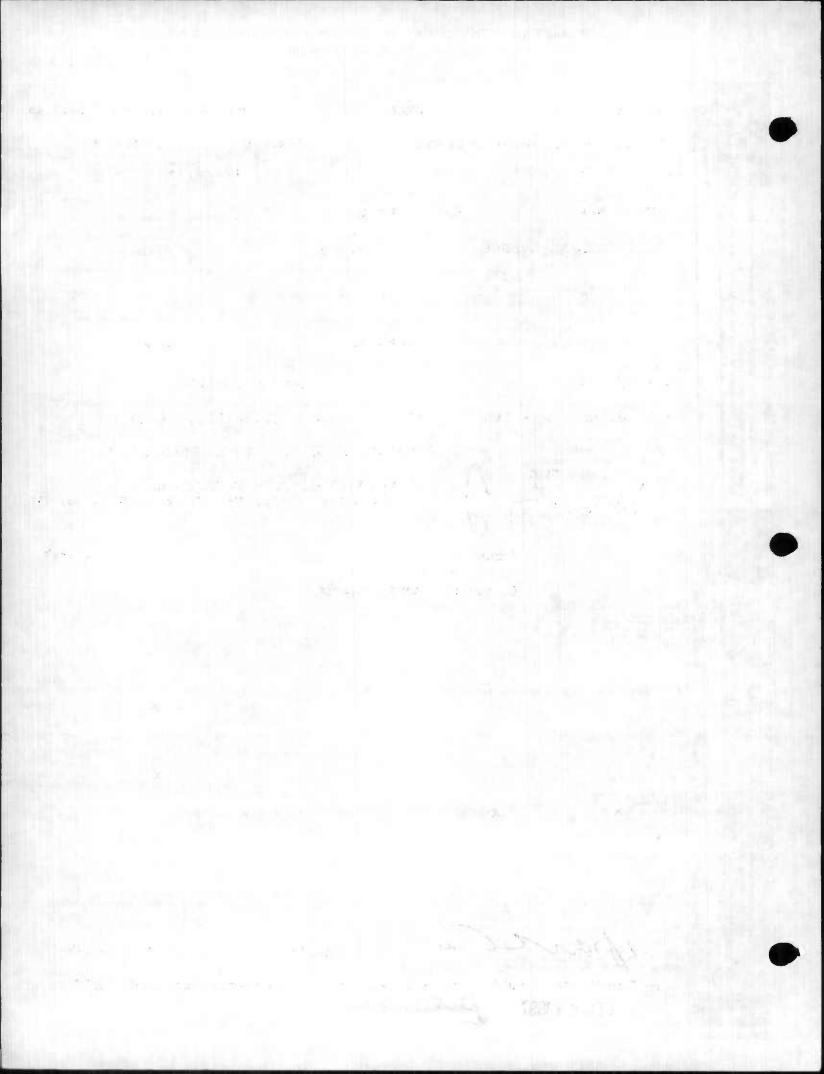




Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 39 1 15

				Ce	ertificate	e of L	Death		Reg. No.	39	113		
	Dh i . i	1. Decedent's Neme (First, Middle, La	st)		5.24		11-1-1	2. Dete of De		Yeer	3. Time of D	Death	
	Physician /Medical	Joseph Wilbert		GRAY				Decembe			6:30	am	
0	Examiner	4a Fecility Neme (If not institution, giv	a straat and number)			4	b. City, Town, or	Location of Deat	h 4c. County	of Death			
1_		Franklin Square			If Under	1 Voor	Roseda If Under 24 Hrs			imore		5	
	Funeral Director	5. Social Security Number 2.16-28-3071 3 Usuel Residence of Decedent		yrs. last birthdey 55 Yrs.	Months	Deys	Hours Min.		/ 1932	9. Birthpli Count MD	ace (State or try)	Foraign	
	f ehow	10e. Steta 10b. County N/A		City, Town or I		TY		THE STATE OF		10	od. Inside City	1000	
	th with the Marylan 23a or 28a-f ehow unt be notined at ral Director	10e. Street and Number 5401 GERLAND	AVENUE		10f. Zip	Code 206			10g. Citizen of V U.S.A.		ry?		
020	urs after dea	11. Maritel Status 1 Never Married XX Marrled 3 Widowed 4 Divorced	12. Wes Decedant Ever Armed Forces? 1 Yes 2 Yes of Yes, Give Year or Dates:	n U,S. 13	Wes Deced If Yas, spec 1 ☐ Yes			Specify Yas or No- rto Ricen, etc.) 14. Race - Ame Bleck, Whit			ita, etc.		
Maryland 21215-0020	ed within 72 hours ygjene. ner than "naturel", rt, me Medical Eu Completed by	15. Decedent's Ed (Specify only highast gra Elementery/Secondery (0-12)	ducetion ide completed) College (1-4or 5+)	16a. Dec (Giv LAT	edent's Usue ve kind of wor DO NOT US BORER	el Occupa rk done d se retired;	ation furing most of wo)	orking	16b. Kind of Bu	usinass/ind	ustry		
d 2	offied voltarity	17. Fathar's Neme (First, Middla, Last)					18. Mother's Ne	me (First, Middle	, Meiden Sumerr	na)			
an	8 E B 8	ERNEST GRAY						DONNE					
Mary		19e. Informent's Neme/Reletionship (er, City or Town, MD 21		Code)		
Baltimore, I		20e. Method of Disposition	Removel from State	b. Piece of Disp	position (Nen	ne of		Date 12/29	20c. Location - BALTIM	City or Tov			
Saltir		21. Signature of Funerel Service Cicenter 22. Name and Addrass of Facility RAYMOND C. FINK FUNERAL HOME											
_		- New 2	5	4	126 CI	RAIN	HWY.,	SW, G	LEN BUF		MD 2	21061	
	Physician	23e. Pert1. Enter the Best of or com shock, or heart failure. List only	olications that caused the cone cause on each line.	death. Do not e	inter the mod	le of dying	g, such es cerdie	c or respiretory e	errest,		Approximete Intervel Betw Onset and De	veen	
	/Medical Examiner	Immediete Cause (Final diseese or condition resulting in deeth)	e. Stroke	to for on a cons	aguanca of):			4,110		1	l week	ξ	
-	axecuted in and at ransit	Due to (or es a consequence of): b. Congestive Heart Failure											
90,	be axecuted telem and burtal transit	Sequentially list conditions, if eny, leeding to immadiata ceuse. Enter Underlying Cause (Disease or injury	Due	o (or es e cons	я вз в сольецивнов отј.								
x 68760,	7	that initiated avents resulting in deeth) Lest		Due to (or as e consequence of):									
Box	death care e ettandii od for use		d										
P.O.	the school	Part If. Other eignificant conditions of	ontributing to death but not	resulting In the	en in Pert I.		23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown						
of Vital Records,	8 0 A									ava	ere autopsy fir allable prior to appletion of ca death?		
I Re	The law requir sate has been s paga 2 should							10	Yes 2 No		Yes 2 t	No	
/ita	ysician: The scertificate director, par	25. Was cese referred to medical exeminer?	Managaria.			04.		ath (Check only	one)				
of	by a legister of the legister	1 Yes 2 No		2 ER/Outpeti			4 LI Nursing I	-	idence 6 Oth)		
	Attending Ph r death. ector: Atter th by the funeral	27. Manner of Deeth 1 Naturel 5 Pending 2 Accident Investigation	(Month, Dey Yaar) Injury Work? n M 1 ☐ Yas 2 ☐ No						be how Injury occurred				
Divis	tal or Attending P rs efter death. al Director: Attent led in by the funera Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - A building, etc. (Sp	At home, farm, secify)	street, factory	y, office			(Straat and Numb iwn, Stete)	ber or Rura	l Route Numb	oer,	
	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by Medical Certifi		yelclan: To the best of my niner: On the basis of exer end menner steted.										
	within Within To the comp	29b. Signature and title of certifier	-		290	c. Licensa	number		29d. Date signe	d (Month, L	Dey, Year)		
	1	20 Name for Many	completed course of deciti	1 (Itam 22a) (Tim	a Deint	D16	728		Decembe	r 26,	1997		
	7	30. Name and address of person who Bo Zaw-Win MD	9000 Frank			rive	Balt	imore,	Maryland	212	237		
	State	31. Dete filed (Month, Day, Year)	32. Registrar's S	Davidoon	Mandall .								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Daath 3. Tima of Daath **Physician** Month Greene Maurice December 3:05 Am /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, give street and number) 4c. County of Death Examiner MED BALTIMURE BALTIMORE CENTER 5. Social Sacurity Number If Undar 1 Yaar 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Months 18M 2□ F Days 214-62-9262 Director Usual Residence of Decedant 10a State 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Ballmore MD 1 Hes 2 No Funeral Director 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? items 23a or 21218 Mameda USA 2809 Raca - American Indien, Bleck, Whita, atc. 11. Marital Stetus 12. Was Dacedant Evar in U,S. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) Armed Forcas?

1 Yas 2 No
If Yas, Giva permit. Peges 1 end 2 should be filed within 72 hours efter. Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic event 1 Navar Married 2 Married 21215-0020 1 Yas 2 ₽No Specify: Black by Specify: 3 ☐ Widowad 4 ☐ Divorced Year or Datas: Completed 15. Dacadant's Education (Specify only highest grade completed) 16a. Decedant's Usuai Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elamentary/Secondary (0-12) College (1-4or 5+) Government 12th grade 17. Fathar's Name (First, Middle, Last) Saltimore, Maryland 18. Mother's Nema (First, Middle, Maiden Sumame) Be Richardson Johnnie Geneva 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21218 Balto. , MD Geneva Greene 2809 alameda, 20e. Mathod of Disposition 20b. Place of Disposition (Name of Date 20c. Location - City or Town, Stata cemetery, crematory or other place) 1 ■ Burial 2 □ Cremation 3 □ Ramoval from State Garrison forest Vet Com 12-26-97 Owings 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funerel Sarvica Licansae 22. Nama and Addrass of Facility 1101 E. North Ave F. H. GAST, March Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Causa (Final neumon w disease or condition resulting in deeth) **Examiner** Deficincy Syndrome Examiner Sequantially list conditions, if any, laading to immadiate causa. Enter Underlying Ceusa (Diseasa or Injury that Initiated avants rasulting in death) Last Box 68760. or Attending Physician: The law requires that the deeth certificate be Physician/Medical Due to (or as a consequence of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. þ 24b. Wara autopsy findings availabla prior to completion of cause of daeth? Completed 24a. Was an autopsy performed? has 2 No 1 Yas Mo 1 Yas certificata 25. Was casa raferred to medical axeminar? Be 26. Place of Death (Check only one) 2 1 Yes 2 No Other: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 npatiant 2 ER/Outpatient 3 DOA s efter death.

I Director: After this ed in by the funeral d After this 27. Manner of Deeth Date of Injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 28b. Tima of 28c. Injury at Work? 1 Netural 2 Accident 5 Panding invastigation 1 ☐ Yas 2 ☐ No 6 Could not be 3 ☐ Suicide 28a. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours ef To the Funeral DI completaly filled is Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the causa(s) and menner as steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(s) and manner steted. Medical 29a. Certifiar (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Kesident Physician PMAS J Dy 22 30. Name and addr BALTIMORE MD 21201 22 S. Greene St, MANOJ 31. Data filad (Month, Day, Year) 32. Ragistrar's Signatura State

Jula Davidson Randelle

DHMH 16 Bey 6/95

Registrar

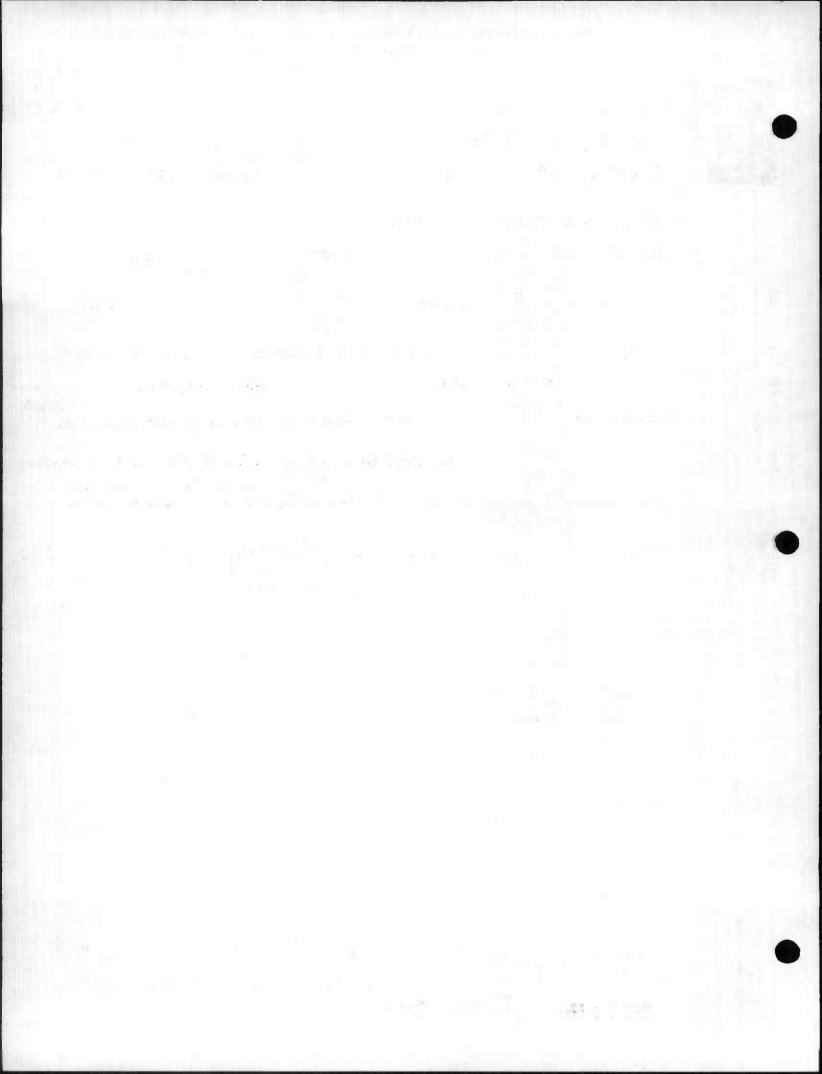
THE PERSON NAMED OF THE PERSON in anyone with the second

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Degedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Death **Physician** 100 /Medical 4b. City, Town, or Location of Deeth 4e. Facility Neme (If not institution, give street 4c. County of Death Examiner Harber more If Under 24 Hrs. 8. If Undar 1 Yaar 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplaca (Stete or Foraign Country) **Funeral** Deys 1 X M 2 □ F Maryland Yrs. Director 216 20 4348 71 March 19,1926 Usuel Residence of Decedent the Maryland a or 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2X No Maryland Anne Arundel Glen Burnie 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1211 Cedar Cliff Drive items 23a 21060 the Medical Examiner naust U.S. death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1⊈ Yes 2 □ No If Yas, Giva Yeer or Dates: W • W • II Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, atc. filed within 72 hours after 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yes 2 X No Specify: Specify. þ 3 ☐ Widowed 4 M Divorced White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) Construction Inspector 10th Ft. Meade Army Base 17. Fether's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Maidan Surnama) Be Pages 1 end 2 should be in nent of Heelth end Mental Joseph Gabor Mary Krylowcz 19a. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) - 60 Heelth em 27 is Ramona Endley 606 Millright Court Apt. 14 Millersville, Md. or other 1 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 ☐ Cremation 3 ☐ Ramoval from State permit. Page Depertment of Important: if any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) State Veteran Cem. 12/22/97 Crownsville, Maryland 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 23d. Part1. Enter the dis-shock, or heart failu not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset end Deeth Physician /Medical Immadiata Cause (Finel diseese or condition resulting in death) Examiner Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest P.O. Box 68760 Physician/Medicai the Due to (or es e consequence of) Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2□ No 3 Probably 4 Unknown Records. ng eq by page 2 should 24b. Were eutopsy findings evailable prior to completion of cause of deeth? Completed 24a. Was en eutopsy 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physician: director. Be 25. Was case referred to medical axeminer? 26. Place of Deeth (Check only one) 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this in by the funeral 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 5 Pending investigation 1 ☐ Yes 2 ☐ No deeth. 2 Accident within 24 hours aftar deel To the Funeral Director: 3 Suicide 6 Could not ba 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At homa, farm, straet, factory, office building, etc. (Specify) 4 | Homicide edical 1st Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) end manner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29a, Certifler completely the 29b. Signature end title of certific 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and eddress of person Center 3001S. Hanner 31. Dete filed (Month, Day, Year) State

DHMH 16 Ray 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

huciaia		Decedent'a Name (First, Middle							2. Date of Dea Month	nth Day	Year	3. Time of De
hysicia /Medica		POBFET	CEIS,	SR.					DEC		97	34
xamine		4a. Facility Nama (If not institution					4	b. City, Town, or				
		UNIV. of MARC	1 Amp 1	MPD. C	FIEL			BAUTIN	WITE	BAUT	MUE	= CITY
neral ector		5. Social Security Number 217–20–7668	6. Sex XXM 2□ F		s. last birthday) Yrs.	If Under Months	1 Year Days	If Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Day JAN 9			lace (State or F try) YLAND
3	1	Usuel Residence of Decedent 10a. Stata 10b. County		10c C	ity, Town or Lo	ocation					14	0d. Inside City i
Zea-f snow	tor	MARYLAND		100.0		LTIMO	RE					1 Yes 2
t be no	Funeral Director	10e. Street and Number 806 Winans Way				10f. Zip		220		10g. Citizen of \		try?
THEFT	era	11. Marital Status	12 Was De	ecedant Evar in t	IIS 13	Was Decede		229	necify Ves or No-	U.S.A	e - Amarica	an Indian
	by Fun	1 Nevar Married 2 Man 3 Widowed 4 Divorced	Armed	Forces? s 2 ☐ NoWW] Give Dates:	TT	if Yas, speci 1□ Yes 2		ispanic Origin? (S an, Mexican, Puart Specify:	o Rican, etc.)		ck, White, a	atc.
		15. Decaden	t's Education		16a. Dece	dent's Usual	l Occupi	ation		16b. Kind of B	usiness/Ind	Justry
Medi	Be Completed	(Specify only highe Elementery/Secondary (0-12)	st grade complate	-	(Give	kind of work	k done d e retired	ation during most of wor f)	rking			,
2	E	Elementery/Secondary (0-12)	College	(1-4or 5+)	COPPO	RATE (ОББЕТ	CED		TIM	MDED (COMPANY
event, le	0	17. Father's Nama (First, Middle,	Last)		CORPO	KAIL (JE F 1		or's Neme (First, Middle, Melden Surname)			
		J. HAMMONDGEIS	TID.					בידיו זכן	BLACK			
traumatic e		19a. Informant's Name/Relations			19b Maili	inn Address	(Street			r City or Town	State Zin	Code)
2 2							(Street end Number or Rural Route Number, City or Town, State, Zip Code) SPRING DRIVE RALFITMORE MARYLAND					
Important: If Item 27 any Injury or other to once.		20a, Method of Disposition 20b, Placa of Disposition (Nam						SPRING DRIVE, BALTIMORE, MARYLANI of Date 20c. Location - City or Town, Sta				
		1 Burial 2 □ Cramation	matory or oth	her plac	ea)	Date	200. Location	- City of To	WII, SIAIE			
		4 □ Donation 5 □ Other (S	pecify)	B	lue Rid	lge Cer	mete	ry 12/	27/97	Thurmon	nt, M	aryland
		4 Donation 5 Other (Specify) Blue Ridge Cemetery 12/27/97 Thurmont, Mar 21. Signature of Funeral Servica Licensee 22. Nama and Address of Facility WITZKE FUNERAL HOMES, I										
2 2		Hande L Lengue 1630 EDMONDSON AVENUE, CATONSVILLE,										
	-	23a. Part1. Entar the disease, or shock, or heart failure. List	complications tha	t caused the dea	ath. Do not an	ter the mode	of dvin	o such as cardiac	or respiratory ar	rest	-	Approximate
	Н	shock, or heart failure. List	only one cause or	each line.			,	3,		,		Onset and Dea
ician dicai		immediete Ceuse (Final		Attended to the second of the second								
edicai miner		disease or condition resulting in death)	a	CEREBEAL HERONTON SYNDROME								5 LIM
					1 . 1-	- of the	~~	11100	ANDROW			
	-			Due to ((or es a consec			11100 >	*NDF2M			
	iner				(or es a consec	quence of):		inac >	AMDEM			7 DAY
	aminer		b	HYDI	Total Carlotte	quence of):			*NDFCM			7 DAY
nial-transit	Examiner		b	Due to ((or es a consec	quence of):	5					7 DAY
nial-transit		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b	Due to ((or es a consecutive (or as a consecutive (or a))).	quence of): quenca of):	5		PANCE			7 DAY
os the bunal-transit	edical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b	Due to ((or es a consec POCETO (or as a consec VITATE (or as a consec	quence of): quenca of): quenca of):	S	HEWUR	YZUNCE			7 DAY
os the bunal-transit	edical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	Due to ((or es a consec POCETO (or as a consec VITATE (or as a consec	quence of): quenca of): quenca of):	S		YZUNCE			7 DAY 7 DAY 7 DAY
or use es the bunal-transit	edical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury that initiated events resulting in death) Last	c	Due to ((or es a consec POLEP (or as a consec VIETE (or as a consec PEXCUN	quence of): quenca of): 4CUA quenca of):	S NZ	HEMUR	NGE	=		7 DAY 7 DAY 7 DAY
or use es the bunal-transit	edical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	Due to ((or es a consec POLEP (or as a consec VIETE (or as a consec PEXCUN	quence of): quenca of): 4CUA quenca of):	S NZ	HEMUR	NGE			
or use es the bunal-transit	Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury that initiated events resulting in death) Last	cd	Due to ((or es a consec POLEP (or as a consec VIETE (or as a consec PEXCUN	quence of): quenca of): 4CUA quenca of):	S NZ	HEMUR	23b. Dld to	=	entributa to	the cause of o
yero or ure attending physician and be deteched for use as the bunal-transit	by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury that initiated events resulting in death) Last	c	Due to ((or es a consec POLEP (or as a consec VIETE (or as a consec PEXCUN	quence of): quenca of): 4CUA quenca of):	S NZ	HEMUR	23b. Did t	obacco usa co ∕as 2□ No	ontributa to	the cause of coably 4) Un
yero or ure attending physician and be deteched for use as the bunal-transit	by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury that initiated events resulting in death) Last	c	Due to ((or es a consec POLEP (or as a consec VIETE (or as a consec PEXCUN	quence of): quenca of): 4CUA quenca of):	S NZ	HEMUR	23b. Did t	obacco usa co	ontributa to 3 ☐ Prob	pably 4) Un
should be deteched for use as the burial-transit	by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury that initiated events resulting in death) Last	cd	Due to ((or es a consec POLEP (or as a consec VIETE (or as a consec PEXCUN	quence of): quenca of): 4CUA quenca of):	S NZ	HEMUR	23b. Did t	obacco usa co ∕as 2□ No	ontributa to 3 ☐ Prob	the cause of coebly 4 Un
should be deteched for use as the burial-transit	by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury that initiated events resulting in death) Last	cd	Due to ((or es a consec POLEP (or as a consec VIETE (or as a consec PEXCUN	quence of): quenca of): 4CUA quenca of):	S NZ	HEMUR	23b. Did t	obacco usa co ∕as 2□ No	ontributa to 3 Prob 24b. We ava cor of co	pebly 4) Un ore autopsy find allable prior to appletion of cau death?
page 2 should be deteched for use as the burial-transit	Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury that initiated events resulting in death) Last		Due to ((or es a consec POLEP (or as a consec VIETE (or as a consec PEXCUN	quence of): quenca of): 4CUA quenca of):	S NZ	HEWUR	23b. Dld to 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	obacco usa co /as 2□ No an autopsy rmed?	ontributa to 3 Prob 24b. We ava cor of co	pebly 4 Un ore autopsy find allable prior to appletion of cau- death?
page 2 should be deteched for use as the burial-transit	Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions and the conditions of the conditio	Hospital: A	Due to (INTRA)	(or es a consec	quence of): quenca of): Quenca of): one of the control of the c	Luse give	an in Part I.	23b. Did to 1 1 1 Y	obacco usa co ras 2 No an autopsy med? res 2 No re)	24b. We ava	pebly 4 Unorganization of cause of the cause
page 2 should be deteched for use as the burial-transit	lo Be Completed by Physician/Medical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significent conditions.	Hospital: 1	Due to (INTRA) Due to (INTRA) Due to (INTRA) Due to (INTRA) Due to (INTRA) Due to (INTRA)	(or es a consector of as a consector of a consector of a consector of as a consector of a	quence of): quenca of): Quenca of): quenca of): quenca of):	Luse give	an in Part I. 28. Place of Decer: 4 \(\) Nursing H	23b. Did to 1 1 Yearth (Check only only only only only only only only	obacco usa co ras 2 No an autopsy med? res 2 No re)	24b. We ava cor of c	pebly 4 Unorganization of cause of the cause
page 2 should be deteched for use as the burial-transit	lo Be Completed by Physician/Medical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significent conditions are conditions of the conditions o	Hospital: 1	Due to (INTRA)	(or es a consec	quence of): quenca of): quenca of): quenca of): quenca of): quenca of): 28	A Other	an in Part I. 28. Place of Dealer: 4 Nursing H	23b. Did to 1 1 1 Y	obacco usa co ras 2 No an autopsy med? res 2 No re)	24b. We ava cor of c	pebly 4 Unorganization of cause of the cause
page 2 should be deteched for use as the burial-transit	lo Be Completed by Physician/Medical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significent condition 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Alveturei 5 Pendin investigned	Hospital: 1 1 28a. Det	Due to (INTEX Due to (SEX death but not rail (Inpatient 2E to of Injury porth, Dey Year)	(or es a consector of as a consector or as a consector or as a consector or as a consector of a consec	quence of): quenca of): quenca of): inderlying ca	A Other	an in Part I. 28. Place of Decer: 4 \(\) Nursing H	23b. Dld to 1	obacco usa co /as 2 No an autopsy med? /es 2 No ne) enca 8 Oth ow Injury occur	24b. We ave cor of c	or the cause of copebly 4 Un or eautopsy find allable prior to mpletion of cause death?
page 2 should be deteched for use as the burial-transit	lo Be Completed by Physician/Medical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significent conditions are conditions of the conditions o	Hospital: 1 28a. Det	Due to (INTRA Due to (SEAM) death but not rail	(or es a consector as	quence of): quenca of): quenca of): inderlying ca	A Other	an in Part I. 28. Place of Dealer: 4 Nursing H	23b. Did to 1 1 Yearth (Check only only only only only only only only	obacco usa co ras 2 No an autopsy med? res 2 No re) enca 8 Oth ow Injury occur	24b. We ave cor of c	or the cause of copebly 4 Un or eautopsy find allable prior to mpletion of cause death?
page 2 should be deteched for use as the burial-transit	Certification: 10 Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, Disease or injury that initiated events resulting in death) Last Part II. Other significent condition 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Neturei 5 Pendin investig 3 Suicide 4 Homicide	Hospital: 1 28a. Det (Month of the building building)	Due to (INTRA) Due to (INTRA)	(or es a consector of as a consector of a consector of as a consector of a consec	quence of): Quenca of): Quenc	A Other	an in Part I. 28. Place of Decer: 4 \(\) Nursing H y et Yes 2 \(\) No	23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco usa co fas 2 No an autopsy med? fes 2 No ne) lenca 8 Oth low Injury occur Street and Numb m, State)	24b. We ave cor of c	the cause of cobebly 4 Unore autopsy find allable prior to mpletion of causest? Yes 2 No.
page 2 should be deteched for use as the burial-transit	Certification: 10 Be Completed by Physician/Medical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significent condition 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manoer of Death 1 Alleturei 5 Pendin investig 3 Suicide 6 Could 4 Homicide 1 Certifyin 29a. Cartifiar (Check only Medical	Hospital: 1 28a. Det 28a. Det (Mo not ba lined 28e. Pla buil g Physician: To the Examiner: On the	Due to (NTEX Due to (Support Due to (Suppor	(or es a consector as	quence of): quenca of): quenca of): int 3 DO/ of 28 M reet, factory,	A Other Sc. Injury World	28. Place of Dealer: 4 Nursing H	23b. Dld to 1 Y 24a. Was a period 1 Y ath (Check only on tome 5 Resid 28d. Describe h 28f. Location (5 City or Tow	obacco usa co /as 2 No an autopsy med? /es 2 No ane) lenca 8 Oth row injury occur Street and Numb m, State)	24b. We ave cor of control of the core (Specify) anner (Specify) anner as st	the cause of cobebly 4) Unor autopsy find allable prior to mpletion of causeath? I Poute Number allab.
page 2 should be deteched for use as the burial-transit	ledical Certification: 10 Be Completed by Physician/Medical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significent condition 25. Was case referred to medical examiner? 1	Hospital: 1 28a. Det (Mo petion Ined 28e. Pla buil g Physician: To the Examiner: On the and ma	Due to (INTRA) death but not rain death	(or es a consector as	quence of): quenca of): quenc	A Other Sc. Injury Word	an in Part I. 28. Place of Dealer: 4 Nursing H yes 2 No ne, date and place pinlon, death occur	23b. Dld to 1 1 Y 24a. Was a perior 1 Y 24b. Check only or 1 26d. Describe h 28f. Location (S City or Town 1, and due to the corred at the time, or 1 the time, to 1 the corred at the time, the corresponding at the corr	obacco usa co fas 2 No an autopsy med? fes 2 No ne) fenca 8 Oth frow injury occur firest and Numb	24b. We ave cor of c	pebly 4 Un pre autopsy find allable prior to mpletion of caudeath? Yes 2 No
pletely filled in by the funeral director, page 2 should be deteched for use as the burial-transit	ledical Certification: 10 Be Completed by Physician/Medical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significent condition 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manoer of Death 1 Alleturei 5 Pendin investig 3 Suicide 6 Could 4 Homicide 1 Certifyin 29a. Cartifiar (Check only Medical	Hospital: 1 28a. Det (Mo petion Ined 28e. Pla buil g Physician: To the Examiner: On the and ma	Due to (NTEX Due to (Support Due to (Suppor	(or es a consector as	quence of): quenca of): quenc	A Other Sc. Injury Word	28. Place of Dealer: 4 Nursing H	23b. Dld to 1 1 Y 24a. Was a perior 1 Y 24b. Check only or 1 26d. Describe h 28f. Location (S City or Town 1, and due to the corred at the time, or 1 the time, to 1 the corred at the time, the corresponding at the corr	obacco usa co /as 2 No an autopsy med? /es 2 No ane) lenca 8 Oth row injury occur Street and Numb m, State)	24b. We ave cor of c	pebly 4 Un pre autopsy find allable prior to mpletion of caudeath? Yes 2 No
page 2 should be deteched for use as the burial-transit	ledical Certification: 10 Be Completed by Physician/Medical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significent condition 25. Was case referred to medical examiner? 1	Hospital: 1 28a. Det (Mo petion Ined 28e. Pla buil g Physician: To the Examiner: On the and ma	Due to (NTEX Due to (Support Due to (Suppor	(or es a consector as	quence of): quenca of): quenc	A Other Sc. Injury office at the time in my of License	an in Part I. 28. Place of Deterior. 4 Nursing Hayet 7 Yes 2 No No. death occur e number	23b. Dld to 1 1 Y 24a. Was a perior 1 Y 24b. Check only or 1 26d. Describe h 28f. Location (S City or Town 1, and due to the corred at the time, or 1 the time, to 1 the corred at the time, the corresponding at the corr	obacco usa co fas 2 No an autopsy med? fes 2 No ne) fenca 8 Oth frow injury occur firest and Numb	24b. We ave cor of c	pebly 4 Un pre autopsy find allable prior to mpletion of caudeath? Yes 2 No
page 2 should be deteched for use as the burial-transit	Medical Certification: 10 Be Completed by Physician/Medical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significent condition 25. Was case referred to medical examiner? 1	Hospital: 1 28a. Det 28a. Det (Mo and buil g Physician: To the examiner: On the and ma	Due to (NTCA Due to (NTCA Due to (Comparison of the compar	(or es a consector of as a consector of a consector of as a consector of a con	quence of): Quenca of): Quenc	A Other Sc. Injury office at the time in my of License	an in Part I. 28. Place of Dealer: 4 Nursing H yes 2 No ne, date and place pinlon, death occur	23b. Dld to 1 1 Y 24a. Was a perior 1 Y 24b. Check only or 1 26d. Describe h 28f. Location (S City or Town 1, and due to the corred at the time, or 1 the time, to 1 the corred at the time, the corresponding at the corr	obacco usa co fas 2 No an autopsy med? fes 2 No ne) fenca 8 Oth frow injury occur firest and Numb	24b. We ave cor of c	pebly 4 Un pre autopsy find allable prior to mpletion of caudeath? Yes 2 No

DHMH 16 Rav 6/95

and to concern the demonstrated by the reference of the property of the second

Transferred printed party of the first

paralle along the cause person of the Along the

		Please							All Copie d Mental H		-	ble.		
								Death	a woman	Reg.	0.7	39	119	
		1. Decedent's Neme (First, Middle, Las	st)		30				2. Dete of		Davis	Vere	3. Time of Deet	
hysiciar /Med i ca	_	Margaret	Anna	Hodg	es				Month	our h	Day 24	1997	715 AX	
xamine		4a. Fecility Neme (If not institution, give	street end numb					4b. City, Town,	or Location of De	ath	4c. County	of Death	1-11	
	в	Augsburg Lutheran	1 Home					Loch	earn		Bal	Ltimo	re	
neral	П	5. Social Security Number 6. Se		Age (In yrs. la	nder 1 Year						ace (Stete or Fore			
ector	-	214-24-2121 Usual Residence of Decedent	□M 21X1F	90	Yrs	S.	illis Deys	Hours			1907		ryland	
1		10e. State 10b. County		10c. City,	Town o	r Location					10	d. Inside City Lim		
	000	Maryland Baltimo	re		1	Loche	arn						1 ☐ Yes 2 🔯	
DI S	Directo	10e. Street end Number				101	. Zip Code			10g.	Citizen of V	What Count	try?	
4		6811 Campfield R	load.				2	1207			II C	A		
9	e	11. Maritel Status	12. Was Decedent Ever i		er in U.S. 13. Was Deceder				(Specify Yes or I	No-	U.S.	a - America	en Indian,	
r than "natural; or items 28a or 28a-f show the Medical Examiner must be notified at ompleted by Funeral Director		1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give			If Yes, specify Cuben, Mexic			enic Origin? (Specify Yes or No- Mexican, Puerto Ricen, etc.) Specify:			Black, White, etc.		
9 4		3 X Widowed 4 □ Divorced	Yeer or Date	es:									hite	
diga of o	Completed	. 15. Decedent's Ed (Specify only highest grad			16a. De	ecedent's Give kind o	Usual Occu f work done	pation during most of	working	166	. Kind of Bu	siness/Ind	ustry	
Ma No	9	Elementary/Secondary (0-12)	College (1-4	or 5+)	lit	fe. DO NO	OT use retire	during most of						
	0	12 Years	Homemaker							Own Home				
New G		17. Fether's Name (First, Middle, Last)						18. Mother's	Name (First, Midd	lle, Mai	den Su <i>m</i> am			
To	0	John Witt				Ka	therine	Witt	mann					
Important: If flem 27 is marked other any injury or other traumatic event, 2000s.		19e. Informant's Name/Relationship (T		19b. M	lailing Add	ress (Stree	t and Number of	Rural Route Nun	nber, Ci	ity or Town,	State, Zip	te, Zip Code)		
tra		Mrs. Doris Krabit	z /Niece	2			g Address <i>(Street and Number or Rural Route Number, City</i> o <i>r Town, State, Zip Co</i> Osborne Avenue Baltimore, MD 21228							
ainc	-	20a. Method of Disposition				(Name of or other pla		Dete	-	Location -		wn. State		
5		1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		110			or other pla meter		12/29				Maryland	
any Ir		23a. Pert1. Enter the disease, or comp shock, or heart failure. List only o	olications thef ceus	on k	LAS 8 Do not	3728	Liber	ty Road	eral Dir Randal diac or respirefory	lsto	own. M	ID 21	1.33 Approximate Interval Between	
cian dical niner		Immediate Ceuse (Final disease or condition resulting in deeth)	· VAl	oula Due to (or				Disc	Roll			>	Onset and Deeth	
ounel-transit	Xamme	Sequentially list conditions, if any, leeding to immediate												
s the bur	ealcal	cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Lest Due to (or es e consequenca of):												
etached for use e	ale		d			+								
bed t	200	Part II. Other significant conditions co	ntributing to death	but not result	ting in th	e underlyi	ng cause gi	se given in Pert t. 23b. Dfd tobacco uss cont					ths causs of dea	
be detached by Physic									1 Yes 2 No 3 Probably 4					
2 should									24e. We	es en e		ava	re autopsy finding ilable prior to apletion of cause eeth?	
director, page	5								10	Yes	2 (INO	10	Yes 2□ No	
Be C		25. Was case referred to prédical						26 Place of	Death (Check only	v one)				
To E		examiner?	Hospital:	ationt 2 🗆 E	R/Outpa	tiont 3	DOA Ot	hor:	g Home 5□Re		e 🗆 🗆	or (Consider	1	
7		27. Manner of Deeth 1 Netural 5 Pending 2 Accident Investigation	28e. Dete of Ja		8b. Time Injur	e of	28c. Inju Wo		28d. Describ	_			/	
led in by the funera Certification:		3 Suicide 6 Could not be determined	28e. Place of building,	Injury - At hometc. (Specify)	ne, farm,	street, fac	ctory, office		28f. Location City or 7	(Street own, S	t and Numb tate)	er or Rural	Route Number,	
- m		29a. Certifier 1 Certifying Phyone) 1 Medicat Exami	sician: To the besiner: On the basis end manner	of examination	edge, de	eath occur r Investige	red et the ti tion, in my d	me, dete end ploppinion, deeth o	eca, and due to the	e ceus e, date	e(s) end ma end place, a	nner as sta and due to	ated. the cause(s)	
Medic		29b. Signature and title of certifier	0 /	2			29c. Licen:	se number		29d.	Dete signed	d (Month, D	ay, Year)	
		(Spores	X201b	1			1	1587	2	12	-0/	20	1797	
	-	00000	100		_		10	30/0	~	Del	cm w	744	11/	

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

A PARE (A)

31. Date filled (Month, Day, Year)

DEC 2 9 1997

32. Regil for y Signature

33. Regil for y Signature

34. Regil for y Signature

35. Regil for y Signature

36. Regil for y Signature

37. Regil for y Signature

38. Regil for y Signature

39. Regil for y Signature

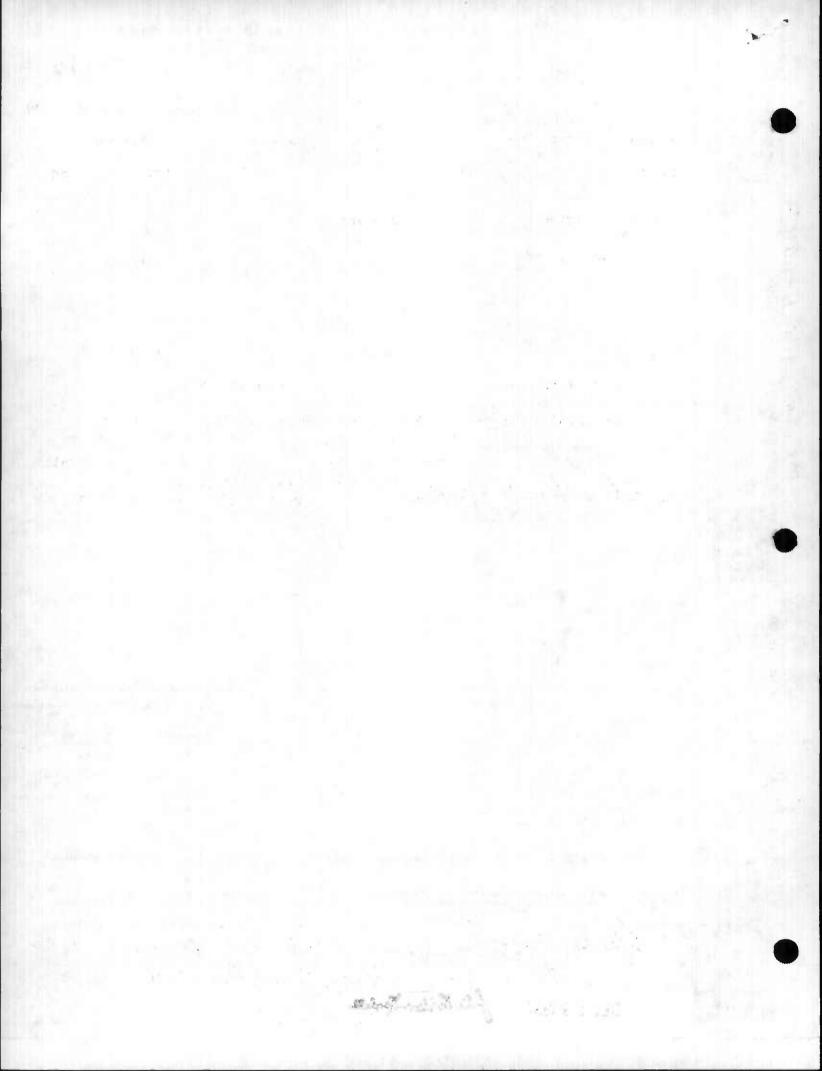
30. Regil for y Signature

30. Regil for y Signature

31. Date filled (Month, Day, Year)

State Registrar

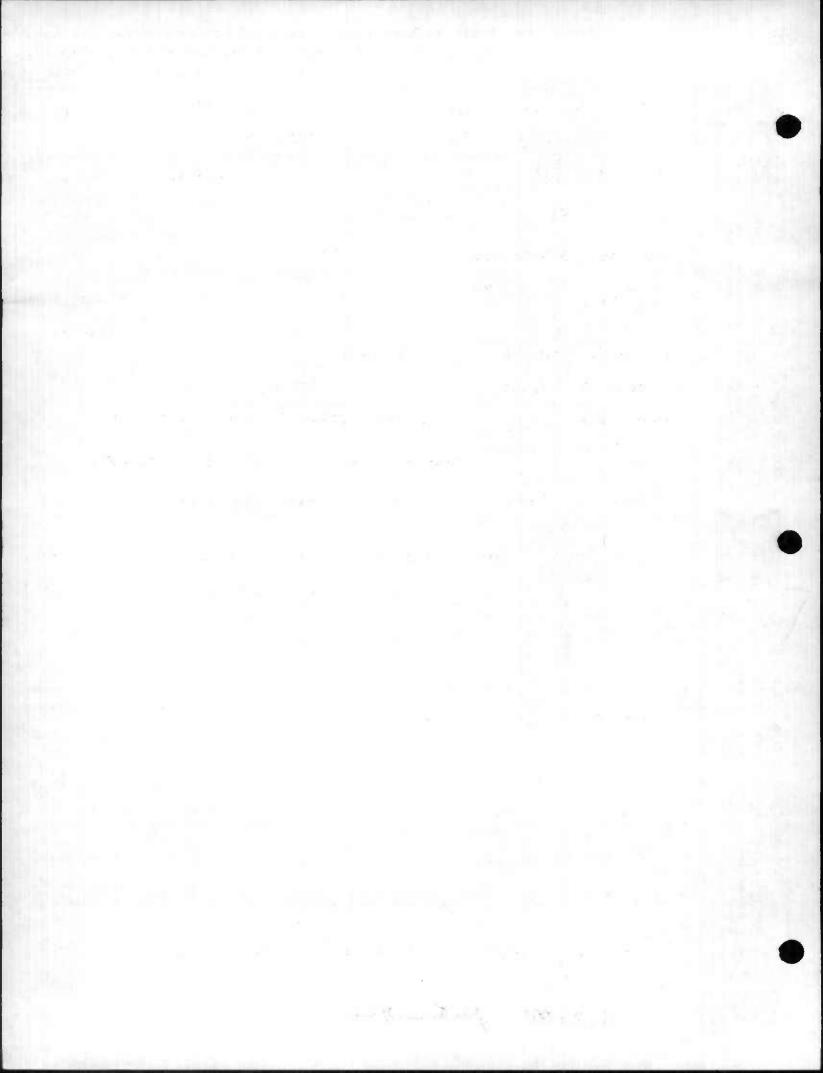
31. Date filed (Month, Day, Year)
DEC 2 9 1997



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

		Decedent's Nama (First, Middla, L.)	ast)		Certificate	OI L	1	2. Dete of Deet			Time of Death	
sician Iedicai	_	JOYCE MA	KINE	HILL			D	ECEMBER	Dey 16, 19	Yeer Q7	1:00 pm	
miner		4e. Fecility Nema (If not institution, gi				41	b. City, Town, or Lo		4c. County	of Deeth	r too pm	
	4	THE JOHNS I			Milledge 4 3	V	BALTIMORI			NA		
tor			Sex 7	Age (In yrs. last bin	thday) If Under 1 \ Months E	rear Deys	Hours Min.	8. Deta of Birth (Month, Dey, 06-13		9. Birthplaca Country) VA	(Stete or Foreign	
tor		10a. Stete 10b. County N.A. N.A.	Ą	10c. City, Town Balt	or Location imore	ī				nside City Limits		
Funeral Director	5	10e. Street end Number	h Ch		10f. Zip Co		10	Whet Country?				
era era	2	1919 East 29t	12. Was Deceder		212			city Yes or No-	USA 14. Bac	A 4. Race - American Indian.		
by Funeral Director	- Ka	1 Never Married 2 Married 3 Widowed WWOivorcad	Armed Force 1 Yas 24 If Yes, Give Yeer or Deter	s? Deno	If Yes, specify 1 ☐ Yes 2 ☑		spanic Origin? (Spe n, Maxican, Puarto I Specify:	Rican, atc.) Bleck, Whita, atc. Specify: Black			k	
	2010	15. Decedent's E (Specify only highest gr	ducation rede completed)	16e.	Decedent's Usuel C		ition luring most of working	working U.S. Cu				
Jam	1	Elementary/Secondary (0-12)	College (1-4c	or 5+)	'life. DO NOT use r	etired))		U.S.	Custo	m Ser.	
		High Sch. Gra 17. Fether's Neme (First, Middle, Las.			Laborer		18. Mother's Neme	(First, Middle, N	feiden Sumen	Sumeme)		
To Be	0	Robert S.	Wyatt		Na			(, , , , , , , , , , , , , , , , , , ,	Jackson			
		19e. Informent's Neme/Reletionship Damon Hill			19b. Malling Address (Str				-			
		20a. Method of Disposition	of	1			City or Town,					
any Injury or other traumatic event, the Medical once. To Be Completed		1 Burlal 2 ACremation 3 4 Donetion 5 Other (Space		(a	y, cremetory or othe							
	-	21. Signature of Funerei Service Lice	0	Green	nount Cem . 22. Name end A			2-18-97	Balto	o., Md.		
SUC.		DRomal D	Ocharen									
	+	23e. Pert1. Entar tha disease, or conshock, or heart feilure. List only	plications thet caus	ed the daath. Do r	March F	H.	East 1 g, such es cardiac o	101 E. I	North A	App	proximete	
n	1	snock, or near tellure. List	one ceuse on aech	line.							ervel Between set end Deeth	
ai		Immediate Ceuse (Finel disease or condition	Or	dence	A Stat	15	poller	nhous	7	2	Mock!	
er		resulting in death) Due to (or es e consequence of):									week!	
Examiner			b. ev	22 st	use ve	en	al dis	ease		18	month	
Xan		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury c.										
edical		cause. Enter Underlying Cause (Disease or Injury thet initiated events	C	Due to force a								
1		resulting in deeth) Lest	d	Due to (or as a c	onsequanca oi):							
Physician/N	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause				the underlying caus	se give	given in Part I. 23b. Did tobacco use c			contribute to the cause of death:		
Phy		Dabetes mellitus						1 Yes 20 No 3 Probably			y 4 Unknow	
by		Daberes	ynec	2 -0110						T		
Completed	-							24e. Wes er		eveileb	eutopsy findings le prior to etion of cause h?	
E O								1□ Ye	s 200 No	1 □ Ye	s 2000	
Be		25. Wes case referred to medical exeminer?					26. Plece of Deeth	(Check only on	9)	1		
2		1 ☐ Yes 2 No	Hospitel:			Othe	4 U Nursing Hor	ne 5 🗆 Reside	nce 6 Oth	ner (Specify)		
Certification:	2	27. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation			ime of 28c. njury M	Injury Work 1 Y	et 2 ? /es 2 No	28d. Describe ho	w Injury occur	red		
ertific		3 Sulcide 6 Could not be determined	286. Piece of I	njury - At home, far etc. (Specity)	rm, street, factory, of	ffice	2	28f. Location (St. City or Town		ber or Rural Ro	ute Number,	
Medical Certificat		29a. Certifiar 17 Certifying Pt (Check only one)	nysician: To the bes miner: On tha basis end manner:	of examinetion end	death occurred et to	he time my op	e, date end plece, e inion, deeth occurre	and due to the ce ad at the time, de	use(s) end me te end place,	enner es steted end due to the	l. cause(s)	
Medical Certi					29c. Li	cense	number	25	d. Date signe	d (Month, Dey,	Year)	
Z	14	29b. Signatura and titla of certifiar		29d. Date signed (Month, Dey, Year)								
W		Donna	a Steph	deeth (Item 23e) /		RE	5-000) }	Deenl	sulle,	1997	
M	3	10. Neme end eddress of person who			Type, Print)				ecent	on lle	1997 MD	
State	00 (2)	Donna	32. Regis	PEDIATRIC strar's Signeture	Type, Print) ルネルルルしし				Deenl - BACI	on lle,	1997 , MD	
	00 (2)	DCMMON 10. Name and address of person who SUNIA JO STEPHENSO	32. Regis	PEDIATRIC strar's Signeture	Type, Print)				beenl - BACI	on lle,	1997 MD	

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene' Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** HAMRICK 6:30 am 9 12 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner MEDICAL CENTER LIBERTY BALTIMOR-If Under 24 Hrs. 8. BALTIMDRE CITY 5. Sociei Security Number 7. Age (In yrs. lest birthday) If Under 1 Birthpiece (State or Foreign Country) **Funeral** 1 M 2□F Yrs. 1927_{N. Carolina} 107-20-1131 70 Director Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits r than "natural", or items 23a or 28a-f show the Modical Examiner must be notified at Md N/A Director 1 Yes 2 No Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4022 Clifton Avenue 21216 USA Funeral 12. Wes Decedent Ever in U.S. Armed Forces?

1 △ Yes 2 □ No If Yes, Give Yeer or Detes: 4/2 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Merried 3/28/491□ Yes 21 No Specify: Specify: Black ρ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Print shop 12 manufacturing traumatic event, 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Clem Hamrick Sophia Hamrick 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 4022 Clifton Avenue Baltimore Maryland 21216 Esther Hamrick other t 20b. Place of Disposition (Neme of cemetery, cremetory or other plece)

Garrison Forest Vet. 12/23/97 Owings Mills Md 20e. Method of Disposition 1X Burlei 2 ☐ Cremetion 3 ☐ Removel from State č permit. Page Department of Important: If any Injury or once. 4 □ Donetion 5 □ Other (Specify) 21 Signature of Funerel Service Licensee 22 Name and Address of Facility
Leroy O Dyett and Son Funeral Home 4600 Liberty Heights Avenue Balto. Md 21207 plications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, one cause on each line. Onset end Deeth Physician /Medical immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner the burial-tran Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) use Pert tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23h. Did tobacco use contribute to the cause of death? s been signed by ti 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings eveileble prior to Completed 24e. Was en eutopsy performed? completion of cause of death? 2 No 1 Yes 2 No funeral director. 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Be 1 Yes 2 No Hospitei: 1 ☐ inpatient 2 ☐ ER/Outpetient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 3 DOA 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) 28h Time of 28c. injury et Work? 28d. Describe how injury occurred 5 Pending 1 Netural 1 TYes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide 1 Certifying Physictan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated. 29e. Certifier

The lew requires that the death certificate be executed P.O. Box 68760. Division of Vital Records, or Attending Physician:

with the Maryland

filed within 72 hours efter

Hygiene.

Pages 1 and 2 should be fill ment of Health end Mental Hitant: If Item 27 le merked oth

and

physician

certificate

this

efter deeth.

24 hours e

To the Vithin 2

other

21215-0020

Baltimore, Maryland

State Registrar

Medicai

DEBORAH GLASSMAN
31. Dete filed (Month, Day, Year) DEC 2 9 1997

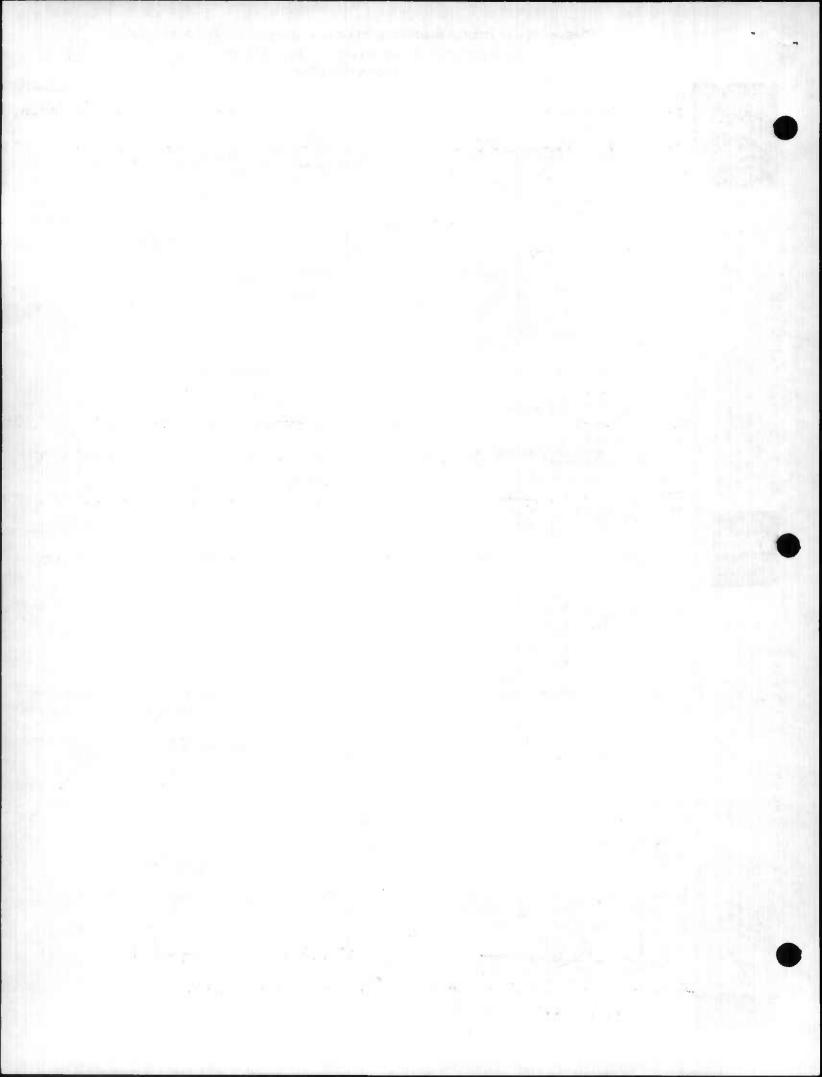
29b. Signeture end title of certific

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) BALTIMONE, MD 21201 N. GREENE ST. 10 32. Registrar's Signature

29c. License number

29d. Pate signed (Month, Day, Year)

9



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

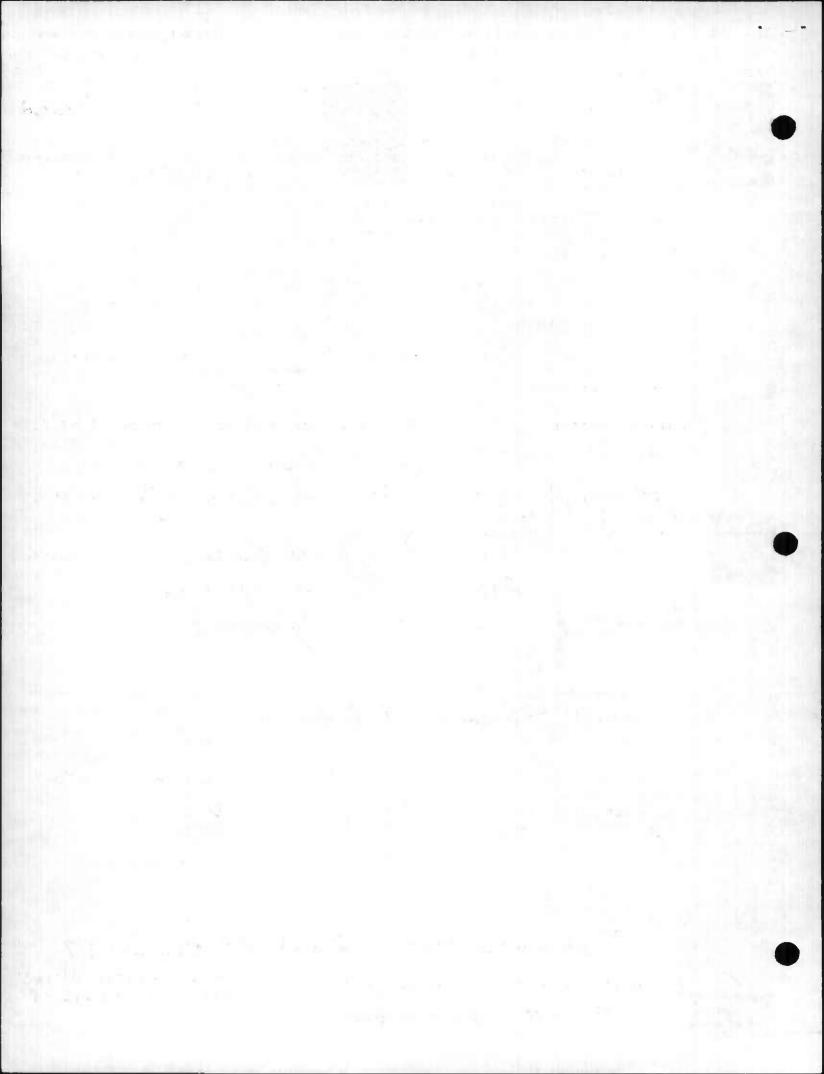
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month December 22 Year 1997 10:30 A **Physician** Tiarieas Henderson /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 2826 Hillsdale Road (residence) Baltimore 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number Birthpiece (State or Foreign Country) **Funeral** 1 □ M 2 🛣 F 212-20-5627 **Director** August 23 1923 USA Usuai Residence of Decedent the Marylend 10a Stete 10b. County 10c. City, Town or Location 10d. inside City Limits r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at 1 Yes 2 No Director Md N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2826 Hillsdale Road 21207 USA death v Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours efter Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", or its marked plant by hydrory or other treumatic event, the Medical Examina page. 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Nivorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Laborer manufacturing 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) George Williams Elnora Williams 19e. informent's Neme/Reietlonship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zlp Code) Lalita Wescott 2826 Hillsdale Road Baltimore Maryland 21207 20b. Pleca of Disposition (Neme of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Dauriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Arbutus Memorial park 12/27/97 Baltimore

22. Name and Address of Facility
Leroy O Dyett and Son Funeral Home
4600 Liberty Heights Ave Balto Md 2 21. Signature of Funerei Service Licente Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only only cause on each line. **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medicai Suddlen Examiner Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury certificate be exec Physician/Medical thet Initieted events resulting in deeth) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yas 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings Completed 24e. Wes en autopsy evalleble prior to completion of cause of deeth? hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 5 Residenca 6 □Other (Specify) 10 After this funeral 28c. injury at Work? 27. Menger of Death Certification: 28d. Describe how injury occurred i after death.
I Director: After t d in by the funers 1 Neturei 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Plece of injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 24 hours Hospital 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

| Madical Examinar: On the best of examination and/or investigetion, in my opinion, deeth occurred et the time, dete and pleca, end due to the ceuse(s) end menner steted. 29a. Certifier To the Hosp within 24 hou To the Fune completely fi Medical 29b. Signature end title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) 2 Reservoir GAKUBA CHRYSOLOGUE MID Pikesville Md 21208 32. Registrar's Signeture State 9 Julia Davidson-Randalle Registrar

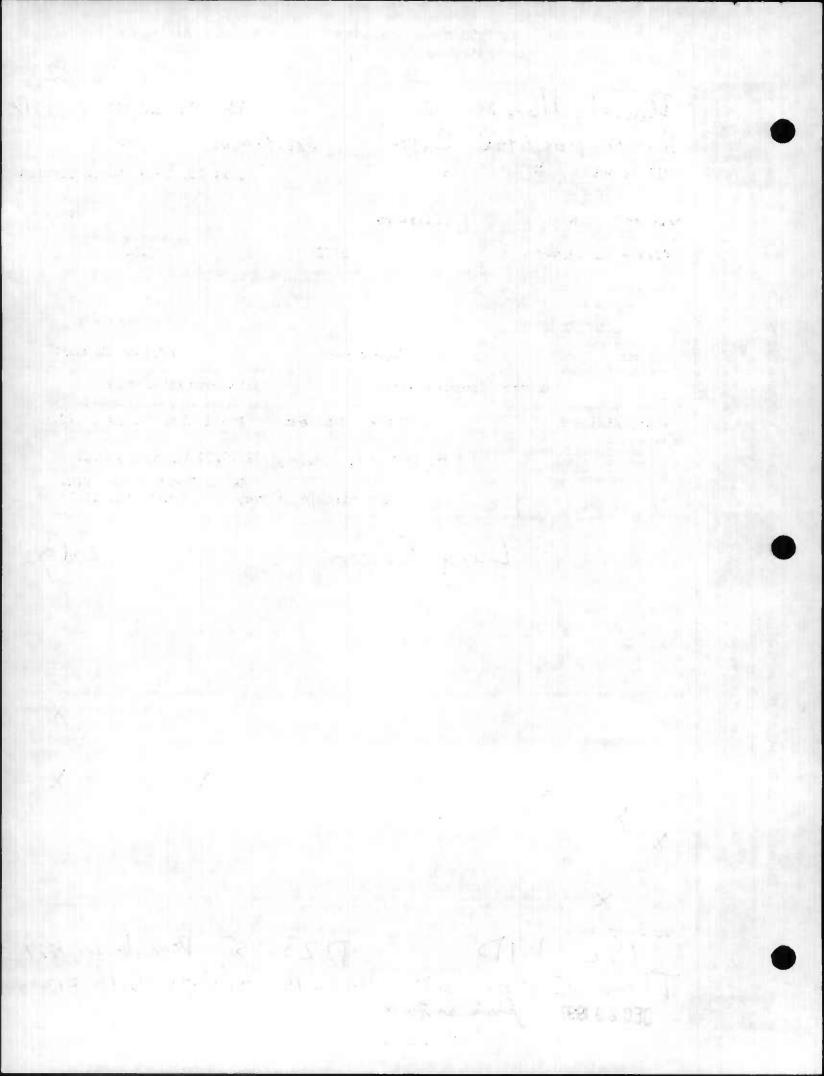


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** SR. 2:10 /1 Vecember 22 /Medical 4c. County of Death Name (If not institution 4b City Town, or Location of Death Examiner Harbor onter more If Under 1 Year 5. Social Security Number 6. Sek 1.XLM 2□ F 9. Birthplace (Stete or Foreign Age (In vrs. lest birthdev) 8. Date of Birth (Month, Dey, Yeer) **Funeral** Months Days 217 34 4695 58 Yrs July 16, 1939 Director North Carolina Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 Yes 2 □ No Directo Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? viner must be n U.S. 4224 - 6th Street 21225 Funeral death 12. Was Decedent Ever in U,S. Armed Forces? permit. Pages 1 and 2 should be filed within 72 hours effer dea. Department of Health and Mental Hygiene. Important: if fam 27 is marked other than 900.00. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. Black, White, etc. 11. Marital Status 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ZNo Specify: Specify White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Maryland Drydock Pipe Fitter 5th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Elizabeth Creekmore Robert Linwood Harris 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. informent's Neme/Relationship (Type, Print) Baltimore, Maryland 21225 4224 - 6th Street Wanda Atkinson 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 12/27/97 Pinetops, N.C. Harris Family Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 ramerousty 23a Pert1. Enter the disease, or con shock, or heart failure. List onl mplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, typing cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical **Examiner** Due t (or as a consequence of) Examine physician and s the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical that initiated events resulting In death) Last Due to (or as a consequence of). SE 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown signed b p 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed irector, page Yes 2 No Physician: 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To After this Manner of Death Date of Injury (Month, Day Year) 28c. Injury at 28d. Describe how injury occurred or Attending 1 Natural 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piaca of Injury - At home, farm, street, factory, offica building, etc. (Specify) Direc 4 Homicide Hospital 24 hours Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical completaly (Check only one) within 2 To the 29b, Signature 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of deeth (item 23a) (Type, Print) Horkor Hospita

State Registrar

9



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth 4:40pm Shirley D. Hess December 20 199 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Stella Maris at Mercy Hospital Baltimore 5. Sociei Security Number 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Days Months Hours 1 M 25 F 236 48 5078 62 Yrs. July 28, 1935 West Virginia Usual Residenca of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 XNo Maryland | Anne Arundel Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 610 Nautilus Avenue 21225 U.S. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian, 11 Maritel Status Black, White, etc. 1 Never Married 2 Married 1 Ves 2 X No Specify: White 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Cashier Gas Station 10th 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Opal Mullins Shirley Martin 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frances Martin / sister 610 Nautilus Avenue Baltimore, Maryland 21225 20b. Place of Disposition (Name of cametery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Buriai 2 ☐ Cremation 3 ☐ Removel from State Gardens of Faith Cemeteryl2/24/97 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Ligansee 22. Name and Address of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 ones 23a. Part 1. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. Ast only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Final Cancer year uno disease or condition resulting in death) Due to (or as a consequenca of Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): Due to (or es a consequence ot): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 □ Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 2 NO 1 Yes 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. State

Director

à

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

nd Mental Hygiene. marked other than "natural",

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event, pose

the Maryland

with

death

Shirley Hes

bariel-transit pue Physician/Medical the SO signed by the e pluods peen hes

certificete

this

by Completed

Be 9 funeral Certification:

After death. To the Hospital within 24 hours e To the Funeral C completely filled

Records, P.O. Box 68760, Division of Vital Attending efter death Director: / Hospital of

State

Registrar

edical

31. Date filed (Month, Dey, Year) 2 9 199

29b. Signature end title of certifier

25. Was case referred to medical examiner?

5 Pending investigation

6 Could not be determined

1 Yes 2 No

27. Manner of Death

Natural

2 ☐ Accident

4 Homicide

3 Suicide

29a. Certifier (Check only one)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Ferra, und 2. Redstead's Significant

nouse

28a. Date of Injury (Month, Day Year)

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28b. Time of

28e. Placa of Injury - At home, tarm, street, tactory, office building, etc. (Specify)

Injury

28c. Injury at Work?

Certifying Phyetctan: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) and menner es steted.

| Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated.

29c. License number

140480

1 ☐ Yes 2 ☐ No

3elqi 100

26. Place of Death (Check only one)

December 20, 1997 120 21236

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how Injury occurred

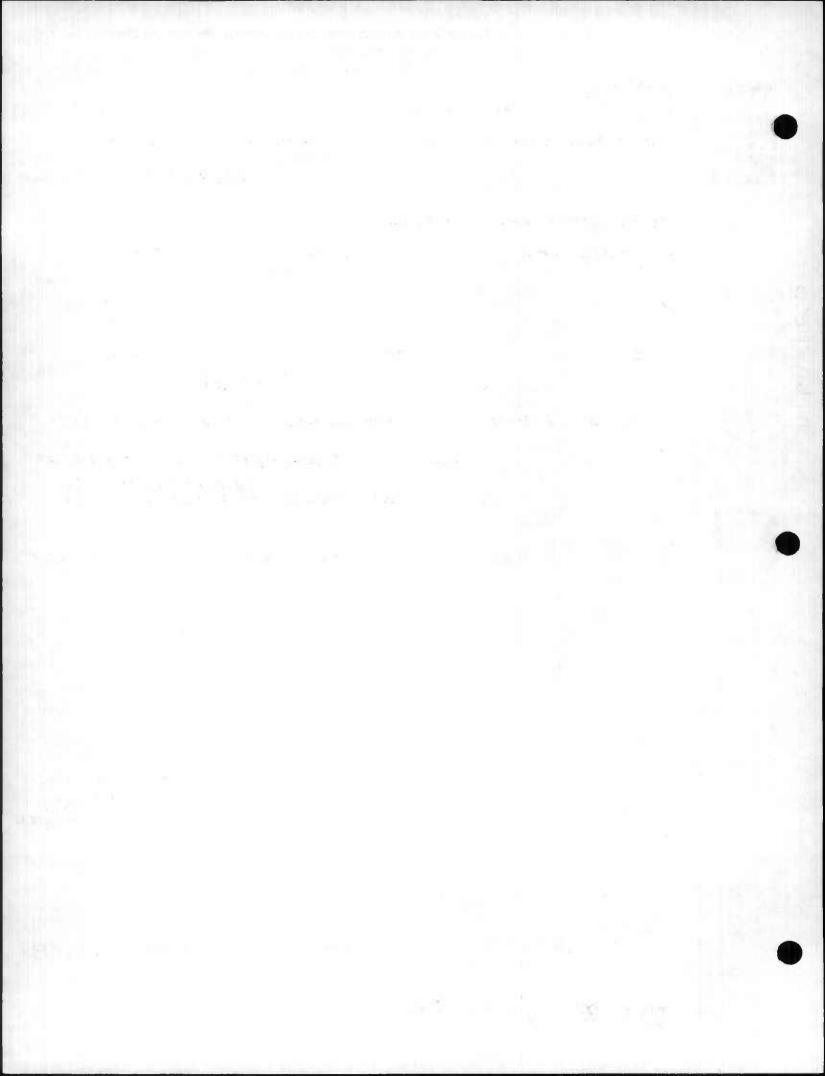
Stella Maris at

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Dey, Year)

HOSPICE

7672 selto



State of Maryland / Department of Health and Mental Hygiene Items: 23 part I,27,28a-f per MEO G-755 1/2/98 Gertificate of Death ASP 1. Decedent's Name (First, Middle, Last) 2 Date of Deeth 3. Time of Deeth Dey **Physician** Robert R. Harrington III DECEMBER 18 1997
4b. City, Town, or Location of Deeth 4c. County of Death /Medical 12:45 A 4e Fecility Neme (If not institution, give street end number) **Examiner** Baltimore SOUTHWEST BLVD AT FRANCIS If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year, AVE BALTIMORE Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** 1-18 M 2□ F 42 Yrs 213 68 5243 Maryland Jan. 8, 1955 Director Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10d. Inside City Limits 10e. Stete 10b. County r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 28 No Baltimore Maryland Baltimore 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code ក់ 21227 U.S. 1162 Linden Avenue deeth . Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. e filed within 72 hours efter al Hygiene. other than "naturel", or ite 1 ☐ Yes 2 No If Yes, Give 1 Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White p 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Transportation Traffic Engineer 2 years 7 is marked othe traumatic event, permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked oths any injury or other traumatic event, bloce. 18. Mother's Neme (First, Middle, Malden Sumeme) 17. Father's Neme (First, Middle, Last) Be Ada S. Haven Robert R. Harrington Jr. P 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. tnforment's Neme/Reletionship (Type, Print) Eldersburg, Maryland 21784 Stephania Billheimer / sister 5801 Waltham Drive 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Buriel 2 Cremetion 3 Removel from State 12/22/97 Baltimore, Maryland Loudon Park Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Gonce Funeral Home P.A. 60 and 4001 Ritchie Highway Baltimore, Md. 21225 whase 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximate tnterval Between Onset and Deeth **Physician** Immediate Cause (Finel disease or condition resulting In death) /Medical MULTIPLE INJURIES **Examiner** Due to (or as a consequence of) Examiner ettending physician and for use es the buriel-transit certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In death) Lest Due to (or es e consequence of): Box 68760 Physician/Medicai Due to (or as e consequence of): death signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of deeth? 1 ☐ Yss 2 No 3 ☐ Probably 4 ☐ Unknown The law requires that by Records, 24b. Were autopsy tindings evailable prior to completion of cause of deeth? been significant 24a. Was an autopsy performed? Completed has eged 1M Yes 2 No certificate Division of Vital or Attending Physicien: director, 25. Was case referred to medical exeminer? Be 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Nother (Specify) RR TRACK 1 Yes 2 □ No P this funerel 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury et Work? Certification: After A 1 Natural 5 Pending 1 Tyes XX No Subject struck by train death. Investigation 12:30^M 12/18/97 Director: / 2 Accident Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, State) Baltimore Co., Md. 4 Homicide efter within 24 hours of To the Funerel Di completely filled in Southwestern Blvd.at Francis Ave. train track 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and plece, end due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end placa, and due to the cause(s) and manner stated. 29e. Certifier edicai (Check only

10

29b. Signeture end title of cartifier

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Strphen S. 16 31. Dete tiled (Month, Day, Yeer) Radentz MP

29c. License number

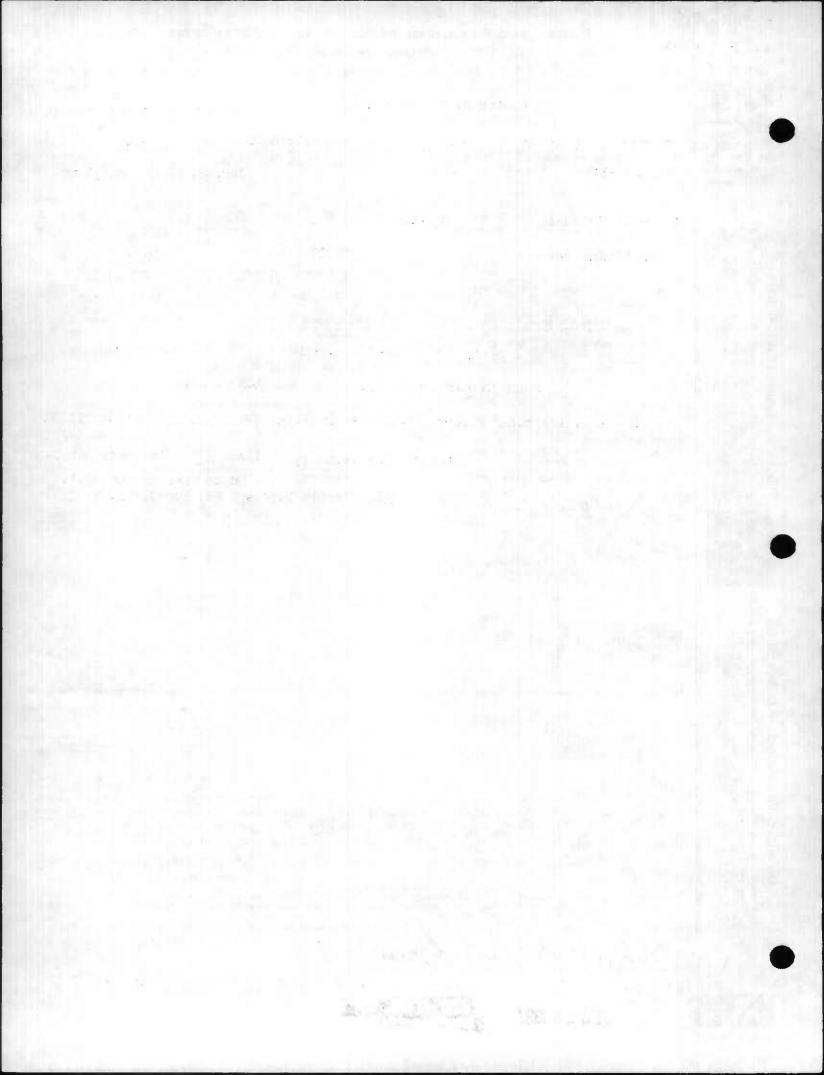
O.C.M.E

29d. Dete signed (Month, Day, Year)

DECEMBER 18,1997

State Registrar

32. Regist DEC 2 9 1997



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month December 24, 1997 MARGARET 10:00 PM HARTMANN 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth HOWARD COUNTY GENERAL HOSPITAL 5. Social Security Number 7. Age (in yrs. last birthday) COLUMBIA if Under 24 Hrs. HOWARD If Under 1 Year 8. Date of Birth (Month, Day, Year) APR. 5, 1916 Birthplace (State or Foreign Country) 1□M aX F Days Yrs. 084-09-0905 81 NEW YORK Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes YNO MARYLAND HOWARD COLUMBIA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? #517 U.S.A. 21044 5400 VANTAGE POINT ROAD 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) ALEXANDER BINGHAM EMILY KEYS 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 5400 VANTAGE POINT ROAD #517, COLUMBIA, MD 21044 GEORGE R. HARTMANN, HUSBAND 20b. Placa of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 12/30/97NASSAU, NEW YORK NASSAU KNOLLS CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility WITZKE FUNERAL HOMES, INC. 21. Signature of Funeral Service Licensee 1630 EDMONDSON AVENUE, CATONSVILLE, MD 21228 23a. Part1. Enter the disease, or complications that autood the shock, or heart failure. List only one cause on each me beath. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset end Deeth 2445 Immediate Cause (Finel Frilare, Acute disease or condition resulting in death) Due to (or as a consequence of) eamowia Sequentially list conditions, if ony, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or as e consequence of): Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evailable prior to completion of cause of death? 24a. Wes an autopsy performed? 25 No 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes ≥ No

Physiclan /Medical Examiner

The law requires that the death certificete be executed

Box 68760,

P.O.

Records,

of Vital

Division

or Attending Physician:

Hospital

the

Physician

/Medical

Examiner

10a. State

Funeral

Director

ral", or items 23s or 28s-f show Exeminer must be notified at

"natural".

7 is marked other than traumatic event, trains

Director

Funerai

þ

Completed

Be

the Maryland

filed within 72 hours after

Hygiene.

. Pages 1 and 2 should be fill ment of Health and Mental Hant: If item 27 is marked oth lury or other traumatic even

Department of Important: If any injury or

21215-0020

altimore, Maryland

Examiner

Physician/Medical þ Completed Be 2

the burial-transit use as signed by the er director, page 2 should Certification: filled in by Medical

certificate

After this

death.

within 24 hours efter deat To the Funeral Director: completely IO

State Registrar

hereav Ry

5 Pending Investigation

6 Could not be determined

28c. Injury et Work?

29c. License number

1 ☐ Yes 2 ☐ No

Cartifying Phyatolan: To the best of my knowledge, death occurred et the time, date and placa, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. 29d, Dete signed (Month, Day, Year)

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

28d. Describe how injury occurred

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

28e. Date of Injury (Month, Day Year)

11055 Little Parisons Pby, Columbia Me 2004 P. Register's Signature Randall 31. Date filed (Month, Day, Year)

28b. Time of

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

27. Manner of Death

Naturel

2 Accident

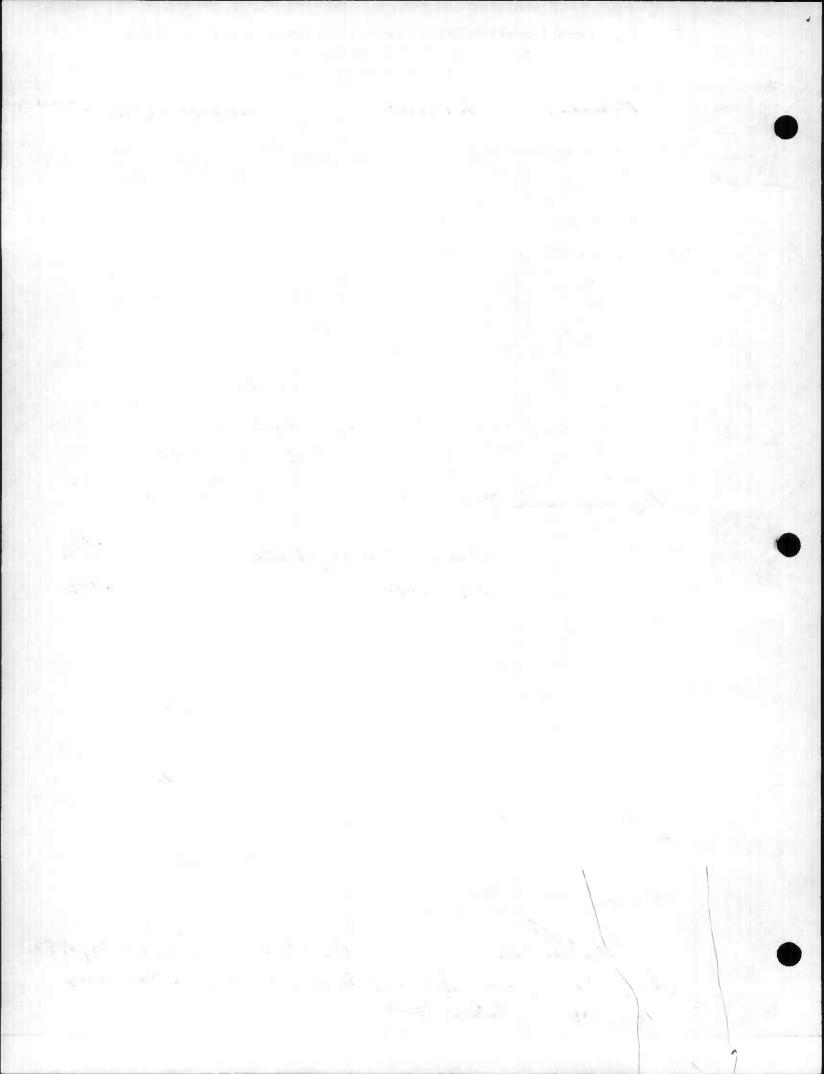
4 Homicide

(Check only one)

29b. Signature end title of certifie

3 ☐ Suicide

29a. Certifier



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month 9:50 pm Evelyn S. Humphrey Decem 25 1997 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Memorial Baltimore City Hospita Union If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey. 5. Social Security Number 9. Birthplace (Stete or Foreign 7. Age (In yrs. lest birthday) Months 1 ☐ M 2 ☐ F Yrs. 91 8, 218-38-4060 Virinia Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland N/A Baltimore ¥ Yee 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 700 West 40th Street 21211 U.S.A 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 20 No If Yes, Give* Year or Dates: 14. Bace - American Indian. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married 2 Married Specify: White 1 ☐ Yes 2 No Specify: Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Home Maker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Sale Molly Kelly Andrew 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 501 W. University Pkwy., Baltimore, Maryland 21210 Charles Humphrey (Son) 20b. Placa of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1

Burial 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 12/30/97 Fredricksburg, Va. Oak Hill Cemetery 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility A. Alan Seitz, Jr. Funeral Home lan 3818 Roland Avenue, Baltimore, Maryland 21211 23a. Part1. Enter the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause of each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) 1 days neumonie Due to (or as a consequence of): Insufficiency Due to (or as a consequence of) Dehydration Due to (or as a consequence of): Tract Infection 23b. Did tobacco use contribute to the cause of death?

Physician /Medical Examiner

sician end burial-trans

the attending physician hed for use as the buria

signed by the

certificate has

this

After t or Attending

death.

To the Hospital or Attenditional within 24 hours efter death.

To the Funeral Director: A completely filled in by the formal or the formal completely filled in by the formal completely filled in t

Box 68760,

Division of Vital Records, P.O.

2

Examiner

Physician/Medicai

by

Completed

Be

Lo

Certification:

Medicai

4 T Homicide

HILLARY

31. Date filed (Month, Dey, Yeer)

3 ☐ Suicide

Physician

/Medical

Examiner

10a. State

Director

þ

Completed

Be

2

Funeral

Director

If item 27 is marked other than "natural", or items 23s or 28a-f show or other traumatic avent, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "I any Injury or other traumetic avent. It a mental injury or other traumetic avent. It a mental injury or other traumetic avent.

the Maryland

death

Baltimore, Maryland 21215-0020

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last

Part II. Other significent conditions	s contribution	ng to death but not re	sulting In the und	erlying) cause	e given in Pe	rt 1.	
Hyponatres	nie							
Cerebrova	scul.	er Acci	ident					
25. Was case referred to medical	on					26 Pla	ice of Death	
examiner? 1 ☐ Yes 2 X No	Hospital	1 1 Inpatient 2	ER/Outpatient	3□	DOA	Other:	Nursing Hor	-
27. Menner of Death 1. Naturel 5 Pending 2 Accident Investiga	28a.	Date of Injury (Month, Dey Year)	28b. Time of Injury	М		Injury at Work? 1 🗆 Yes 2	□No	2

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

32. Registral's Signature

1 Yes 2 No 3 Probably 4€ Unknown

24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 Yes 2□No 1 ☐ Yes 2 ☐ No

(Check only one) ne 5 Residence 6 Other (Specify)

8d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

| Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner steted. 29a. Certifier (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DEC 2 9 1997

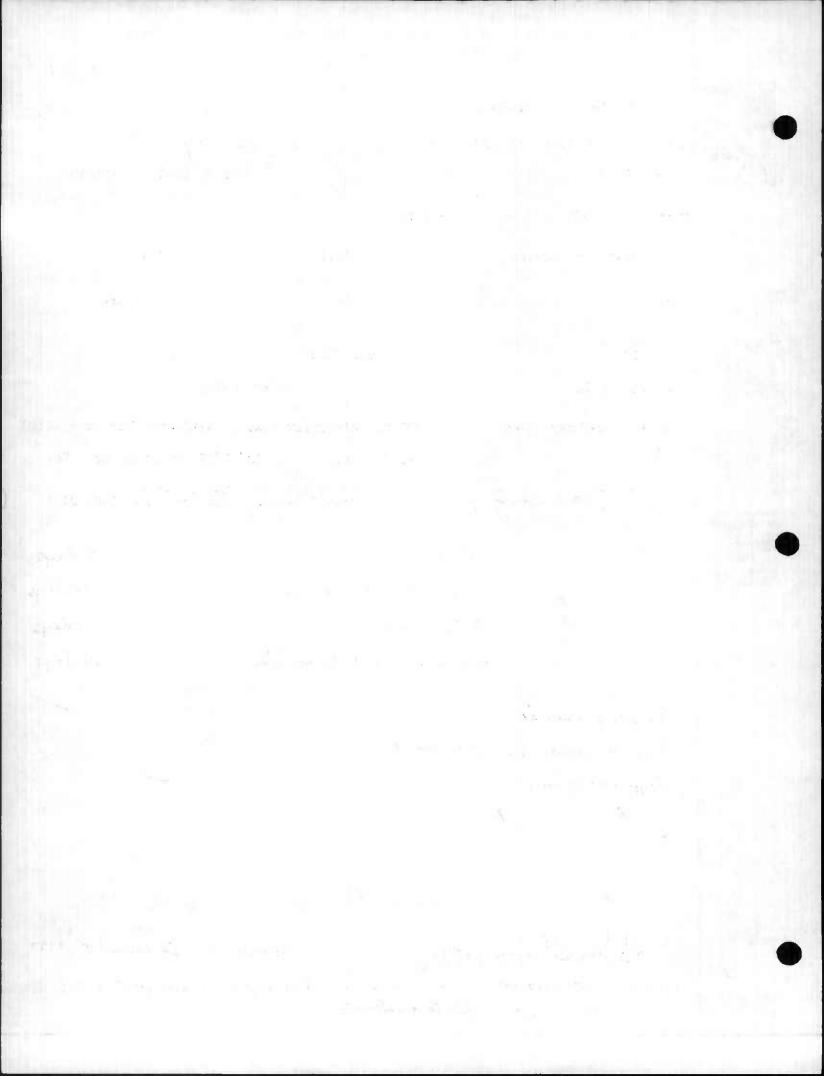
WOODSON, mp

6 Could not be

201 E. University Pluy, Baltimore, MD 21218

December 25, 1997

State



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month D FZEMBORIS 8:20 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTI MORE If Undar 24 Hrs If Undar 1 Yaar 9. Birthplaca (Stata or Foreign Country) (In yrs. last birthday) **Funeral** 10-8923 1 M 2 F Months Days Hours BAHO, MD Director Usual Rasidance of Decedant the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r 28a-f show Director 1 TYas 2 □ No MD N/A BALTIMORE 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code r than "natural", or items 23a or in Medical Expressive result be a death with 124 W. FRANKLIN ST. 21201 U.S. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No It Yas, Giva Yaar or Datas: Wes Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indien, Black, Whita, atc. filed within 72 hours efter 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No þ 3 ☐ Widowad 4 ☑ Divorced BLACK Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retirad) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind ot Business/Industry Eiamentery/Secondary (0-12) Collega (1-4or 5+) RECEPTIONIST -0-MEDICAL permit. Peges 1 and 2 should be filed.
Department of Health end Mental Hygis
Important: If item 27 is marked
any Injury or other traumatic event. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be EDWARD WALLACE VIOLA FISHER 19a. tntormant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) 3 ROCK SPRING ROAD-WEST ORANGE, NJ LINDA HALLGOWIE (DAUGHTER) 07052 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) 12/13/97 METRO CREMATORY CATONSVILLE, MD 21. Signature of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility ELIZABETH L. PHILLIPS 1721-27 N. MONROE ST.-BALTO., MD 21217 23a. Part : Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata Intarval Batwaan Onset and Death **Physiclan** immediata Causa (Final disaasa or condition rasulting in daath) /Medical ANCER monthis **Examiner** Dua to (or as a consequence of) Physician/Medical Examiner Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that Initiated avants rasulting In daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68766 Dua to (or as a consequence of): The law requires that the death cert Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24a. Was an autoosy 24b. Wera autopsy tindings available prior to completion of cause of deeth? this certificate has 1 ☐ Yas 2 No Attending Physician: Be 25. Was casa refarred to medical axaminer? 26. Pleca of Daath (Check only ona) 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA funeral 27. Mannar of Deeth 28e. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28c. Injury at Work? Aftert 1 Neturei 2 Accident 5 Pending invastigation death. 1 Yas 2 No or Attendi aftar death. Director: A d in by the fi 6 Could not be datarminad 28t. Location (Streat and Number or Rural Routa Number, City or Town, State) 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 4 Homicida To the Hospital o within 24 hours af To the Funeral DI edicai 29a. Cartifiar 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and plece, and due to the causa(s) and manner as stated.
2 Medicat Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, end due to the causa(s) and manner stated. (Check only one) 29b. Signatura and title of certifier 29d. Data signed (Month, Day, Year) 29c. Licansa numbar

State Registrar

tate 31. Date tillad (Month, Dey, Yaer)

DEC 2 9 199

Yaor) 32. Regular s Strature - Rendere

30. Neme end eddrass of person who complated cause of deeth (Item 23e) (Type, Print)

ecember 13 1997

many with 12 toy 45 727

THE PARTY OF THE PARTY.

MACON		ricase	State of Marylar				Mental Hy	giene	7 20100
JONES				Certific	ate o	of Death		Reg. No.	1 39 29
Physic /Medi		1. Decedent's Name (First, Middle, Las	Tones :	Jr.			2. Date of Do Month DECEMB	ER 23,19	
Exami		4a Fecility Name (If not Institution, give				4b. City, Town, or		h 4c. County	of Deeth
		JOHNS HOPKINS BAYV 5. Sociel Security Number 6. S.		ENTER	nder 1 Y	BALTIMO ear If Under 24 Hrs.		The Man	O Bidhalasa (State or Essaign
Funeral Director			ex DOM 2□ F 7. Age (In yrs.	5 Yrs. Mon				-32	9. Birthplace (State or Foreign Country) Coroli
5-0020 72 hours after death with the Manyland neture!; or items 23s or 28s-f show dies! Examine fruit be notified a	tor	10a. Stete 10b. County	A 300. Ci	ty, Town or Location) (6				10d. Inside City Limits 1 Myes 2 □ No
or 28	Director	10e. Street end Number	uh i i	10f	Zip Coo	le / 1		10g. Citizen of V	Vhat Country?
23 a	rai	1905 E. 20	Stree	- 0	-/8	-13		05	A
ir des	Funeral	11. Maritel Status	12. Wes Decedent Ever in U Armed Forces?	I,S. 13. Was D If Yes,	ecedent specify (of Hispenic Orlgin? (S Cuban, Mexican, Puer	specify Yes or N to Rican, etc.)		e - American Indien, k, White, etc.
5-0020 72 hours after naturel; or it	by	1 ☐ Never Married 3 ☐ Widowed 4 ☐ Divorced	1 N Yes 2 □ No If Yes, Give Yeer or Dates:		s 200			Specify	Black
Baltimore, Maryland 21215-002 permit. Pages 1 and 2 should be filed within 72 hours Department of Haelth and Mental Physiena. Department of Haelth and Mental Physiena. In them 27 is marked other than "naturel", any highry or other traumatic event, the Medical Exposes.	Completed	15. Decadent's Ed (Specify only highest gre	lucation de completed)	16e. Decedent's (Give kind o life. DQ NO	f work de	one during most of wo	rking	16b. Kind of Bu	usiness/Industry
2121 d within giena.	dwo	Elementary/Secondary (0-12)	College (1-4or 5+)	BUSI	m 1 1	105		Touns	mortation
Hilled Hygin	C	17. Father's Name (First, Middle, Last)	101	NUJ L	1	18. Mother's Nar	me (First, Middle	, Meiden Sumer	10)
Maryland 42 should be file h and Mental Hy 7 is merked oth	o Be	Macon To	nes St			Minn	ip F	ourse.	r
aryle should and Men marke umatic	-	19e. Informent's Name/Relationship (7	Type, Print)	19b. Mailing Add	ress (St	reet end Number or Ri	urel Route Numi	ber, City or Town,	Stete, Zip Code)
e, Ma 1 and 2 Health ar sm 27 is ther trau		Juanita Ja	nes-Wife	1905 B	:. a	O# Stre	et Ba	1to. M	21213
or Haalth		20e. Method of Disposition		Place of Disposition cometery, cremetory	(Neme of or other	f plece)	Date	20c. Location -	City or Town, Stete
altimore mit. Pages 1 a partmant of He portant: If item y Injury or oth		1 Surial 2 Cremation 3 4 Donation 5 Other (Specify	r) State	arrison	For	195+	12-30-97	Prittin	nore MI)
Baltimo pemit. Page Department of Important: If any Injury or		21. Signature of Funeral Service Licen	see /	22. Nam	e end A	dress of Fecility	1bert	P. Wyli	e Funercio Home
m garag		> albert &	Ille	658	1)	Gilman	ST 1.	Brithim	ore, MD 2/2/
		23a. Pert1. Enter the diseese, or comp shock, or heart failure. List only	plications that coused the dear	th. Do not enter the	mode of	dying, such es cardia	c or respiratory	errest,	Approximate Interval Between
: Physician		snock, or neart failure. List only	one cause on each line.						Onset end Deeth
/Medical		Immediate Cause (Final disease or condition	. Antono	SCIONOT	ic. 0	Connie	10SULGE	n Disc	785
Examiner		resulting in death)		or as a consequence			102000	VC30	
D #	iner		h						
60, be axecuted ician and burial-transit	Examin	Sequentially list conditions, if any, leading to immediate	Due to (or es a consequenca	of):				t
\$8760, icate be axecut physician and s the buriel-tran		cause. Enter Underlying Ceuse (Disease or Injury							
	dicai	that Initieted events resulting in death) Last	Due to (d	or as a consequence	of):	19 10			
2 0 6	Me		d						j
Box hath cart attending for usa	lan								
O a a a	by Physician/Med	Part II. Other algnificant conditions of	ontributing to death but not res	ulting in the underly	ng cause	given in Pert I.			ntribute to the cause of death?
S, P. as that it gned by be datac	P	DIABOTOS MES	Withe				1	Yes 2□ No	3 Probably 4 Unknow
S 2 2 2	Q P						24e. Wa	s an eutopsy	24b. Were autopsy findings
cord v require been si	lete						per	ection	eveileble prior to completion of cause of death?
Tha law ata has b	Completed								
= - 60		25. Wes case referred to medical				00 0110		Yes 2X No	1 Yes 2 No
	o Be	examiner?	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3E	DOA	Othor	eth (Check only	idenca 6 Oth	er (Specify)
	-	27. Menner of Deeth	28e. Date of Injury	28b. Time of	,	Injury at Work?		how injury occur	
VISION Attending For death.	atio	1 Natural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey Year)	Injury M		Work? 1 ☐ Yes 2 ☐ No			
Division or Attending after death. Director: After	Iffice	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Placa of Injury - At h building, etc. (Speci		ctory, of	ice	28f. Location	(Street end Numb	per or Rurel Route Number,
Div	Certification:		Sansing, Gio. (Special	77			3.7.	,/	
DIVISION To the Hospital or Attention 24 hours after deall To the Funeral Director: completaly filled in by the	edicai		yalcian: To the best of my knowiner; On the basis of examina						
the H the F the F		one)	and menner stated.	on an arrostige					
To Too	Σ	29b. Signature end title of cartifier	, p		29c. Lie	cense number		29d. Dete signe	d (Month, Dey, Year)
		WWW.	De Mill.		0	C.M.E.		DECEMBER	24.1997

State Registrar

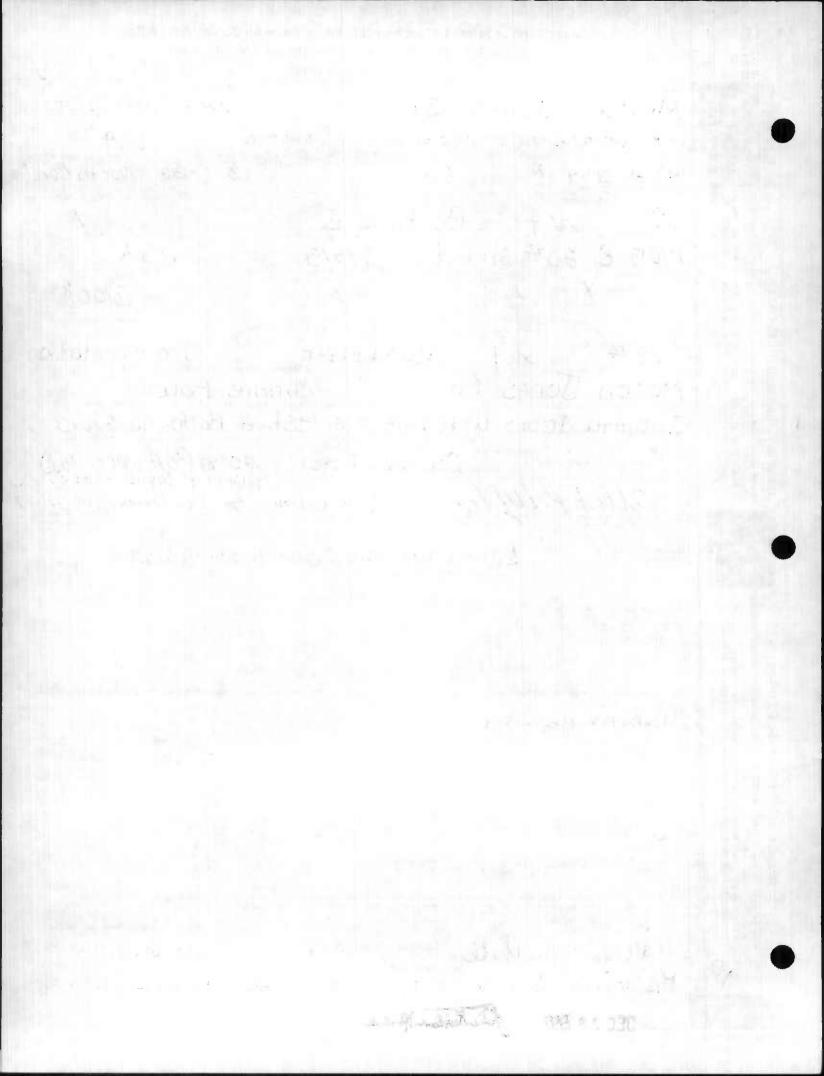
NEC 2 9 199

Markey Jan Angle &

111 Penn Street, Baltimore, Maryland 21201

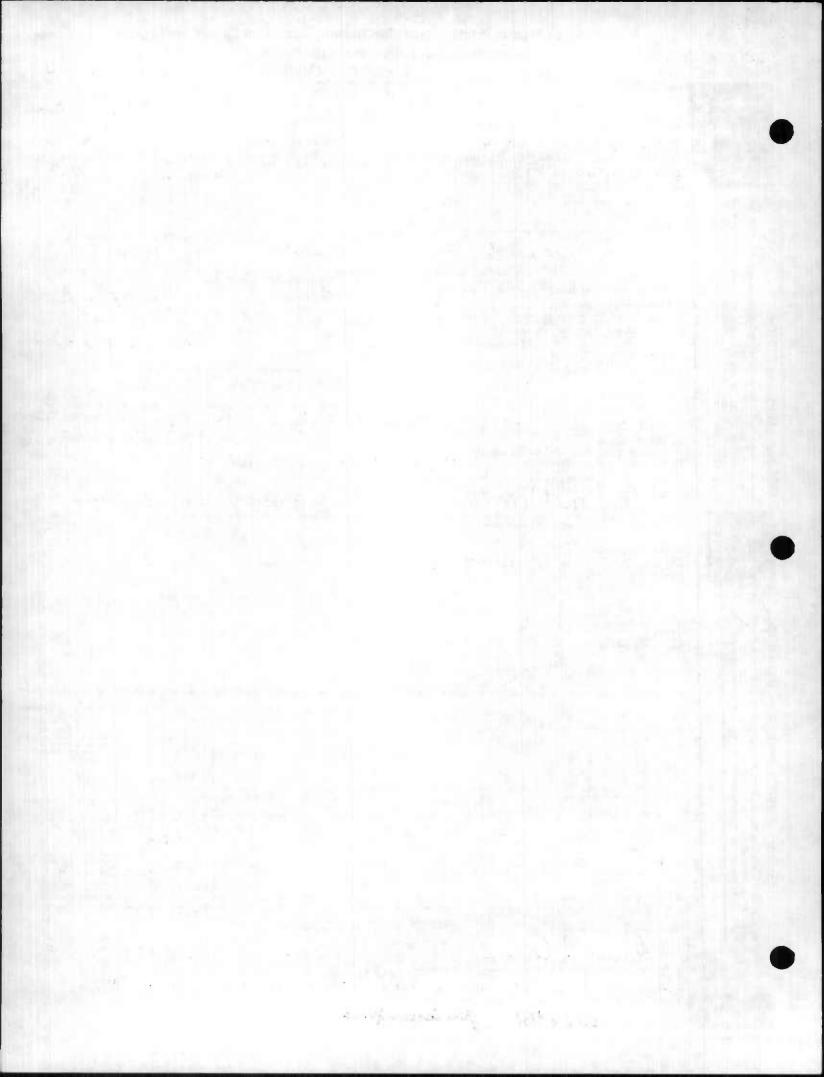
completed cause of deeth (Item 23e) (Type, Print)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 7

						cate of			Reg. No.		
sician	Decedent's Name (First,	7	7	T	ones			2. Date of De Month	ath Day	Year 3.	Time of Deat
edical		arego	ory D.		Unes			DECEME			2.337PM
miner	4e Facility Neme (If not Ins	titution, give	street end number)		1111	4b. City, Town, or	Location of Death	4c. County	of Death	
	722 NORTH LA	KEWOO	D AVENUE				BALTIMOR				
al	5. Social Security Number	6. Se		ge (In yrs.	Mor	Inder 1 Yea			th y, Year)	9. Birthplace Country)	(State or For
or	217-56-54	99	2 M 2 □ F	41	Yrs.			11-	9-50		mo
	Usuel Residence of Decede 10a. State 10b. C			10c. Cit	ty, Town or Location	1				10d. i	inside City Lin
5	mi				Balto.						Wes 20
ect	110					4 7'- O-d-			40a Oblasa of l	Affras Country C	
Funeral Director	10e. Streef and Number	Lake	wood	Ave	100	f. Zip Code	1205		10g. Citizen of N		
- Tue	11. Maritel Status		12. Was Decedent Armed Forces	Ever in U	I,S. 13. Was D	ecedent of specify Cu	Hispanic Origin? (S ben, Mexican, Puer	Specify Yes or No to Rican, etc.)	14. Red Blad	ca - American I ck, White, etc.	ndian,
by	1 Never Married 2 3 Widowed 4 Div		1 ☐ Yes 2 ☐ If Yes, Give Year or Dates:	No		es 29No			Specif	h /	ct
Completed	15. Dec	edent's Edu	ucation		16a. Decedent's	Usual Occi	upation	aluta a	16b. Kind of B	usiness/Industr	у
pie	(Specify only Elementary/Secondary (0	· · · · · · · · · · · · · · · · · · ·	College (1-4or	5.41	life. DO NO	OT use retir	e during most of wo	rking	Bultimor	Cane	& Flor
E	10th grad		College (1-40)	34)	Gi	as L	iner		Cuttmor	e Gias	9010
0	17. Father's Name (First, M	iddle, Last)					18. Mother's Na	me (First, Middle	Maiden Sumen	ne)	
To Be	Thomas		Jones				mym	te 1	tarris		
F	19a, Informant's Name/Rel	atlonship (T	Vne Print)		19b Mailing Add	dress (Stree	et end Number or R			State, Zip Coo	de)
	Delores		Tones			N. L	akewood	d Aul.	, Batt	0.1M6	0 212
	20a. Method of Disposition		Jones	20b. F	1			Date	20c. Location -		
	1 ☑ Buriel 2 ☐ Creme				Place of Disposition cemetery, cremetory	or other pi	(ece)	12-24-97			-
	4 Donation 5 Oth		A	Va	shell M	EM	Garden	1504-11	Dunaa		0
ouce	21. Signature of Funeral Se	rvice Licen	(1)		22. Nan	ne and Add	ress of Facility				
si i	1000 a	m (DAY		ma	rch 1	E. H EA	st 11	01 E.	. Nort	h Au
	23a. Part1. Enter the disea shock, or heart failure	se, or comp	lications that couse	d the deat	th. Do not enter the	mode of d	/lng, such as cerdia	c or respiratory a	rrest,	Api	proximate erval Betwee
n al er	Immediete Cause (Final disease or condition resulting in death)		a. Han		q						
			(Due to (as a consequence	e of):				1	
amln	Sequentially list conditions.	•	b								
Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	5	b		as a consequence						
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	{	b	Due to (c	of as a consequence	e of):					
edical	Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest	{	b	Due to (c	as a consequence	e of):					
edical	Sequentially list conditions if any, leading to immediate ceuse. Enter Underly Cause (Disease or Injury that Initiated events resulting in deeth) Lest		b	Due to (c	of as a consequence	e of):					
edical	resulting in deeth) Lest	ι		Due to (d	or es a consequence	e of):		anh Did			
edical	Sequentially list conditions if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Part II. Other significant co	ι		Due to (d	or es a consequence	e of):	jiven in Part I.		tobacco usa co		
Physician/Medical	resulting in deeth) Lest	ι		Due to (d	or es a consequence	e of):	jiven in Part I.		tobacco usa co Yes 2 □ No	ontributa to the	
by Physician/Medical	resulting in deeth) Lest	ι		Due to (d	or es a consequence	e of):	jiven in Part I.	10	Yes 2 No	3 Probabl	y 4 Juni
by Physician/Medical	resulting in deeth) Lest	ι		Due to (d	or es a consequence	e of):	given in Part I.	1 🗆		3 Probable 24b. Were a availab comple	autopsy findi ble prior to etion of caus
by Physician/Medical	resulting in deeth) Lest	ι		Due to (d	or es a consequence	e of):	given in Part I.	1 🗆	Yes 2□ No an autopsy	3 Probabl	autopsy find ble prior to etion of caus
by Physician/Medical	resulting in deeth) Lest	ι		Due to (d	or es a consequence	e of):	given in Part I.	1 🗆	Yes 2□ No an autopsy ormed?	3 Probable 24b. Were a availab comple	autopsy findicale prior to etion of caus th?
Completed by Physician/Medical	Part II. Other significant co	nditions co		Due to (d	or es a consequence	e of):		1 □ 24a. Was perfo	Yes 2□No an autopsy primed? Yes 2□No	3 Probable 24b. Were a availat comple of deal	autopsy findi ble prior to etion of caus th?
Be Completed by Physician/Medical	Part II. Other significant co	nditions co		Due to (o	or es a consequence	e of): a of):	26. Place of De	1 □ 24a. Was perfo	Yes 2□No an autopsy med? Yes 2□No one)	3 Probabl 24b. Were a availat comple of deal 1 Ye	autopsy findi ble prior to etion of caus th?
To Be Completed by Physician/Medical	Part II. Other significant co	nditions co	Hospital: 1 Inpat	Due to (c	as a consequence or es a consequence or es e consequence sulting in the underly	e of): a of): ring ceuse (26. Place of De Nther: 4 ☐ Nursing I	24a. Was perfo	Yes 2 No an autopsy primed? Yes 2 No one) dence 6 Ott how injury occur	3 Probabl 24b. Were availat comple of deat 1 Year (Specify)	autopsy findicate prior to etion of causin?
To Be Completed by Physician/Medical	Part II. Other significant co	nditions co	Hospital: 1 Inpat	Due to (c	as a consequence or es a consequence or es e consequence sulting In the underly	e of): a of): ring ceuse (26. Place of De Nther: 4 ☐ Nursing I	24a. Was perfo	Yes 2 No an autopsy primed? Yes 2 No one) dence 6 Oth how injury occur	3 Probebl 24b. Were availat comple of deal 1 Ye	autopsy findir ble prior to etion of cause th?
To Be Completed by Physician/Medical	25. Was cese referred to mexeminer? 1 1	edical Pending overstigation could not be	Hospital: 1 Inpat 28a. Date of In (Mooth, D	Due to (of	as a consequence or es a consequence or es e c	DOA C 28c. In W	26. Place of De Other: 4 □ Nursing l oury at ork? □ Yes 2 ☑ Ño	24a. Was performent of the control o	Yes 2 No an autopsy primed? Yes 2 No one) dence 6 Oth how injury occur h ang each	3 Probabl 24b. Were availat comple of deal 1 Ye rred self ber or Rurel RC	autopsy findii ole prior to etion of causih?
To Be Completed by Physician/Medical	Part II. Other significant consumption of Death 1 Natural 5 Accident 3 K Suicide 6 0	edical	Hospital: 1 Inpat 28a. Date of In (Mooth, D	Due to (of	Derivor as a consequence or es a consequence or es e consequence o	DOA C 28c. Inim W 11	26. Place of De Other: 4 □ Nursing l oury at ork? □ Yes 2 ☑ Ño	24a. Was performed to the control of	Yes 2 No an autopsy primed? Yes 2 No one) dence 6 Oth how injury occur h a ng eac Street and Num. wn, Stete) 722	3 Probabl 24b. Were availat comple of deal 1 Ye rred self ber or Rurel RC	autopsy findii ole prior to etion of causih?
Certification: To Be Completed by Physician/Medical	25. Was cese referred to mexeminer? 1 X Yes 2 No 27. Manner of Death 1 Natural 5 F 2 Accident 3 Suicide 4 Homicide	edical Pending overstigation could not be letermined	Hospital: 1 Inpat 28a. Date of Inj (Motin, D) 12-13-97 28e. Place of Iri building, e	Due to (c Due to (c) Due to (c) Due to (c) Due to (c)	DEP/Outpatient 3E 28b. Time of Injury 2.3.3.0 M ome, farm, street, faty)	DOA C 28c. In 11	26. Place of De hther: 4 ☐ Nursing I ury at ork? ☐ Yes 2 ☑ No e	24a. Was perfect the perfect of the	Yes 2 No an autopsy primed? Yes 2 No cone) dence 6 Oth how injury occur h angeal Street and Num. wm, Stete 722 x4, MJ	3 Probable 24b. Were availated completed for the second s	autopsy findin ble prior to etion of causinh? ss 2 No
Certification: To Be Completed by Physician/Medical	Part II. Other significant co	edical Pending neestigation could not be letermined	Hospital: 1 Inpat 28a. Date of In Month, D 1 2 - 13 - 17 28e. Place of Ir building, e	Due to (of Due to (of Due to (of my knot fexamine)	Derivor as a consequence or es a consequence or es e consequence o	DOA C 28c. Initial actory, office	26. Place of De other: 4 □ Nursing l ury at ork? Yes 2 □ No e time, date and place	24a. Was performent of the control o	Yes 2 No an autopsy primed? Yes 2 No one) dence 6 Oth how injury occur h angeal Street and Num. wn, Stete 722 xa, Mal cause(s) and m	3 Probabl 24b. Were availat comple of deal 1 Year (Specify) Fred f ber or Rurel Roc N. Lake we anner as states	autopsy findiale prior to etion of causth? See 2 No
edical Certification: To Be Completed by Physician/Medical	Part II. Other significant co	edical Pending restigation to be bettermined relitying Phydical Exami	Hospital: 1 ☐ Inpat 28a. Date of Inj (Motin, D. 1.2-1.3-1.7 28e. Place of Ir building, e	Due to (of Due to (of Due to (of my knot fexamine)	DEP/Outpatient 3E 28b. Time of Injury ome, farm, street, factors owledge, death occurrences	DOA C 28c. Init 11 actory, office	26. Place of De other: 4 Nursing l ury at ork? Yes 2 No e	24a. Was performent of the control o	Yes 2 No an autopsy primed? Yes 2 No one) dence 6 Ott how injury occur h ang each Street and Numi win, Stete) 722 Yes Michael Cause(s) and m date and place.	24b. Were availated completed for the second	autopsy findir le prior to etion of cause th? se 2 No oute Number, d. cause(s)
Certification: To Be Completed by Physician/Medical	Part II. Other significant co	edical Pending restigation to be bettermined relitying Phydical Exami	Hospital: 1 Inpat 28a. Date of In Month, D 1 2 - 13 - 17 28e. Place of Ir building, e	Due to (of Due to (of Due to (of my knot fexamine)	DEP/Outpatient 3E 28b. Time of Injury ome, farm, street, factors owledge, death occurrences	DOA C 28c. Init 11 actory, office	26. Place of De other: 4 □ Nursing l ury at ork? Yes 2 □ No e time, date and place	24a. Was performent of the control o	Yes 2 No an autopsy primed? Yes 2 No one) dence 6 Oth how injury occur h angeal Street and Num. wn, Stete 722 xa, Mal cause(s) and m	24b. Were availated completed for the second	autopsy findir ole prior to etion of cause th? se 2 No oute Number, A 2 d. o cause(s)
edical Certification: To Be Completed by Physician/Medical	Part II. Other significant co	edical Pending restigation to be bettermined relitying Phydical Exami	Hospital: 1 Inpat 28a. Date of In Month, D 1 2 - 13 - 17 28e. Place of Ir building, e	Due to (of Due to (of Due to (of my knot fexamine)	DEP/Outpatient 3E 28b. Time of Injury ome, farm, street, factors owledge, death occurrences	DOA C 28c. Inimulation of the actory, office at the ation, in my 29c. Lice	26. Place of De other: 4 Nursing l ury at ork? Yes 2 No e	24a. Was performent of the control o	Yes 2 No an autopsy primed? Yes 2 No one) dence 6 Oth how injury occur h angual Street and Num wm, State 7,22 All cause(s) and m date and place.	24b. Were availated completed for the second	autopsy findir ble prior to etion of cause th? See 2 No
edical Certification: To Be Completed by Physician/Medical	Part II. Other significant co	edical Pending Investigation Could not be letermined Intitying Phy Idical Exami	Hospital: 1 Inpat 28a. Date of Inj Month, D. 1 2-13-97 28e. Place of Ir building, e	Due to (co	DER/Outpatient 3E 28b. Time of injury 233 C ome, farm, street, fath)	DOA C 28c. Injuiced at the ation, In my	26. Place of De other: 4 Nursing l ury at ork? Yes 2 No e time, date and place opinion, death occurse number	24a. Was performent of the control o	Yes 2 No an autopsy primed? Yes 2 No one) dence 6 Oth how injury occur h angual Street and Num wm, State 7,22 All cause(s) and m date and place.	24b. Were availat comple of deal 1 Yes the ref (Specify) and ref (Specify) ared for the ref (Specify) and ref (Specify)	autopsy findi ole prior to elion of caus th? Solution of caus th?



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 70a1997 Yeer DECh **Physician** 0955a VTVTAN /Medical 4b. City. Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner BALTO. CO. TOWSON stella maris hospice 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 215–16–7852 Birthplace (State or Foreign Country) **Funeral** 1 M 2 K Director SEPT. 28, 1911 PENNSYLVANIA Usual Residence of Decedent with the Maryland 10a Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show MARYLAND N/A BALTIMORE CITY 1 No 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2000 odell ave. 21239 U.S.A. death y Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours effer 10 bepartment of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or iter any injury or other traumatic event, the Medical Examinations. 1 Yes 2 No If Yes, Give X Year or Dates: 1 □ Never Married 2 □ Merried 1 Yes 2 No Specify: Specify: NEGRO þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry BALTO. CITY SCHOOL Elementery/Secondary (0-12) College (1-4or 5+) SYSTEM 12TH CUSTODIAN 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be WILLIAM SAUNDERS MARY EMMA MILLER 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SERENA EVANS / DAUGHTER 1902 BURNWOOD ROAD , BALTO, MD. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremation 3 □ Removal from State 4 Denetion 5 ☐ Other (Specify) BALTIMORE NATIONAL CEM. dec. 15,1997 BALTO, MD. ture of Funeral Service Logidises 22. Name and Address of Facility CALVIN B. SCRUGGS FUNERAL HOME ucon 1412 E. PRESTON STREET BALTO, MD. 21213 23a. Part1. Enter the disease, or complications that causer this shock, or heart failure. List only one cause on each line. To not enter the mode of dying, such es cardiac or respiretory errest, Approximate Interval Between Onset end Deeth **Physician** SEVERAL Immediate Cause (Final disease or condition resulting in death) /Medical DEMENTIA YEARS Examiner Due to (or es e consequence of): Examine MULTIPLE STAGE FOUR DECUBITI 2 MONTHS Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Box 68750, physician the buria SEVERE DEHYDRATION AND MALNUTRITION Physician/Medical 98 use ed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown Records, þ The law requires 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed irector, page 2 s 1 Yes 2 No Division of Vital Attending Physician: 25. Wes case referred to medical examiner? director 26. Plece of Deeth (Check only one) Be Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) HOSPICE 1 Yes 2 No Certification: To funeral 27. Manner of Death 1 E Natural 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Yes 2 No death. 2 Accident or Attendential of the death 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours eft Funeral Di letely filled Ir 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Madical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edicai (Check only one)

10

PENELOPE EDWARD

State
Registrar

PENELOPE EDWARD

31. Date filed (Month, Day, Year)

126 2 9 35

29b. Signature and fit

MD. 2300 DULANEY VALLEY RD. BALTO, MD.

30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print)

29c. License number

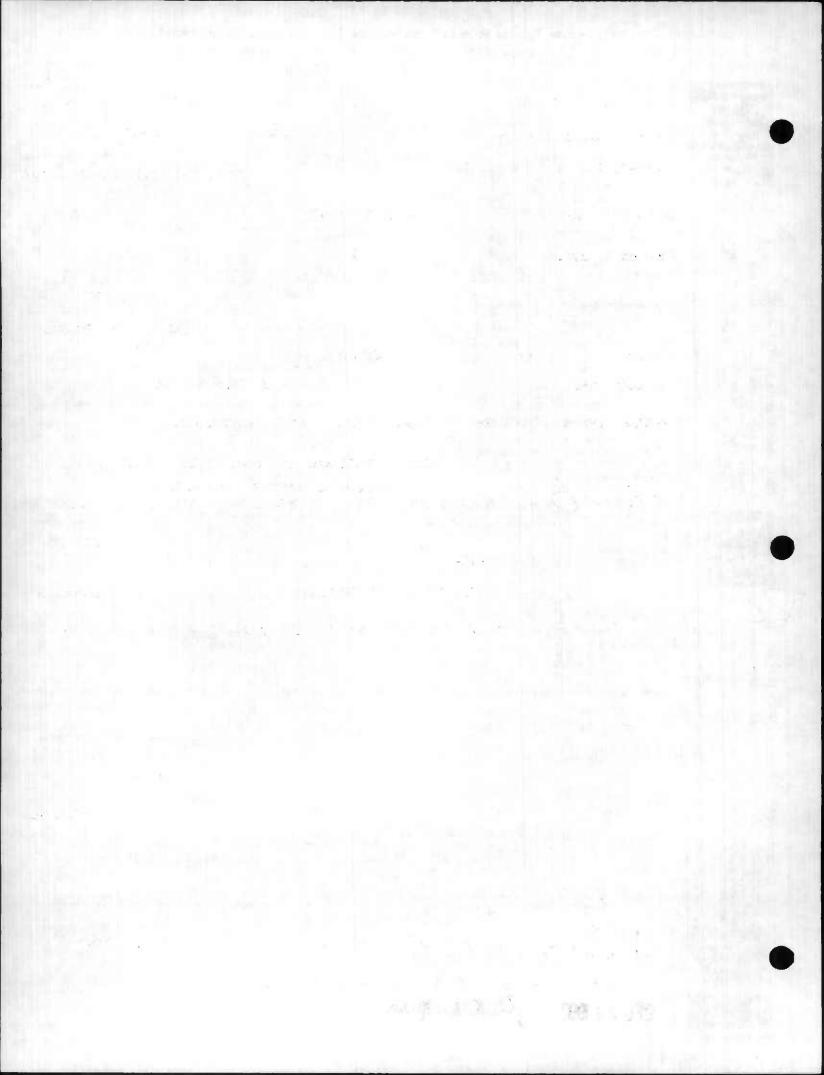
D44128

29d. Date signed (Month, Dey, Year)

DEC. 7,1997

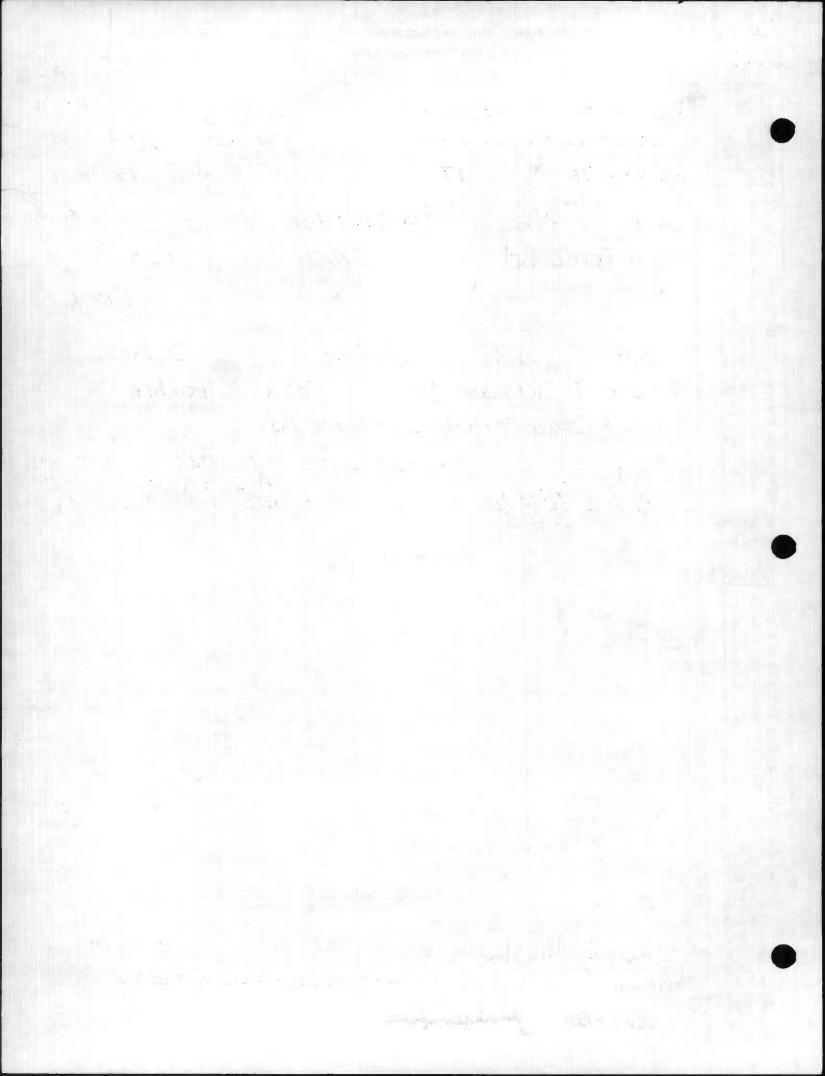
21093

To the To the To the Complei



which their doon- Randall

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Data of Death 3. Time of Death Month December 27, 1997 KEATING JOSEPH KELLY pm 4a. Facility Nama (If not institution, give street and number) 4b, City, Town, or Location of Death 4c. County of Death North Arundel Hospital Gren Burnie Anne Avundel 5. Social Security Number If Undar 1 Yaar | if Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days Hours 1⊠M 2□ F Yrs. 220-05-7654 Jan 23, 1922 Maryland Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. tnslda City Limits 1 Yas 28 No Maryland Anne Arundel Pasadena 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 316 Beach Ave. 21122 USA 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Orlgin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Tayas 2 No If Yas, Giva Yaar or Datas: WW2 1 ☐ Navar Married 2 ☑ Married 1 ☐ Yas 21 No Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedant's Education (Specify only highest grade completed) 16a. Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Baltimore County Collaga (1-4or 5+) 12 years Police Department Lieutenant 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumame) Edward Francis Kelly Katherine Finkbinder 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) (Wife) Dorothy Kelly 316 Beach Ave. Pasadena, MD 21122 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☑ Bunal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Lake View Memorial Park 12-31 Sykesville, Maryland 21. Signatura of Funarai Sarvice Licansee 22. Nama and Addrass of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23a. Part. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Daath Immadiata Causa (Final PNEUMONIA-RIGHT LOWER WEEKS disaasa or condition rasulting in daath) Sequantially list conditions, if any, laading to Immadiata causa. Entar Undartying Causa (Diseasa or Injury that Initiated avants rasulting in daath) Last Dua to (or as a consequence of): Dua to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco uea contribute to the causa of death? 1 Yee 2 No 3 Probably 4 Unknown THROMBOLYTOPENIA WITH 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy SYMPTOMATIC TRI- FASCICULAR BLOCK PACER 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarrad to medical 28. Placa of Death (Check only ona) axaminar? Hospital: Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No Inpatiant 2☐ ER/Outpatient 3☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of Injury 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding invastigation 1 Naturai 1 Yas 2 No 2 Accidant 6 Could not ba datarminad 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Straef and Number or Rural Route Number, City or Town, State) 4 - Homicida

Box 68760. P.O. Records,

physicien and s the bunal-transit The law requires that the death certificate be axecuted signed by the a certificate Division of Vital Physician: this To the Hospital or Attending Pr within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral

Physician

/Medical

Examiner

Funeral

Director

28a-f show

ò 238

items:

"natural", or

n and Mental Hygiene.

Depertment of Health and Mental I Important: If Item 27 is marked of any Injury or other traumatic eve Pages 1 and 2 should be

Physician /Medical

Examiner

altimore, Maryland

KERTING

Director

Funeral

p

Completed

Be

Examiner

Physician/Medical

þ

Completed

Be

10

Certification:

29a. Cartifiar

(Check only one)

29b. Signatura and titla of certifiar

for use

paga 2

funeral

traumetic event, the Medical Examiner must be notified at

Medicai

State Registrar

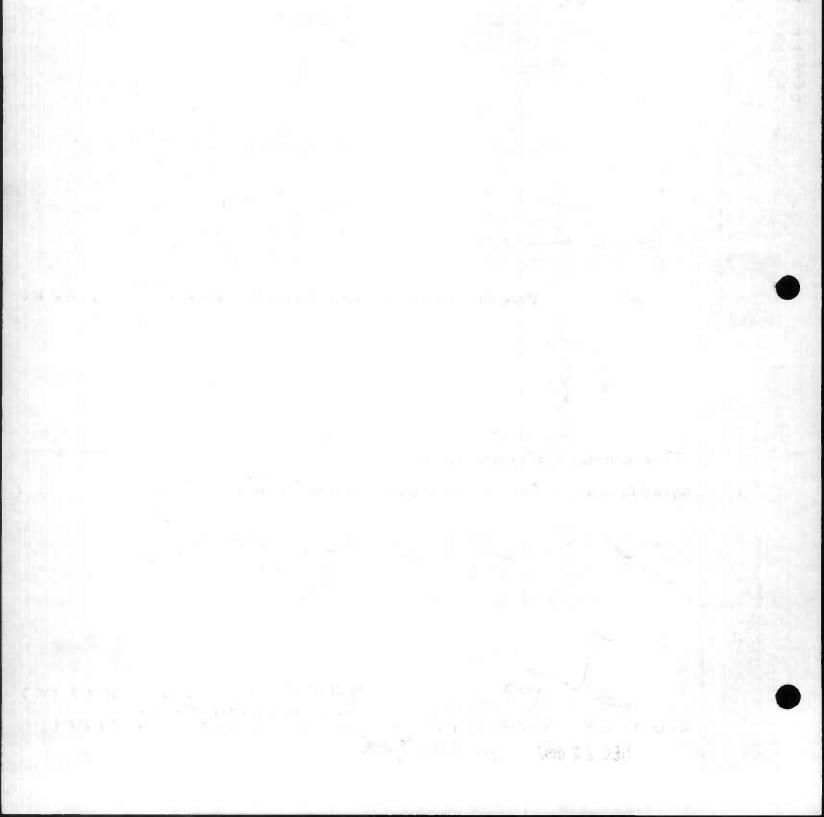
cm 30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) OLUSTGUN OGUNFONORA MD 31. Data filad (Month, Day, Year) DEC 2 9 1997

29c. Licansa number 1)48002

12 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.
2 Medical Examinar: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar stated.

29d. Data signad (Month, Day, Yaar) DEC+mber 27 1957

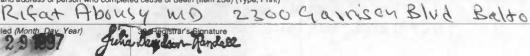
301 HOSPITAL DRIVE GLEN BURNIE MD

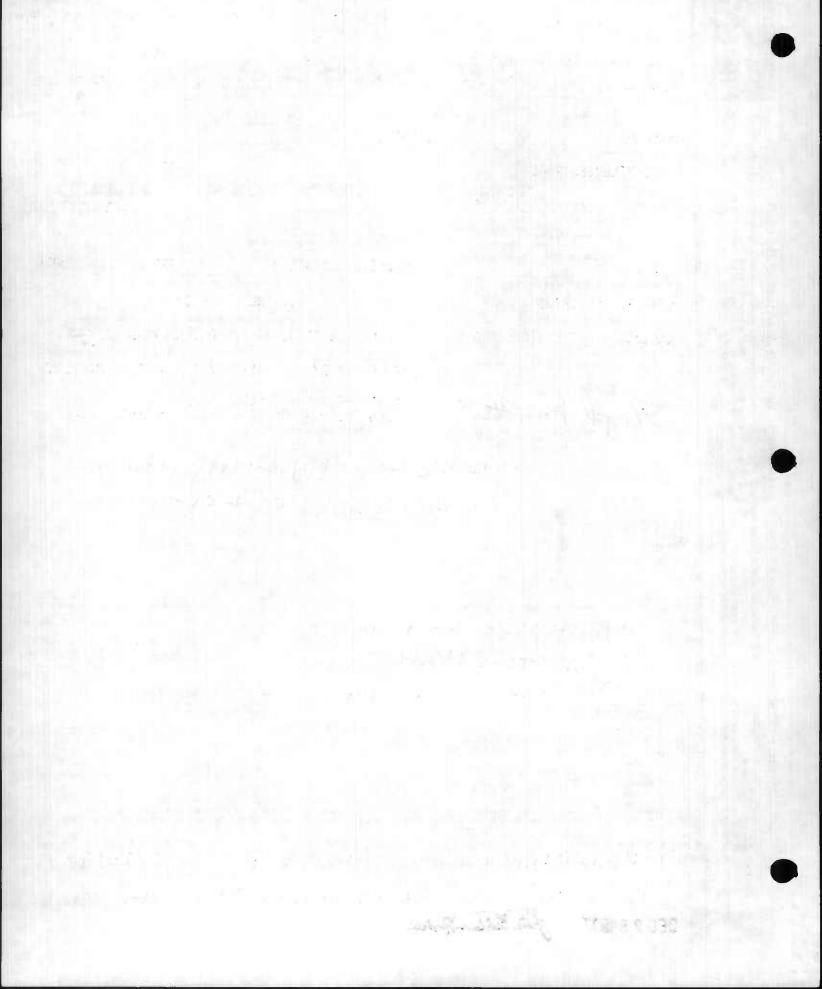


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

2. Date of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** 1Catherine Rach 8:30 AV 23 /Medical 4b. City, Town, or Location of Death 4a Fecility Neme (If not institution, give street and number) 4c. County of Death Examiner N2A BALTIMORE (HOME) 612 HILLVIEW ROAD If Under 1 Year If Under 24 Hrs. 8. Date of Birth DEC 16, 1930 9. Birthplace (State or Foreign BACTIMORE, MD. 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex **Funeral** 10M 20F Days 67 Yrs. 217-24-2732 Director Usual Residence of Decedent the Marylenc 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show 1 Yes 2 □ No Director MARYLAND BALTIMORE 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 612 HILLVIEW ROAD 21225 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11 Maritel Status 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Merried 2 XMarried Specify: AFRO. AMERICAN 1 ☐ Yes 2 No Specify: py 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) STATE OF MARYLAND DOMESTIC ENGINEER 12 es 1 and 2 should be filed of Health end Mental Hygie of Health end Mental Hygie I item 27 is marked other if other traumatic event, it 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) HUTCHINSON EUNICE LEACH CHARLES permit. Pages 1 and 2.
Department of Health en.
Important: if item 27 is m. any injury or other 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 612 HILLVIEW ROAD, BALTIMORE, MARYLAND 21325 WALLACE A. KELLY (HUSBAND) altimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 XBurlal 2 Cremation 3 Removal from Stete 4 Donation 5 Other (Specify) 12/27/97 PASADENA, MARYLAND MT. ZION CEMETERY 21. Signature of Funeral Salvice Licensee 22. Name end Address of Facility
ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 Part1. Enter the disease, or complications that cause disha deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or head failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Probable Acute Myocandial Infanction Immediate Cause (Final disease or condition resulting in death) /Medicai Examiner Afterioscientic Heart Diseaseme Examiner physician end the burial-transit Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Couse (Disease or Injury that Initiated events resulting in death) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, that the death certificate be Physician/Medical Due to (or as a consequence of): 80 esn signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Johnknown Hypertensive Heart Disease by congestive Heart Failure 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en eutopsy performed? Completed pega 2 Diabetes, Insulin Dependent 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was cese referred to medicel exeminer? 26. Place of Deeth (Check only one) Be To Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA | Other: 4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) funeral 28b. Time of Injury 27. Manner of Death 28d. Describe how injury occurred 28c. Injury at Work? Certification: After 5 Pending Investigation 1 Naturel after death. 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be 3 Sulcide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 24 hours a Hospital To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) Medical To the Hosp within 24 ho To the Fune completely f 29b. Signature and titla of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Rifat Abonsy mo 30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print) 0

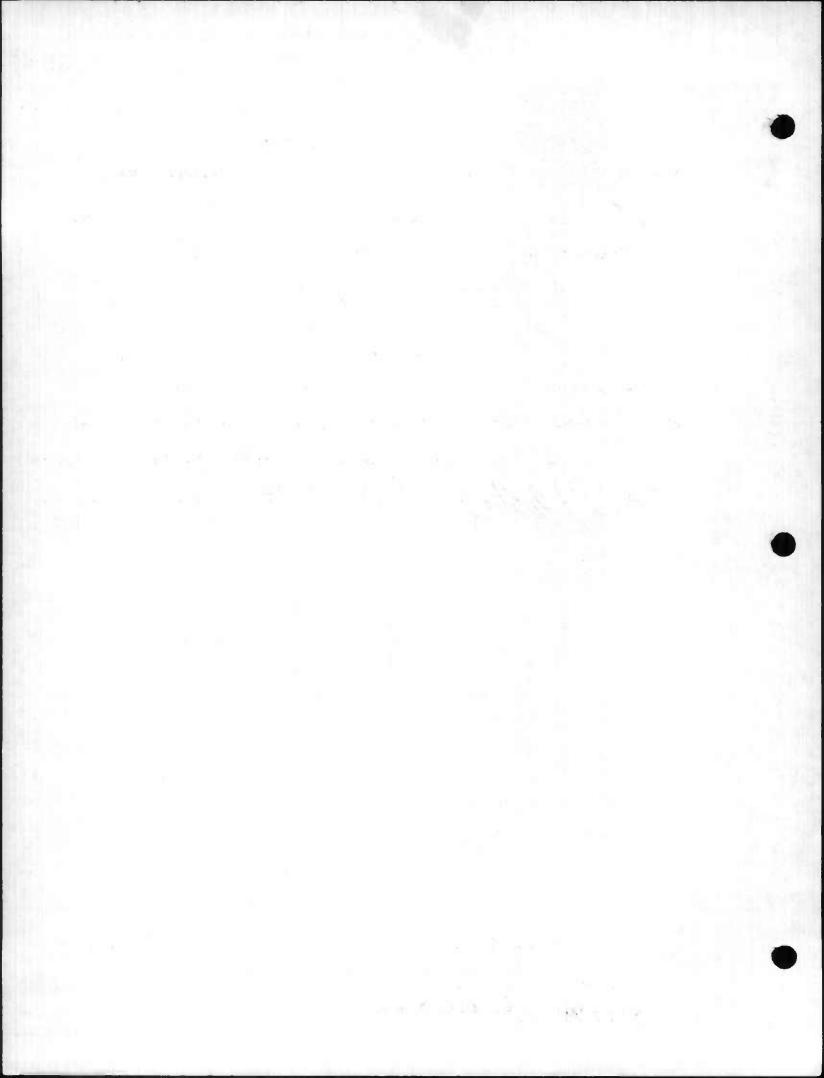




State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Dey Year ANNA KRZYWICKI Dec 2:37 Pm 25 1997 /Medical 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Church Hospital Baltimore N/A | If Under 1 Yaer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 01/09/1917 5. Social Security Number 1. Aga (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) **Funeral** 1 M 2 BF 218-32-4910 Yes Director 80 Poland Usual Residence of Dacedent r 28a-f show notified at 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits the Marylar Director N/A XXYes 2□ No Maryland Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8 mummic event, the Medical Examiner must be 110 S. Collington Ave. 21231 USA "natural", or Items 23s Funeral 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yas ② No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yas or No-il Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indien, Bieck, White, atc. 72 hours after 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 XNo Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 18b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If then 27 is marked other than in Mry frighty or other trauments. Elamentary/Secondery (0-12) Coilege (1-4or 5+) 3rd Seamstress Clothing 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumame) Be Andrew Radomski Sophia Unknown 19e. informent'a Neme/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) George A. Krzywicki / Son 2008 Kings House Rd. Silver Spring, Md. 20905 20b. Pieca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Deta 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Saint Stanislaus Cemetery 12/29/97 Baltimore, Maryland 21. Signatura of Funerei Service Lic 22. Name and Addrass of Facility David J. Weber Funeral Home 401 S. Chester Street Baltimore, Maryland 21231 23a. Pert1. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Approximete intervel Between Onsat and Deetl **Physician** /Medical Immediete Ceuse (Finei disaasa or condition resulting in daath) Ischemic Chronic Hearl-Examiner Due to (or es a consequence of): Examiner Arlow Coronary physician end s the burial-transit The lew requires that the deeth certificate be executed Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Ceuse (Disease or Injury that initieted evants resuiting in deeth) Last Due to (or es a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as e consequence of): attending p for use es Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by the a 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Facluse Records, p 24b. Were eutopsy lindings available prior to completion of cause of death? Be Completed 24a. Wes an autopsy performed? page 2 1 Yas 2 No 1 □ Yaa 2 □ No certificate Division of Vital or Attending Physician: 25. Wes case referred to medical 28. Piace of Deeth (Check only one) Hospitei: 1 Thipatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 PNo Certification: To funeral 26a. Dete of injury (Month, Day Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? After 1 Neturei 5 Pending death. 1 Tes 2 No investigation 2 Accident efter death Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, lectory, office building, etc. (Specify) 2 4 Homicide C To the Hospital or within 24 hours eft. To the Funeral Discompletely filled In 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and manner es steted.

2 Medical Examiner: On the besis of examinetion end/or invastigation, in my opinion, death occurred at the time, deta end piece, and due to the cause(s) and menner steted. edical 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 3 oshon: no D-26594 12/25 30. Name and eddress of person who complated cause of deeth (item 23a) (Type, Print) 0 BOKHARI M. D 100 N 13ROADWAY 1 SALTIMOR E 2/23/ 31. Data liled (Month, Day, Year) State

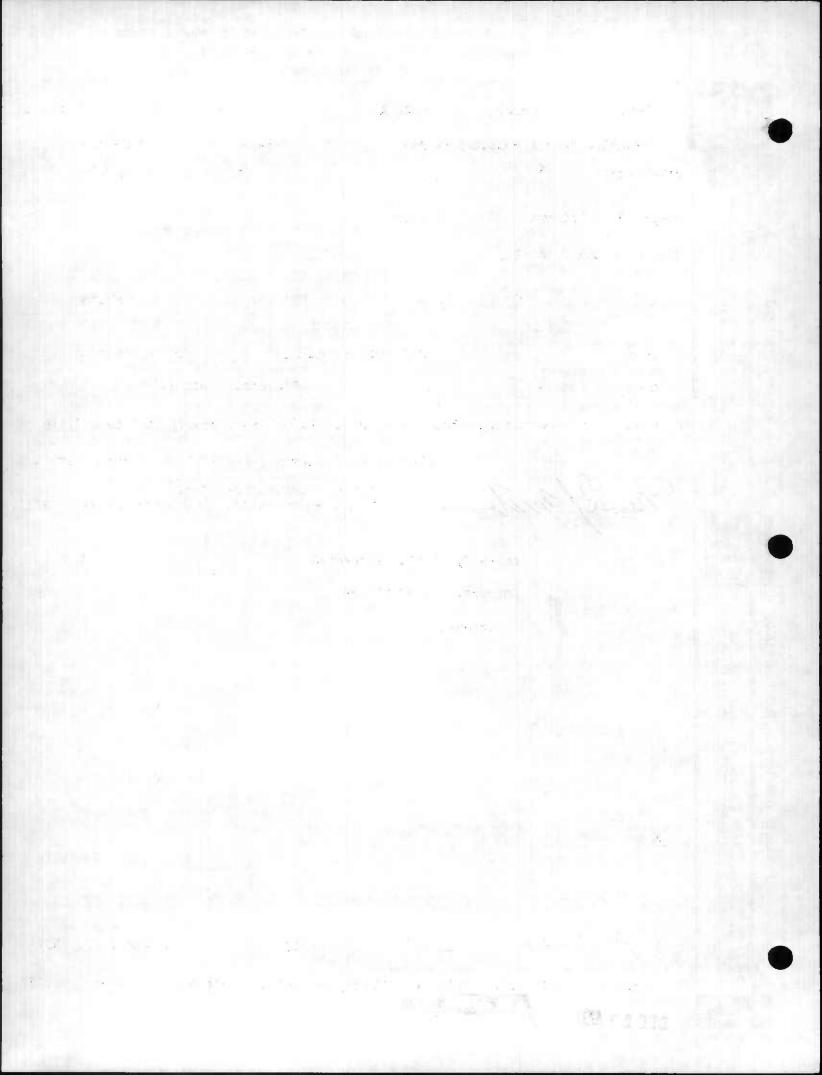
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

1 .l	. Booosout o tromo (First, Middle, Las	st)	1910	0011	tificate of		2. Dete of De			Time of Deeth
	Frank	ç	Stanley		KOZERA			Month Decemi	per 23,	1997 1	10:13 ar
r 4	la Fecility Neme (If n				ROBLIG		4b. City, Town,	or Location of Deeth			io.ij ai
	Frank1	in Saus	re Hospita	al Cer	nter		Rose	edale	R	altimor	۵
5	5. Sociel Security Nun	nber 6. S	ex 7. Ag		est birthday)	If Under 1 Yea	r If Under 24 H	rs. 8. Dete of Bir	h Year)	9. Birthplece	(Stete or Foreign
1	215-05-222	.5 ¹	ØM 2□F	78	Yrs.	Months Deys	Hours M	in. 8. Dete of Bird (Month, De May 11	1919	Marylar Marylar	nd
-	Usuel Residence of D			140.00	7	- 1'					11.00.11.3
		10b. County			, Town or Loc	ation					side City Limits
ا بن	*	Baltimo	re	l l	Essex						☐ Yes 2 No
5 1	10e. Street and Numb	-				10f. Zip Code			10g. Citizen of V	What Country?	
1	2409 Barri	son Poir				212			USA		
1	11. Maritel Status		12. Wes Decedent Armed Forces?		S. 13. W	les Decedent of Yes, specify Cu	Hispenic Origin? ben, Mexican, Pu	(Specify Yes or No erto Rican, etc.)	- 14. Rec Bled	ce - American Inc ck, White, etc.	dien,
	1 Never Married		t Tyres 2□ If Yes, Give	No	1	☐ Yes 2☐N	Specify:		Specify	White	
-	3 Widowed 4		Year or Detes:	WW]	L						
	(Specify	Decedent's Ed only highest gra	de completed)		(Give k	rind of work don	upation e during most of a ed)	vorking	160. Kind of Bi	usiness/Industry	
	Elementery/Second	lery (0-12)	Cotlege (1-4or	5+)		enance/W			State (Governme	nt
-	10th 17. Fether's Neme (Fi	irst Middle Last)			raince	arance, w		leme (First, Middle,			311
י מ	Peter	Kozera					Flore		siondek	,	
-	19a. informent's Nem				10h Mailin	Address (Street		Rurel Route Numb		State 7in Code	a)
				-b+							
	Florence L		gs con/ Dauc	20b. Pl	lece of Dispos	ition (Neme of	Drive	Shrevepo		City or Town, S	
	1 S Burlel 2 □	Cremetion 3	Removel from Stete			etory or other pl					
-	4 Donetion 5			Gar				12/27/9	/ Balti	lmore, N	Maryland
	21. Signature of Fune	oral Service Licen	1 //			Name end Add		neral Ho	me e		
	Nami	XIII	2/1/2		AC	1 0 0			111	Marvla	and 2123
	23a. Pert1. Enter the shock, or heart f	disease, or compails in the compaint of the co	plicetions that cause one ceuse on each li	d the deeth	. Do not ente	r the mode of dy	ring, such es card	liec or respiretory e	rrest,	App	roximete rvel Between
										Ons	et end Deeth
1.0	Immediete Ceuse (Fir diseese or condition	nel	e. Acute	Mvoca	rdial	Infarct	ion			1	Day
	resulting in deeth)				r es a consequ						
Evalline			b Corona	ry Ar							
					tery D	isease				1	
	Sequentially list cond	litlons,		Due to (or	es e consequ						
	Sequentially list cond if eny, leeding to imm cause. Enter Underly Ceuse (Diseese or in)	litlons, lediate ring	Hypert		es e consequ						
5	Sequentially list cond if eny, leeding to imm cause. Enter Underly Ceuse (Diseese or inj that initiated events resulting in deeth) Les	litlons, lediate ring jury st	c. Hypert	ensio	es e consequ	ience of):					
2 '	Sequentially list cond if eny, leeding to imm cause. Enter Underly Ceuse (Diseese or in that initiated events resulting in deeth) Les	litions, sediate ring jury st		ensio	es e consequ n	ience of):					
2 '	Sequentially list cond if eny, leeding to imm cause. Enter Underly Ceuse (Diseese or in that Initiated events resulting in deeth) Les	litlons, ediate ring jury st	c. Hypert	ensio	es e consequ n	ience of):					
	Sequentially list cond if eny, leeding to imm cause. Enter Underly Ceuse (Diseese or in) that thitlated events resulting in deeth) Lee	st	d	ension Due to (or	es e consequ n es e consequ	ience of):	given in Pert I.	23b. DId	tobacco use co	entribute to the	cause of death
	resulting in deeth) Les	st	d	ension Due to (or	es e consequ n es e consequ	ience of):	jiven in Pert I.		tobacco use co Yes 2M No	entribute to the	
1	resulting in deeth) Les	st	d	ension Due to (or	es e consequ n es e consequ	ience of):	given in Pert I.	_ 1□	Yes 2N No	3 Probably	4 □ Unknov
	resulting in deeth) Les	st	d	ension Due to (or	es e consequ n es e consequ	ience of):	given in Pert I.	1 □	-1	3 Probably 24b. Were er evaileble	4 Unknow
1	resulting in deeth) Les	st	d	ension Due to (or	es e consequ n es e consequ	ience of):	given in Pert I.	1 □	Yes 2 No	3 Probably 24b. Were er evaileble	4 ☐ Unknow
1	resulting in deeth) Les	st	d	ension Due to (or	es e consequ n es e consequ	ience of):	jiven in Pert I.	1 □	Yes 2 No en eutopsy med?	3 Probably 24b. Were en evaileble complete	4 Unknow utopsy findings e prior to tion of cause 17
F	resulting in deeth) Les	ant conditions of	d	ension Due to (or	es e consequ n es e consequ	ience of):		1 □	en eutopsy med?	3 Probebly 24b. Were elevaileble complete of deeth	4 Unknown utopsy findings e prior to tion of cause
F	resulting in deeth) Le:	ant conditions or	d	ension	es e consequ n es e consequ	ence of): ence of): derlying cause of	26. Place of I	24e. Wes	en eutopsyrmed? Yes 2 No	3 Probably 24b. Were example completed of deether the Yes	4 Unknown utopsy findings e prior to tion of cause
F	Pert II. Other significations of the second of the signification of the second of the	ant conditions of	d	ension Due to (or	n es e consequination de la co	ence of): derlying cause of	26. Ptece of [hther: 4□ Nursin	24e. Wes perfo	en eutopsyrmed? Yes 2 No	3 Probably 24b. Were elevaileble complete of deeth 1 Yes	4 Unknown utopsy findings e prior to tion of cause
F	Pert II. Other significations of the second of the signification of the second of the	ant conditions or	d	ension Due to (or	es e conseque es	ence of): derlying cause of the cause of th	26. Ptece of [hther: 4□ Nursin	24e. Wes perfo	en eutopsyrmed? Yes 2 No one) dence 6 □Oth	3 Probably 24b. Were elevaileble complete of deeth 1 Yes	4 Unknown utopsy findings e prior to tion of cause
F	25. Wes case referred examiner? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 2 Accident 3 Sulcide	ant conditions of	d	ension Due to (or Due to (or Due to (or Due to (or	n es e consequ es e consequ elting In the un ER/Outpetlent 28b. Time of tnjury me, farm, stre	sence of): derlying cause g all DOA C 28c. inj W M 1[26. Plece of I	24e. Wes perfo	en eutopsymmed? Yes 2 No one) dence 6 Oth how injury occur	3 Probably 24b. Were energy evailable completed of deethed to the second secon	4 ☐ Unknow utopsy findings e prior to lion of cause ?? s 2 ☐ No
F F F F F F F F F F F F F F F F F F F	25. Wes case referred examiner? 1 Manner of Deeth 1 Maturel 2 Accident	ant conditions of	d	ension Due to (or but not result ent 2 E	n es e consequ es e consequ elting In the un ER/Outpetlent 28b. Time of tnjury me, farm, stre	sence of): derlying cause g all DOA C 28c. inj W M 1[26. Plece of I	24e. Wes perfo	en eutopsymmed? Yes 2 No one) dence 6 Oth how injury occur	3 Probably 24b. Were energy evailable completed of deethed to the second secon	4 ☐ Unknow utopsy findings e prior to lion of cause ?? s 2 ☐ No
F	25. Wes case referred examiner? 1 Yes 2 No. 27. Manner of Deeth 1 Naturel 2 Accident 3 Sulcide 4 Homicide 29a. Certifier 1)	ant conditions of d to medical 5 Pending investigation 6 Could not be determined	d	ension Due to (or but not resu ent 2 En iny year) jury - At hou ic. (Specify,	es e consequente es e c	ance of): ance of): derlying cause of the test of te	26. Plece of II wher: 4 Nursin ury et ork? Yes 2 No e time, dete end ple	24e. Wes performed and the performance of the perfo	en eutopsymmed? Yes 2 No one) dence 6 Oth how injury occur Street end Number, Stete) cause(s) and mi	3 Probably 24b. Were ender evalleble complete of deether of deether the end of the end	utopsy findings e prior to lion of cause ?? s 2□ No
F 2	25. Wes case referred examiner? 1 Yes 2 No. 27. Manner of Deeth 1 Naturel 2 Accident 3 Sulcide 4 Homicide	ant conditions of d to medical 5 Pending investigation 6 Could not be determined	d	ension Due to (or but not result put not result put y Year) jury At hou. (Specify, of my know of examineti	es e consequence es e c	ance of): ance of): derlying cause of the test of te	26. Plece of II wher: 4 Nursin ury et ork? Yes 2 No e time, dete end ple	24e. Wes performed and the performance of the perfo	en eutopsymmed? Yes 2 No one) dence 6 Oth how injury occur Street end Number, Stete) cause(s) and mi	3 Probably 24b. Were ender evalleble complete of deether of deether the end of the end	utopsy findings e prior to lion of cause ?? s 2□ No
F F 2	25. Wes case referred examiner? 1 Yes 22 No. 27. Manner of Deeth 1 Naturel 2 Accident 3 Sulcide 4 Homloide	ant conditions of d to medical 5 Pending investigation 6 Could not be determined Certifying Phi Medical Exam	d. Hospitel: 1 Impati 28e. Dete of this (Month, Detection) 28e. Pleca of Inbuilding, elements of the best inner: On the basis of the b	ension Due to (or but not result put not result put y Year) jury At hou. (Specify, of my know of examineti	es e consequence es e c	ance of): derlying cause of the patigation, in my	26. Plece of II wher: 4 Nursin ury et ork? Yes 2 No e time, dete end ple	24e. Wes performed and the performance of the perfo	en eutopsymmed? Yes 2 No one) dence 6 Oth how injury occur Street end Number, Stete) cause(s) and mi	3 Probably 24b. Were energy evalleble completed of deethed to the series of the serie	utopsy findings e prior to lion of cause ?? s 2□ No
2	25. Wes case referred examiner? 1 Yes 22 No. 27. Manner of Deeth 1 Naturel 2 Accident 3 Sulcide 4 Homloide 29a. Certifier (Check only one)	ant conditions of d to medical 5 Pending investigation 6 Could not be determined Certifying Phi Medical Exam	d. Hospitel: 1 Impati 28e. Dete of this (Month, Detection) 28e. Pleca of Inbuilding, elements of the best inner: On the basis of the b	ension Due to (or but not result put not result put y Year) jury At hou. (Specify, of my know of examineti	es e consequence es e c	ance of): ance of): derlying cause of the setting time. The setting at least one of	26. Plece of I	24e. Wes performed and the performance of the perfo	en eutopsymmed? Yes 2 No one) dence 6 Oth how injury occur Street end Numb wn, Stete) cause(s) and m dete end plece, 29d. Date signe	3 Probably 24b. Were energy evalleble completed of deethed to the series of the serie	utopsy findings e prior to lion of cause 17 s 2 □ No
Towns and the second se	25. Wes case referred examiner? 1 Yes 22 No. 27. Manner of Deeth 1 Naturel 2 Accident 3 Sulcide 4 Homloide 29a. Certifier (Check only one)	ant conditions of d to medical 5 Pending investigation 6 Could not be determined	d. ————————————————————————————————————	ension Due to (or but not result put not result put y Year) jury Year) jury At hono f examinetiated.	es e conseque es	ance of): ance of): derlying cause of the settigation, in my 29c. Licer R	26. Plece of I	24e. Wes performed and the performance of the perfo	en eutopsymmed? Yes 2 No one) dence 6 Oth how injury occur Street end Numb wn, Stete) cause(s) and m dete end plece, 29d. Date signe	3 Probably 24b. Were ender evailable completed of death of the second o	utopsy findings e prior to lion of cause 17 s 2 □ No

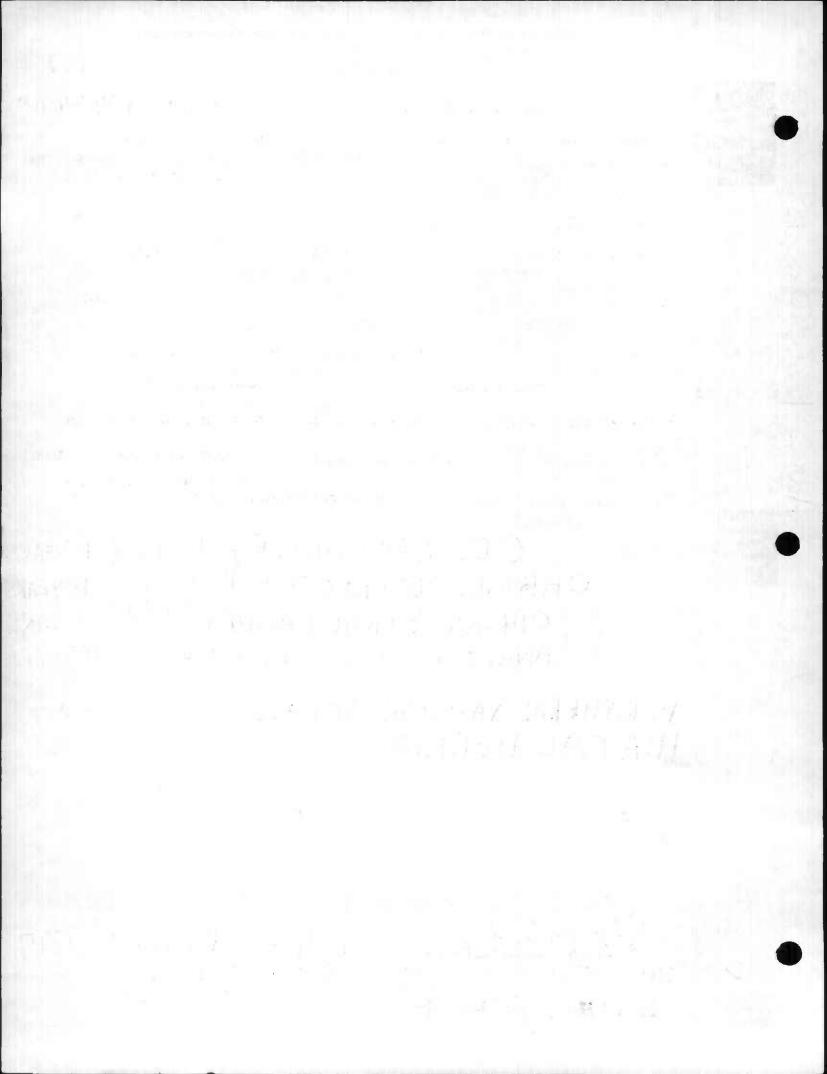
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

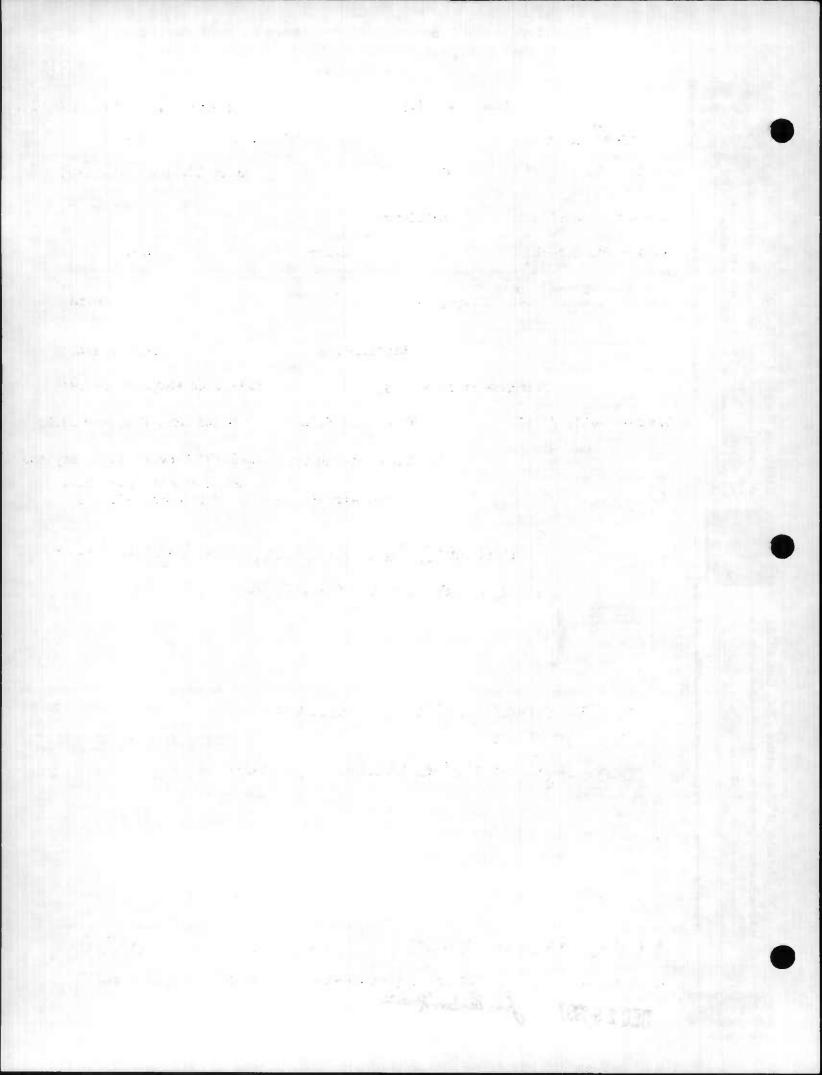
Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death DECE MBER 20, 1997 **Physician** 2.45A-M Adam B. Kolodziejski /Medical 4a. Facility Name (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Genesis Eldercare Caton Manor Baltimore if Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) If Under 1 Yaar 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 217 01 3582 1 XM 2 □ F Months Days 95 Director Nov. 1, 1902 Maryland Usual Residence of Decedant 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at 1 XYes 2 No Director Maryland N/A **Baltimore** 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 21229 3330 Wilkins Avenue U.S. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☒No If Yes, Give Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - American Indian, Black, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: White Specify: à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education
(Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Maintenance Employee Oil Company 6th is marked other 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Pages 1 and 2 should be end Mental Josephine Budna Frank Kolodziejski 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Depertment of Health e important: If item 27 is any injury or other tre 3810 Leo Street Baltimore, Maryland 21226 Louise Regiec / daughter 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Ramoval from State 12/23/97 Baltimore, Maryland Holy Cross Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Lie 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 23a. Part1. Enter the community of complications that causad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Cause (Final disaasa or condition resulting In death) Examiner ULMON chminer the bagel-transit pue Sequentially list conditions, if any, leading to Immediata cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In death) Last De wyec Box 68760, physician Physician/Medical EFICIENC P.O. P signed by the aid be deteched to 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Records, 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of causa of death? page 2 certificate 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical Be 28. Place of Deeth (Check only one) examiner' 1 Yes 2 No 27. Manner of Death Other: 4 Nursing Home 5 Residence 8 Other (Specity) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After Attending 1 Natural 2 Accident 5 Pending investigation deeth 1 Tes i or Attend efter deeth Director: in by the 3 Suicide 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours eff To the Funeral Di completely filled in To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29a. Certifier Medical 29d. Data signed (Month, Day, Year) 29c. License number State Registrar



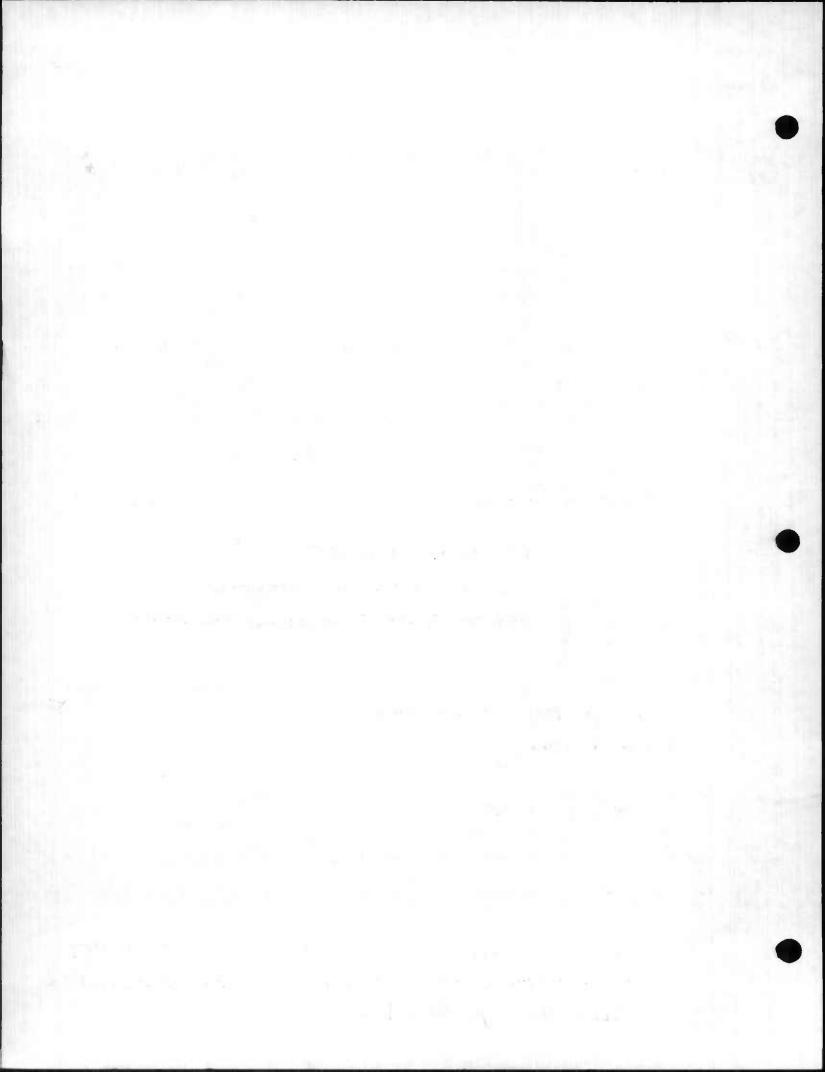
State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month Day **Physician** James C. Kelly 18 1997 1:30 P.M. December /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not Institution, give street and number) Examiner N/A 4015 - 2nd Street Baltimore if Under 24 Hrs. If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Months 1XM 2□ F Deys 220 18 3823 70 July 25, 1927 Director Maryland Usual Residence of Decedent with the Marylend 10c. City. Town or Location 10d. Inside City Limits 10a. State 10b. County 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinar must be notified at 1 X Yes 2 □ No Director Maryland N/A Daltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4015 - 2nd Street 21225 U.S. Funeral 14. Raca - American Indien, 12. Wes Decedent Ever in U,S. Armed Forces? 12 Yes 2 □ No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. Maritel Status Black, White, atc. Pages 1 and 2 should be filed within 72 hours after nant of Health and Mentel Hygiena.
Int: If Item 27 is marked other than "natural", or ite 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 If Yes, Give Year or Dates: W.W. II 1 ☐ Yes 2 No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grada completed) (Give kind of work done during most of working life. DO NOT use retired) Elemantary/Secondary (0-12) Collage (1-4or 5+) Electrician Nursing Home 8th 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Elizabeth Margaret Fuller Clarence William Kelly 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) 4015 - 2nd Street Theresa Kelly / wife Baltimore, Maryland 21225 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 0 permit. Page Department of Important: If any injury or once. 12/22/97 Crownsville, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) State Veteran Cem. 22. Name and Address of Facility 21. Signature of Funeral Service Licenses Gonce Funeral Home P.A. tions that caused the death. Do cause on each line. 4001 Ritchie Highway Baltimore, Md. 21225 23a. Part1. Enter the disease, or complication shock, or haart fallure. List only one complete the control of t hot enter the mode of dying, such as cerdiac or raspiratory arrest, Approximata tnterval Between Onset and Death **Physician** Probable Venticular Tachycons /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner rdio myo pa physician and the burief-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in daath) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of): 88 950 Pert II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part t. 23b. Dtd tobacco use contribute to the cause of death? signed by I KIDECLELOTYC 1 Yss 2 No 3 Probably 4 XUnknown Àq 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed has paga 2 1 Yes 2 KNo 1 ☐ Yas 21 No certificata or Attending Physician: funeral director. Be 25. Was case referred to medical examiner? 26. Placa of Death (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. tnjury at Work? 28d. Describe how Injury occurred Certification: 1 Natural 5 Pending aftar death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 ☐ Homicide 24 hours a Hospital 12 Certifying Physician: To the best of my knowledge, daath occurred at the time, date and placa, and due to the causa(s) and manner as stated. 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. (Check only one) within 2 the 29d. Date signed (Month, Day, Year) 29b. Signature and titla of certifier 29c. License number 0 HOSUST 30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print) 4710 Pennington Avenue Baltimore, Maryland 21226 Rifat Abousy M.D. A Regellar Signal Pande 10 31. Data filed (Month, Day, Year) State 2 9 1997 Registrar

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene ~

		A December 1981 All Comments of the Comments o						10	Reg. i	NO.		
Physician	_	1. Decedent's Name (First, Middle,		1				2. Dete of Month		Dey	Yeer	3. Time of Deeth
/Medical	ı la		Jacoby K		n			DEC	23.	199		8:37 Al
Examiner	r f	4e. Fecility Name (If not institution,		111				, or Location of De	eath	4c. County	of Deeth	
	L	Anne Arundel	Medical	Cen	ter			polis			Arur	ndel
uneral irector		131-36-1230	6. Sex 7. 1 □ M 2 □ F	Aga (In yrs	: last birthday) Yrs.	If Under 1 \ Months C		Hrs. 8. Dete of (Month, MAR	Birth Day, Yea 8, 1	ar) 1904	9. Birthplac Country New	ce (State or Foreig York
ž	-	Usual Residence of Decedent 10a. State 10b. County		10c. C	ity, Town or Lo	ocation					100	I. Inside City Limit
of and Po			Arundel		Severn		k					1 ☐ Yes 2 ☑ No
or 28a-f s	3	10e. Street end Number							10.	0		
P P	5					10f. Zip Co			10g.		Vhat Country	/1
1 23 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	43 West Mc					21146			US		
Example 13a or 28a-1 show Example rount be notified at 1 by Funeral Director	2	11. Marital Status 1 □ Never Married 2 □ Marrie 3 ☑ Widowed 4 □ Divorced	12. Was Decede Armed Force 1 Yes 2 If Yes, Give Yeer or Dete	es? ⊠No		Was Deceden If Yas, specify 1 ☐ Yes 2√x	of Hispenic Origin Cuban, Maxican, P No Specify:	? (Specify Yes or Puerto Rican, atc.)	No-		e - American k, White, ato Whi	3.
t, the Medical Ex.		15. Decedent's	Education		16e. Deced	dent's Usuel C	ccupation	Luncking	16b.	. Kind of Bu	siness/Indu	stry
	2	(Specify only highest Elementery/Secondery (0-12)	College (1-4	or 5+)	life. L	DO NOT use	one during most of etired)	working				
ont, the M	5		4		Hom	nemake	r			Dom	estic	
atic event, the To Be Co		17. Father's Name (First, Middla, La	ast)				18. Mother's	Name (First, Mid	dle, Maio	den Sumem	18)	
D . III		Samuel Kan	ter				Ma	rcia Fr	eem	an		
		19e. Informent's Neme/Relationshi			19b, Mellin	ng Address (S	treet and Number of				Stete, Zip C	ode)
		Irene J. Klav	er/Daugh	ter			c Hills					21401
other		20e. Method of Disposition			Plece of Dispo cemetery, cren			Dete	-	*	City or Town	
important: If it any injury or o		1 ☐ Buriel 2 ☑ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spe	acify)		tro Cre	ematory	, Inc.	12/24/97			more,	
any in		21. Signature of Junioral Service y Edward A	Gregore	hik	C	remat	ddress of Fecility ion Soc ederick	iety of	MD	, In	C.	21222
edicai		Immediate Ceuse (Final	0-30				dying, such es ce					ntervel Between Onset and Deeth
physionary and strength and the buried-transit and the buried-transit and the buried transit and the buried transi		Immediate Ceuse (Final disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	o. RESP b. Lan	Due to (Due to ((or es e conseq	quence of):	RE	MATCH			C	
os the burief-transit		disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	b. Lan	Due to ((or es e consequence of es	quence of): // And y quence of): // Compared to the compared	RE W INFO	TIVE AT	LWB	~ pa	£.	nset and Deeth
ng physicairand see the burdefrensit		disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b. Lan	Due to ((or es e consequence of es	quence of): // And y quence of): // Compared to the compared	RE W INFO	TIVE AT	CW/A	~ P 7	E .	he cause of deatl
igned by the ettending phystolarizand be detached for use es the bung-transit by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	b. Lan c. Seve	Due to ((or es a consequence of the cons	quence of): // And y quence of): // Compared to the compared	RE W INFO	TIVE AT	CW/A	~ P 7	ntribute to ti	he cause of death
be detached for use es the burial-transit be detached for use es the burial-transit by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other eignificant conditions	b. Lan c. Seve	Due to ((or es a consequence of the cons	quence of): // And y quence of): // Compared to the compared	RE W INFO	23b. E	CW/A	~ ? ?	ntribute to til	he cause of death bly Unkno a autopsy findings able prior to justion of cause
ate has been signed by the ettending physicatrand page 2 should be detached for use as the burial-transit and completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other eignificant conditions	b. Lan c. Seve d. e contributing to death	Due to ((or es a consequence of the cons	quence of): // And y quence of): // Compared to the compared	RE W INFO	23b. E 1 24e. V	Old tobac Yes	~ ? ?	ntribute to ti	the cause of death by Unknown a autopsy findings able prior to oletion of cause ath?
ate has been signed by the ettending physical and page 2 should be detached for use as the burief-transit and page 2 should be detached for use as the burief-transit and page 2 should be detached for use as the burief-transit and page 2 should be detached by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other elgnificant conditions CHF, A-C	b. Lan c. Seve d. e contributing to death	Due to ((or es a consequence of the cons	quence of): // And y quence of): // Compared to the compared	RE WHO	23b. E 1 24e. V	id tobac Yes Yes en eu erformed	~ ? ? ?	ntribute to ti 3 Probei	the cause of death by Unknown a autopsy findings able prior to oletion of cause ath?
is certificate has been signed by the ettending physoachand director, page 2 should be detached for use es the burial-transit of the control		disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other eignificant conditions.	b. Lan c. Seve d. e contributing to death	Due to (Due to	(or es a consequence of the cons	quence of): /Ray quenca of): /Ray quenca of): nderlying caus	PE INFO	23b. I 24e. V	Old tobac Yes Yes Yes Yes Yes Yes	~ ? ? ?	24b. Were availing composed to the same of	the cause of death by Unkno a autopsy findings able prior to oletion of cause ath?
To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other eignificant conditions 25. Wes case referred to medical exeminer? 1 'ves 25 No.	b. Low c. Seve d. e contributing to death FIB C	Due to (Due to (Due to (And And And And	for es e consequence of the cons	quence of): Particular	PE WHO COSTUPE e given in Pert I. 26. Place of Other: 4 Nursi	23b. [1 24e. V p	Old tobac Yes Yes Yes Yes Yes Yes Yes	co use couse	24b. Were availing of de 1 1 1	the cause of death by Unknown a autopsy findings able prior to oletion of cause ath?
To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (bease or Injury that initiated events resulting in deeth) Lest Pert II. Other elgnificant condition. CHF A	b. Low c. Seve d. e contributing to deat FIB C Hospitel: Emp 28e. Dete of I (Month,	Due to (Due to (Due to (And Due to (And And And And And And And An	(or es e consequence of the cons	quence of): Particular	PE INFO	23b. I. 24e. W p 1 Deeth (Check or or ng Home 5 R	Old tobac Yes Yes Yes Yes Yes Yes Yes	co use couse	24b. Were availing of de 1 1 1	the cause of death by Unknown a autopsy findings able prior to oletion of cause ath?
Sirector: After this certificate has been signed by the ettending physfoathand in by the funeral director, page 2 should be detached for use as the bund-fransit and the funeral director. To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other eignificant conditions 25. Wes case referred to medical exeminer? 1 Yes Yes	b. Low c. Seve d. e contributing to death FIB C 1 Hospitel: Examp 28e. Dete of 1 (Month, tion the 28e. Place of	Due to (Due to (Due to (Due to (And And And And	for es e consequence of the cons	quence of): // And a quence of): nderlying cause nt 3 DOA f 28c.	e given in Pert I. 26. Place of Other: 4 Nursi Injury et Work?	23b. I 24e. W P 1 1 Deeth (Check or ng Home 5 R 28d. Descri	Old tobac Yes Yes Yes Yes Hy one) esidence be how in	CO USE COU 2 No utopsy	ntribute to ti 3 Probei 24b. Were availa compoi de 1 1	the cause of death by Unknown a autopsy findings able prior to oletion of cause ath?
Strector: After this certificate has been signed by the ettending phystolagrand in by the funeral director, page 2 should be detached for use as the burief-fransit of the funeral director, page 2 should be detached for use as the burief-transit of the funeral director. To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other eignificant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 Yo 27. Menner of Deeth 1 Naturel 5 Pending investiga investi	b. Low c. Seve d e contributing to deat FIB C Hospitel: Temp 28e. Dete of (Month, to be led) 28e. Plece of building. Physician: To the be templater: On the basis	Due to (Due to	for es e consequence of the cons	quence of): // And a property of the property	e given in Pert I. 26. Place of Other: 4 Nursi Injury et Work? 1 Yes 2 No fice	23b. I. 24e. V p 1 Deeth (Check or ng Home 5 - R 28d. Descri 28f. Locatic City or	Hid tobac Yes Yes Yes Yes Ny one) esidence be how in n (Street Town, St	co use con 2 No stopsy?	ar (Specify) red onner es stet	the cause of death bity 4 Unknown a autopsy findings able prior to oletion of cause ath? Yes 2 No
Sirector: After this certificate has been signed by the ettending physfoathand in by the funeral director, page 2 should be detached for use as the bund-fransit and the funeral director. To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other eignificant condition. 25. Wes case referred to medical exeminer? 1 Yes Yes	b. Low c. Seve d e contributing to death fig c d Hospitel: Enp 28e. Dete of I (Month, tion to ba led 28e. Plece of building, Physician: To the be	Due to (Due to	for es e consequence of the cons	quence of): // April quence of): quence of): nderlying cause nderlying cause April 3 DOA f 28c. M 28c. M reet, fectory, or n occurred at the vestigation, in	e given in Pert I. 26. Place of Other: 4 Nursi Injury et Work? 1 Yes 2 No fice	23b. I. 24e. V p 1 Deeth (Check or ng Home 5 - R 28d. Descri 28f. Locatic City or	Ves en et erformed Yes Ves en et erformed Yes Ves esidence be how in (Street Town, St	co use cor 2 No utopsy? 2 No a 6 Oth njury occur a end Numb	ar (Specify) red er or Rural F	he cause of death bly 4 Unknow a autopsy findings able prior to oletion of cause ath? Yes 2 No Route Number, ed. he cause(s)
Inector: After this certificate has been signed by the ettending physicarpand in by the funeral director, page 2 should be detached for use as the bunk-fransit as stiffication: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other elgnificant conditions 25. Wes case referred to medical exeminer? 1 Yes Yes Yes Yes 27. Menner of Deeth Pending investiga 3 Suicide Suicide Could no determined to the conditions 29e. Certifier (Check only) Certifying 20 Medical Exemples Certifying 20 Medical Exemples 20 Certifier (Check only) Certifying 20 Medical Exemples 21 Medical Exemples 22 Medical Exemples 23 Medical Exemples 24 Medical Exemples 25 Medical Exemples 26 Medical Exemples 27 Medical Exemples 28 Medical Exemples 29 Medical Exemples 20 Medical Exemples 21 Medical Exemples 22 Medical Exemples 23 Medical Exemples 24 Medical Exemples 25 Medical Exemples 26 Medical Exemples 27 Medical Exemples 28 Medical Exemples 28 Medical Exemples 29 Medical Exemples 20 Medical Exemples 27 Medical Exemples 28 Medical Exemples 29 Medical Exemples 20 Medical Exemples 20	b. Low c. Seve d e contributing to deat FIB C Hospitel: Temp 28e. Dete of (Month, to be led) 28e. Plece of building. Physician: To the be templater: On the basis	Due to (Due to	for es e consequence of the cons	quence of): Continuence of):	e given in Pert I. 26. Place of Other: 4 Nursi Injury et Work? 1 Yes 2 No fice	23b. I. 24e. V p 1 Deeth (Check or ng Home 5 - R 28d. Descri 28f. Locatic City or	Ves en et erformed Yes Ves en et erformed Yes Ves esidence be how in (Street Town, St	co use cor 2 No utopsy? 2 No a 6 Oth njury occur a end Numb	ar (Specify) red onner es stet	he cause of death bity 4 Unknow a autopsy findings able prior to oletion of cause ath? Yes 2 No Route Number, ed. he cause(s)
Strector: After this certificate has been signed by the ettending phystolagrand in by the funeral director, page 2 should be detached for use as the burief-fransit of the funeral director, page 2 should be detached for use as the burief-transit of the funeral director. To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other eignificant condition. 25. Wes case referred to medical exeminer? 1 Yes Yes	b. Low c. Seve d e contributing to deat FIB C Hospitel: Temp 28e. Dete of (Month, to be led) 28e. Plece of building. Physician: To the be templater: On the basis	Due to (Due to	for es e consequence of the cons	quence of): Continuence of):	e given in Pert I. 26. Place of Other: 4 Nursi Injury et Work? 1 Yes 2 No fice	23b. I. 24e. V p 1 Deeth (Check or ng Home 5 - R 28d. Descri 28f. Locatic City or	Ves en et erformed Yes Ves en et erformed Yes Ves esidence be how in (Street Town, St	co use cor 2 No utopsy? 2 No a 6 Oth njury occur a end Numb	ar (Specify) red er or Rural F	he cause of death bly 4 Unknow a autopsy findings able prior to oletion of cause ath? Yes 2 No Route Number, ed. he cause(s)
oor. After this certificate hes been signed by the ettending physfolanal the funeral director, page 2 should be detached for use es the buriaf-transit at funeral director, page 2 should be detached for use es the buriaf-transit at funeral director, page 2 should be detached for use at long the funeral function of the funeral function of the functin of the function of the function of the function of the function		disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other eignificant condition. 25. Wes case referred to medical exeminer? 1 Yes Yes	b. Low c. Seve d d e contributing to deat FIB C Hospitel: Examp 28e. Dete of I (Month, the a caminer: On the becaminer: On the basis end manner	Due to (Due to	cor es e consequence comporte se e consequence consequ	quence of): // April quence of): // April quence of): nderlying cause nderlying cause // April quence of): // April quence of)	e given in Pert I. 26. Place of Other: 4 Nursi Injury et Work? 1 Yes 2 No fice	23b. I. 24e. W p 1 Deeth (Check or ng Home 5 R 28d. Descri 28f. Locatio City or	Pid tobac Yes Yes Yes Yes Yes Yes Yes Ye	co use cor 2 No utopsy? 2 No a 6 Oth njury occur and Numb s(s) end me and placa, a	arribute to the second of the	he cause of death bly Unknow a autopsy findings able prior to oletion of cause ath? Yes 2 No Route Number, ed. he cause(s) hy, Yaar)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Dete of Death 1. Decedent's Name (First, Middle, Last) Day 5 -RNestine 20 1997 December 4a Facility Name (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death Ustown RaLtinoRE Eldercare anda GENESIS If Under 1 Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 5. Social Security Number Days 1□ M 2√ F Yrs. 60 215-34-7767 Jan 01,1937 SC Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No N/A Baltimore Md 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21215 USA 4801 Snader Avenue 14. Rece - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: **Black** 3 Widowed X Divorced 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 8th Food Service Tech Transportation 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Almeria Kelley James H. Halley 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 8115 Scotts Level Road Pikesville, Md 21208 Lois Conley (Daughter) 20b. Placa of Disposition (Name of cemetery, crematory or other pleca) 20c. Location - City or Town, State 20a. Method of Disposition XX Buriai 2 Cremation 3 Removal from State 12/23/97 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn Cemetery Baltimore, Md 22. Name and Address of Fecility Caple Funeral Service 5502 Winner Avenue Baltimore, Md 21215 plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, one ceuse on each line. Approximete Interval Between Onset and Deeth oscleration DISEASE Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Lest Due to (or as a consequence of): Due to (or as e consequence of): 23b. Did tobecco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Denknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy 1 Yes 2 INO 1 ☐ Yes 2 0 No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 1 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how Injury occurred 28c. Injury at Work? 28b. Time of

Box 68760. physii 65 attending ed by the a signed by to should has The a Hospital or Attending Physician: The 24 hours after death.

Funeral Director: After this certificate b Division of Vital funeral the filled in by To the Hosp within 24 ho To the Fune completely fi

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Director

Funeral

by

Completed

7 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Wedical Examiner must be notified at

the Manyland

with

filed within 72 hours after death

Pages 1 and 2 should be filed within nent of Health and Mental Hygiena. int: If frem 27 is marked other than "

permit. Pages Department of Important: If its any injury or or

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Physician/Medical þ Completed Be 10 Certification: 29a. Certifier Medical

Examiner

27. Manner of Death 1 (DNatural 2 Accident

3 ☐ Suicide

4 Homicide

5 Pending investigation 6 Could not be

DEC 2 9 199

28a. Date of Injury (Month, Day Year)

28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify)

1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as stated.

(Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signeture and title of certifier

29c. License number

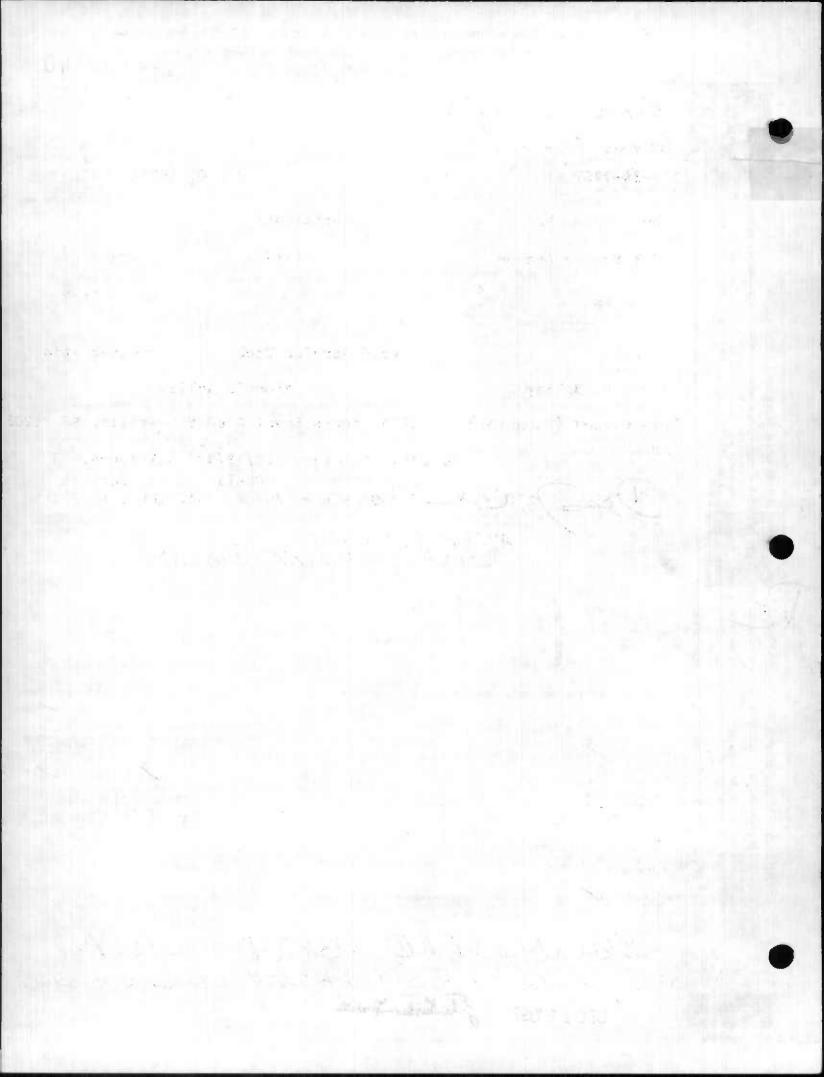
29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

4000 CVD CHIT ROAD # 203 BAILHMOR, MD 21208 14.0 32. Registra sissignative 31. Date tiled (Month, Day, Year)

Registrar

5



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month Year 9:25 Pm BERNARD LESLIE L. December 22 1997 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Baltimore City
If Under 24 Hrs. 8. Date of Maryland G 5. Social Security Number General Hospital If Under 1 Yeer 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign 1₩ 2□ F BACTIMORE, MD. 212-40-1031 60 Yrs. Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MARYLAND BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1501 DUKELAND STREET 21216 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 1 ☐ Never Married 2 ☐ Married Specify: AFRO. AMERICAN 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced 15. Dacedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantery/Secondery (0-12) College (1-4or 5+) **JANITOR** SCH00L 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surname) JAMES THOMAS LESLIE MARY ALICE LESLIE 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SISTER 5513 GWYNN OAK AVE, BALTIMORE, MARYLAND 21216 MILDRED 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20c. Location - City or Town, State 12/30/97 LANSDROWN, MD, MT. ZION CEMETERY 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licensee ESTEP BROTHERS TUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 23a. Part1. Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or haar things. List only one cause on each list. Immediata Cause (Final disease or condition resulting in death) Due to (or as a consequence of):
(+) Human Immunateficiency Virus Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of cause of daath? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yas 2 ☐ No 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of

Physician /Medical Examiner The law requires that the death certificata be axecuted physician and the burial-tran

P.O. Box 68760

Records,

Division of Vital

Important: If tem 27 is marked other up injury or other

Physician

/Medical

Examiner

Funeral

Director

than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

by

Completed

Examiner Physician/Medicai þ Completed Be Certification: To

the attending p signed t page 2 s Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this cartifica etaly filled in by the funeral director, I

cartificata

To the Hospital or within 24 hours aft To the Funeral Di completaly filled in 5

State Registrar

Sequentially list conditions, if any, laading to immadiata ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in daath) Last Part II. Other eignificant conditions contributing to death but not rasulting in the underlying ceusa givan in Part I. 25. Was cesa referred to medical axaminer? 1 Yes 2 No 27. Menner of Death 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accidant 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 12 Certifying Physician: To the best of my knowladge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 29a. Cartifler Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated.

29c. License number

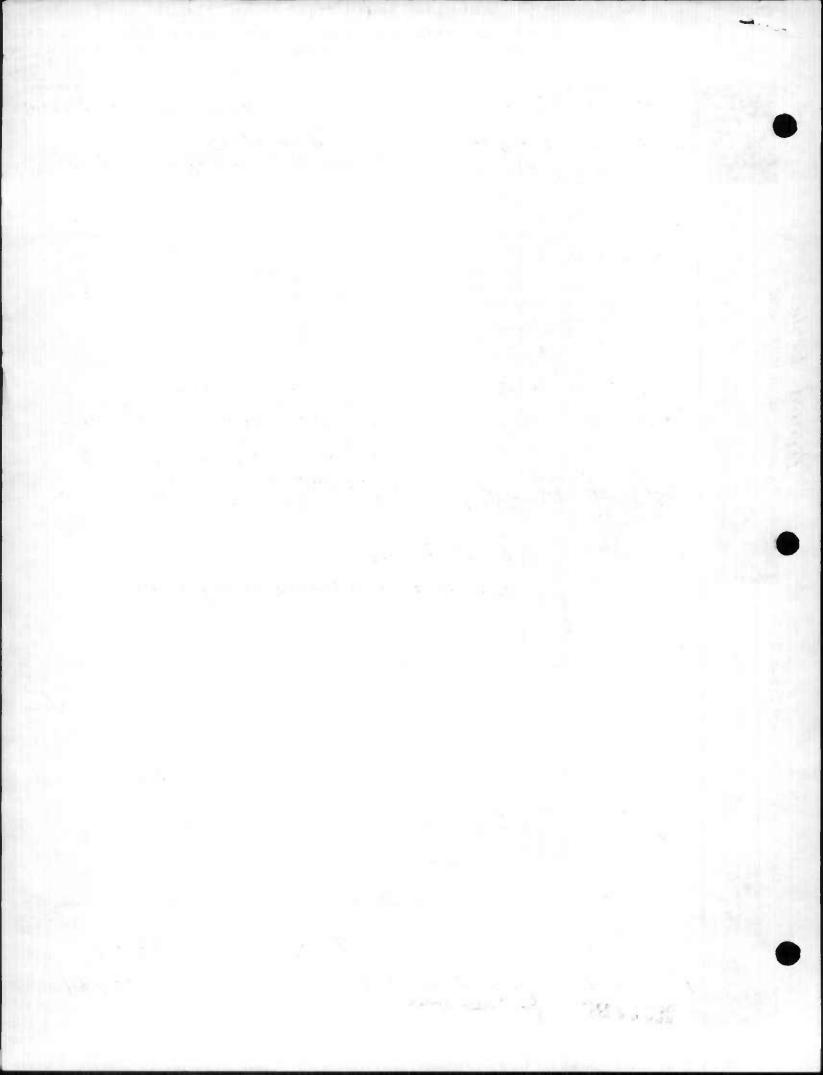
29d. Date signed (Month, Day, Year)

30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

uma

40 Maryland General Hospital

29b. Signature and time of certifiero



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene (Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month ENAHAN 26 n+ AMES 1-20 AM 1997 /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Good Samaritan Hospital Baltimore City If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funeral** % M 2 □ F 79 Yrs. 01/15/18 Director 079-10-7056 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23e or 28e-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2 No MD Baltimore Parkville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8214 Old Harford Road 21234 U.S.A. Funeral 12. Wes Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1X Yes 2 No If Yes, Give Year or Dates: alfimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: white Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Businass/Industry Hygiene. Hygiene. other than "n Elementary/Secondary (0-12) Collaga (1-4or 5+) accountant ACCOUNTING 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) pemil. Pages 1 and 2 should be 1 Department of Health and Mental I Important: If Item 27 is marked of Michael Lenahan Mary Russell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Coda) Ruth Lenahan / wife 8214 Old Harford Rd.; Parkville, MD 21234 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12/27/97 Catonsville, MD Metro Crematory, Inc. A Name and Address of Facility Johnson Funeral Home, P.A. 21. Signature of Funeral September 8521 Loch Raven Blvd.; Towson, MD 21286 enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, or haart failure. List only ona cause on each line. Approximate Intarval Batween Onset and Death **Physician** /Medical CARDIAC Immediate Ceuse (Final 2 HOURS disease or condition resulting In death) Examiner CONGESTIVE HEART Examiner The law requires that the death certificate be executed physician and the burial-transi Sequentially list conditions, if any, leading to Immediate ceuse. Enter Undarlying Causa (Disaase or Injury that initiated avants resulting in deeth) Last Due to (or as a consequence of): ZYEARS CARCINOMA Box 68760. Physician/Medicai Due to (or es e consequence of) attending Part II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of deeth? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were autopsy findings eveileble prior to completion of cause of death? been si 24a. Was an autopsy performed? Completed 1 Yes 2 No 1 Yes 2 No certificate Division of Vital Be 25. Was cese referred to medical exeminer? 26. Placa of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) ^oL 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Date of Injury (Month, Dey Year) 27. Manner of Daath 28b. Time of Injury Certification: 28c. Injury at Work? 28d. Describe how injury occurred i or Attending Patter death. 1 WNatural 5 Pending after death. 1 ☐ Yas 2 ☐ No 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be datermined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 | Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29a. Certifier 1 🗹 Certifying Phyalcien: To tha bast of my knowledge, death occurred at the tima, data and place, and dua to tha causa(s) and mannar as statad. Medical (Check only one) 2 Medical Exeminar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. P10585 29d. Date signed (Month, Day, Year) 29b. Signature end title of certifier aume, MD Dec, 26 1997

UM State

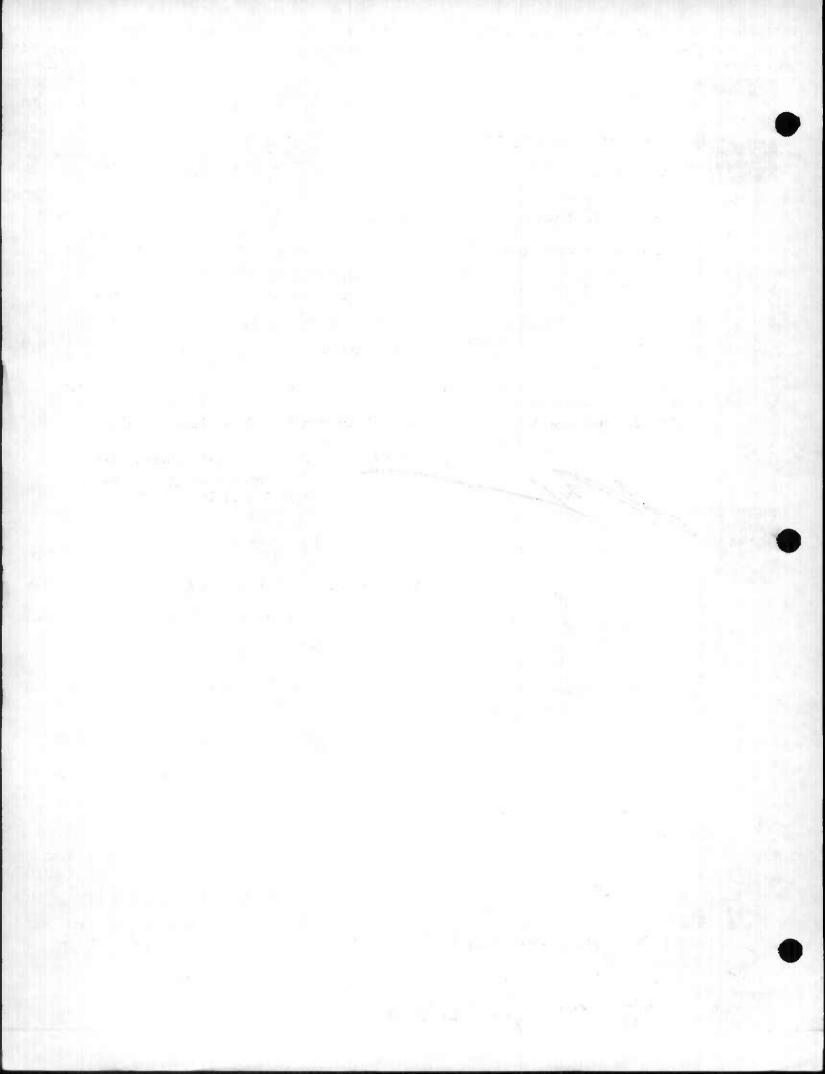
Registrar

31. Date filed (Month, Day, Year) DEC 2 9 1997

FRANCIS

KMASHIE ATTIOGRE THE GOOD SAMMOUTAN HERITAL OF MMOYLAND INC. . Registrar's Signature whe Davidson-Randell

30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print)

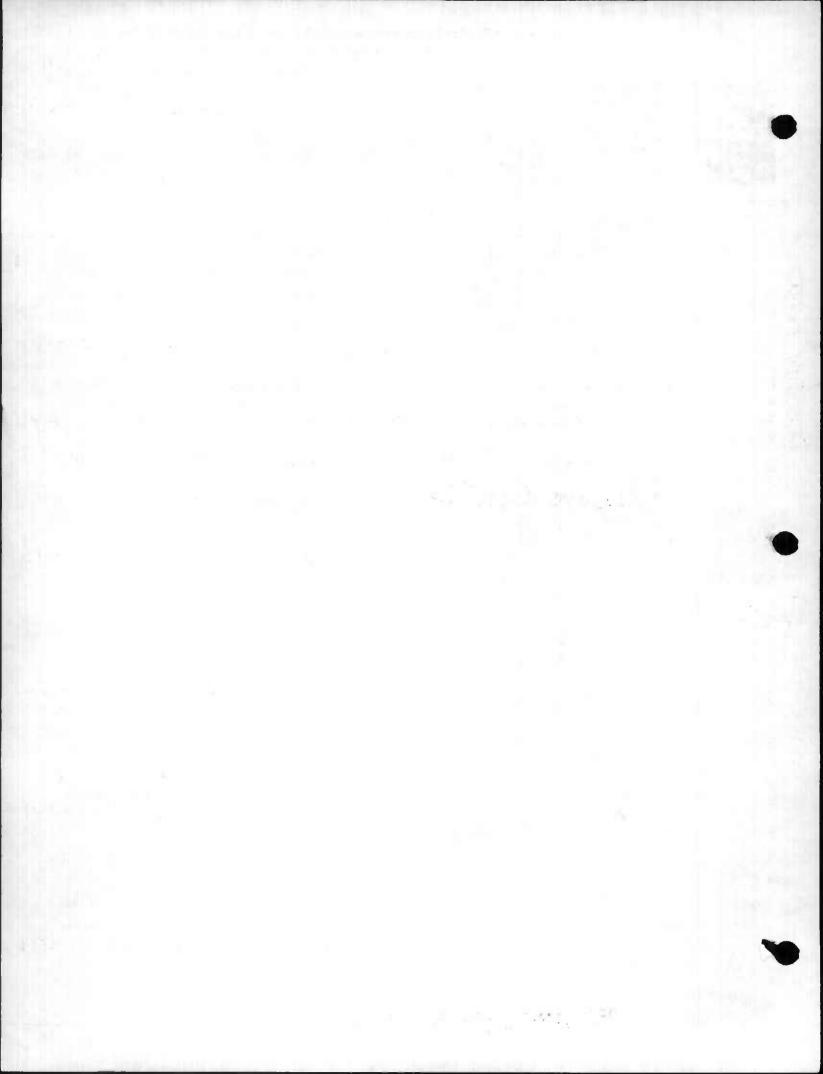


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. -1. Decedent's Name (First, Middle, Last) 2. Data of Death **Physician** Lucas Dorothy 4:55am December 20 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Battimore Stella Maris AT Mercy HOSP If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 10 M 20 F 54 Months Days 218-60-7667 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Ballimore MD 1 Tes 2 No Director traumatic event, the Medical Examiner must be notifie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21205 Durham 920 USA Funeral 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, atc. 11. Marital Status Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: Black by 3 ₩idowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry nd Mental Hyglene. marked other than Elementary/Secondary (0-12) College (1-4or 5+) Orbricky Laborer 11th grade 17. Father's Name (First, Middla, Last) 18. Mother'a Name (First, Middle, Maiden Sumeme) Desmono Joseph Washington EVELYN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Baltimore, MD Mc Fadden 409 Woodridge Ave Carolyn L. Important: If item 27 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12-26-97 Garden Voshell MEM 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Morth March I-H EAST 1101 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Ceuse (Final year disaasa or condition resulting in daath) Examiner Examiner physician and the bunal transit Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in daath) Last Due to (or as a consequence of) Physician/Medicai Dua to (or as a consequenca of) USB BS Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by to 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of causa of death? 24e. Wes en eutopsy performed? Completed 2 No 1 ☐ Yes 2 No 25. Was case referred to medical axaminar?

1 Yes 2 No Stella maris at Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Special TCY HOSPICE 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. Date of injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Natural
2 Accident death. 1 ☐ Yes 2 ☐ No after death Director: / 6 Could not be detarmined 3 Suicide 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 - Homicide Hospital 24 hours a Funeral D **Certifying Phyaician: To the best of my knowledge, death occurred at the time, dete end placa, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) To the within 2 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 040480 DOMOMBER 20, 1997 7672 3061 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 34/10 FERMANDO Fears, MD 1200 21236 31. Dete tiled (Month, Day, Year) 32. Registrar's Signature State Julia Trijdom Bondall Registrar DEC 2 9 1997

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** GOLDIE RUTH LIND 9:38pm DECEMBER 17 1997

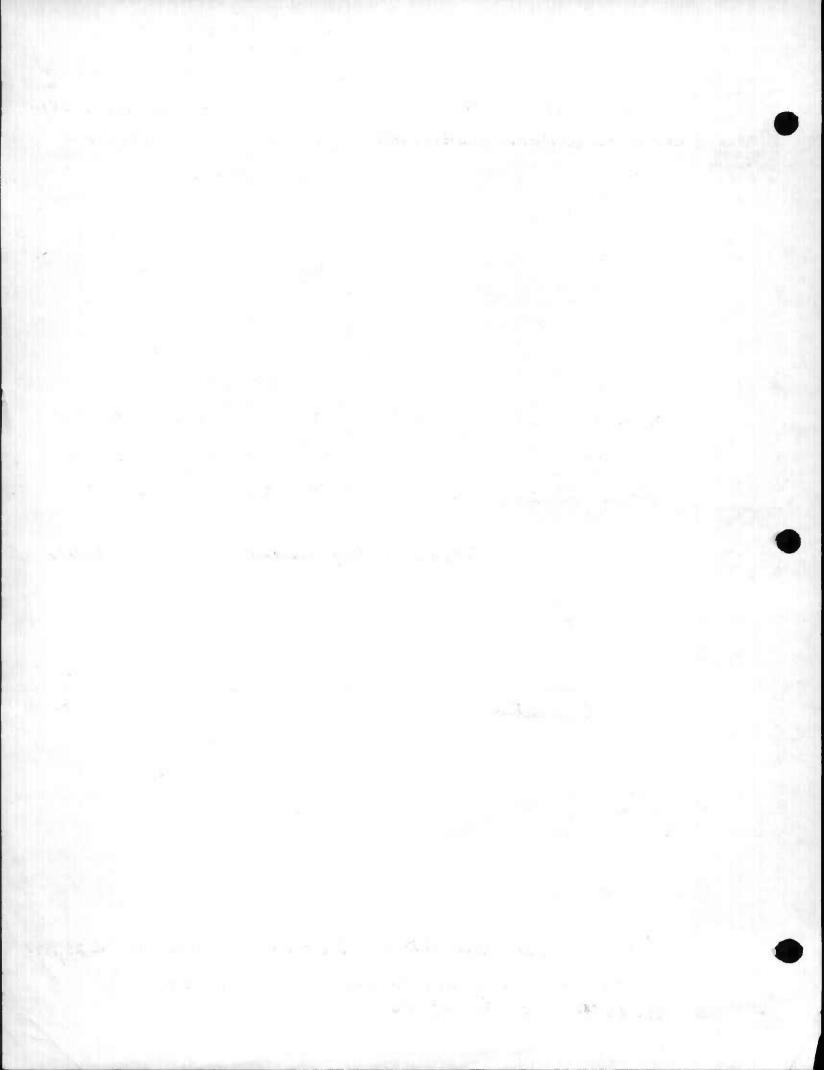
pocation of Death 4c. County of Death /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner CROMWELL GENESIS ELDER CARE BALTIMORE BALTIMORE 8. Date of Birth (Month, Dey, Yeer) if Under 1 Year | if Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Country) WEST VIRGINIA **Funeral** Months 1□M 2XF Days Hours JUL. 6, Director 1919 213-20-2028 78 Usual Residence of Decedent deeth with the Meryland 10e Stete 10b County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Wedical Examiner must be notified at 10d. Inside City Limits Director MARYLAND BALTIMORE BALTIMORE 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8710 EMGE ROAD 21234 U.S.A. Funerai 14. Race - American Indian, Black, White, etc. 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours efter Yes 2X No 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Aq 3√2 Widowed 4 □ Divorced Year or Dates WHITE Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education
(Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) OWN HOME 6 HOMEMAKER traumetic event, permit. Pages 1 and 2 should be flik Depertment of Health and Mental Hy Important: If item 27 is merked other any Injury or other traumetic event 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 GILES BOWDEN BESSIE VAUGHT 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) COLDIE L. BERGHANEL, DAUGHTER 17891 LOUNSBERY DRIVE, DUMFRIES, VIRGINIA 22026 20b. Piace of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State cemetery, cremetory or other plece) Burial 2 Cremation 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 12/19/97 ELKRIDGE, MARYLAND MEADOWRIDGE CEMETERY 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility WITZKE FUNERAL HOMES, INC. 1630 EDMONDSON AVENUE, CATONSVILLE, MD 21228 er 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Death **Physician** ormary artery disease
Due to (or es a consequence of): /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed for use es the burief-transi Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. Physician/Medicai Due to (or es e consequence of) P.O. 1 Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 3 Probably 4 Unknown Dementia 1 Yes 2 No Records, þ 9 24b. Were eutopsy findings evailable prior to completion of ceuse of death? page 2 should Completed 24e. Wes en autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital 25. Was cese referred to medical exeminer? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yes 2 No his 27. Manner of Death 1 Natural 28a. Date of Injury (Month, Dey Yeer) 28c. Injury at Work? 28d. Describe how injury occurred After Division 5 Pending investigation or Attending s efter death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) In by 4 Homicide Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the ceuse(s) end menner as stated.

2 Medical Exeminer: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and manner stated. Medicai 29a. Certifier completely (Check only To the I within 2 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) DECEMBER 23, 1997 021022 Kernleveler MD. 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 8604 HARFORD Nd. BALTO. MD 21234 MIKOWALEWSKI 31. Date filed (Month, Dey, Yeer) State

DHMH 16 Rev 6/95

Registrar

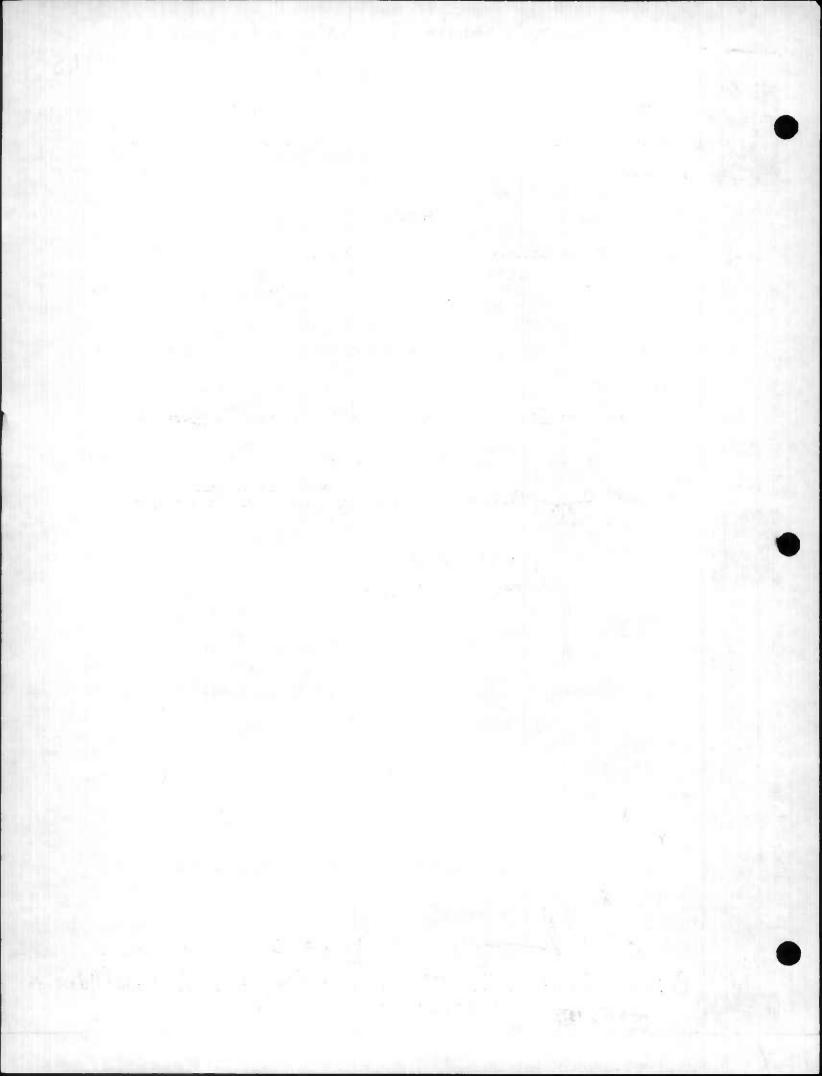
DEC 2 9 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

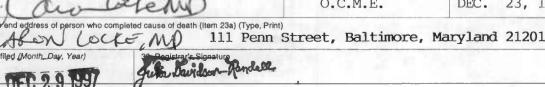
State of Maryland / Department of Health and Mental Hygiene

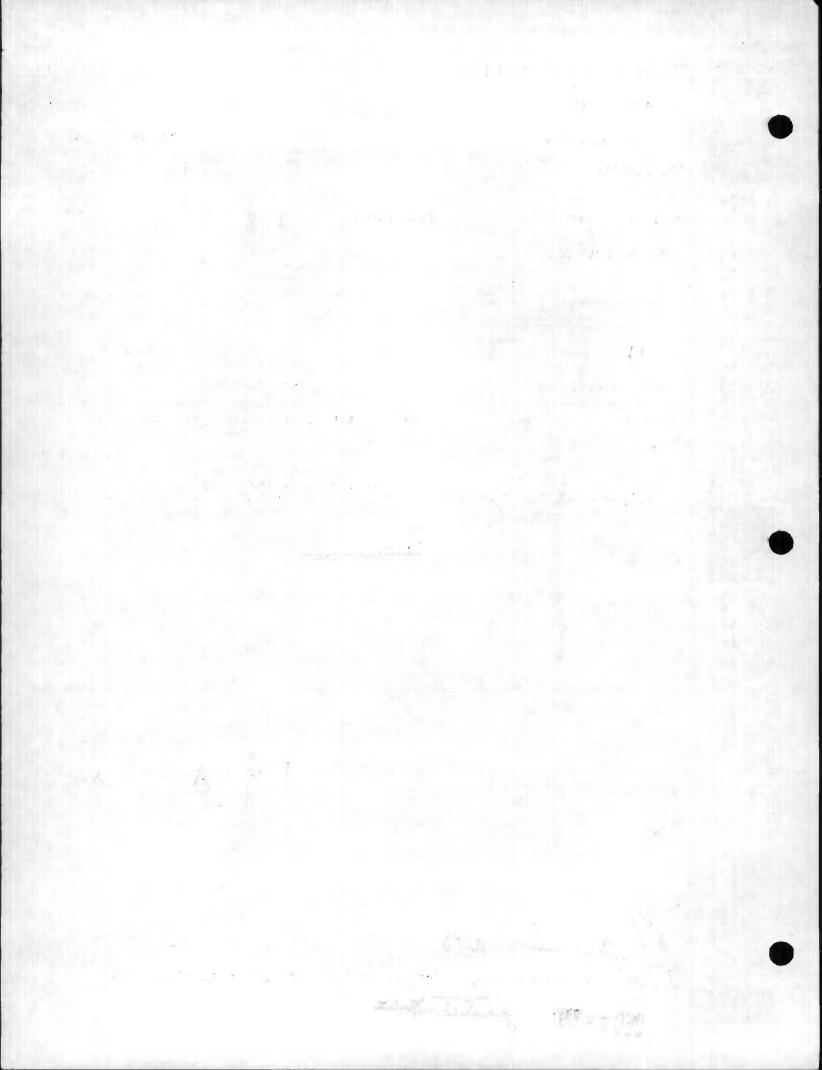
Physici	an	Decedent's Name (First TONIAN	t, Middle, La							2. Date of De Month	Day	Year	3. Time of the	
/Medic	al	JOHN 4a. Fecility Neme (If not in	atitutian ai	LOPE					b. City, Town, or	DECEME		1997	5:45p.1	
Examin	er	5108 FLI			91)				WALDORF		h 4c. Count			
Funeral Pirector		5. Social Security Number 129–14–2076 Usual Residence of Dece	6. 5		Age (In yrs.	lest birthday) Yrs.	If Unde Months	er 1 Year	If Under 24 Hrs. Hours Min.		th ey, Year)		ace (Stele or Foreign	
28a-f show	or	10a. State 10b.	County		10c. Ci	ty, Town or Loc Apopka						10	d. Inside City Llmi	
23a or 28a-	I Direct	10e. Street and Number 1469 Marga		Crescent	Drive		_	ip Code 3270	3		10g. Citizen of USA	What Counti		
or items	Completed by Funeral Director	11. Marital Status 1 Never Married 2 3 Widowed 4 D		12. Was Decede Armed Force 1 X Yes 2 If Yes, Give Year or Date	os? □ No			edent of Hi ecify Cuber 2 \(\text{No} \)	of Hispenic Origin? (Specify Yes or N Cuben, Mexican, Puerto Rican, etc.) No Specify: Puerto Ric		No- 14. Race - American Indian Black, White, etc. Can Specify: White		tc.	
important; if lean 27 is marked other than 'netural; any injury or other traumatic event, tra Medical Exposes.	ompleted	15. D (Specify onl) Elementary/Secondary 12		ducetion ede completed) College (1-40	or 5+)	16a. Daced (Give I life. D Shipp:			ution uring most of wor	Spoony.				
offine.	Be C	17. Father's Nama (First,	Middle, Last						18. Mother's Nar	ne (First, Middle		-	1	
is marked o	ToE	Juan Lopez								Melendez				
em 27 is m		19a. Informant's Name/Re Ana Lopez				1469 1	Marga	arete	nd Number or Ru Crescer	nt Dr. Ā	er, City or Town,	State, Zip (
ant: if iten ury or oth		Ana Lopez (Wife) 1469 Marg								ec ^{Date} 9, 1997	Gotha,			
important: if any injury or once.		21. Signature of Funeral S	Service Licer	1500 - 13. J		Wi	tzke	Fune	s of Facility eral Hom Knolls F			-	1045	
Jing physician and se es the burial-transit	Medical Examiner	disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter Underlying Causa (Disease or injury that Initiated events resulting in death) Last	s, eta	a. LIVER	Due to (o	or as a consequ	C PC	:						
attendin for use	clan													
d by the	/ Physician/	Part II. Other eignificant of	onditions o	ontributing to death	but not res	ulting In the un	derlying	cause give	n in Part I.		Yes 2 No	ntribute to t	the cause of deat	
s been s 2 should	Completed by									24a. Was	an autopsy ormed?	com	e autopsy findings leble prior to pletion of cause aath?	
pa										10	Yes 2 No	1 🗆	Yes 2□ No	
0 2	o Be	25. Was cese referred to examiner? 1 Yes 2 No	nedicel	Hospital:			-50	Otha	26. Place of Das	V				
ineral	atlon: To	27. Manner of Death	Pending invastigation	28a. Data of In (Month, I		28b. Time of Injury		28c. Injury Work	4 LI Nursing H			ence 6 Other (Specify) ow Injury occurred		
To the Funeral Director: Alter completely filled in by the fune	Certification:		Could not be detarmined	286. Place of	Injury - At h	ome, ferm, stre	et, factor	ry, office		28f. Location (City or To	Street end Numb wn, Stata)	per or Rurei	Route Number,	
To the Funeral Direct completely filled in by	edical	29a. Cartifiar 1 C (Check only one)	ertifying Physical Exam	ysician: To the basis and mannar	of examina	wledga, daath tion and/or Inv	occurrad	at tha time	a, date and place inlon, daath occu	, and dua to tha rred at the time,	causa(s) and ma data and place,	annar as sta and dua to t	ted. he causa(s)	
# c	Σ	29b. Signature and title of	certifier		1	ATE SY	29	c. License	number (29d. Date signe	d (Month, D	ey, Yeer)	
2000			0 11		11		1	1	21/21					
1 VM		30. Name and address of	person who	complated causa o	f daath (It <i>er</i>	7 23a) (Type. F	Print)	73	3496		DECEMI	BER 2	4, 199	



State Registrar

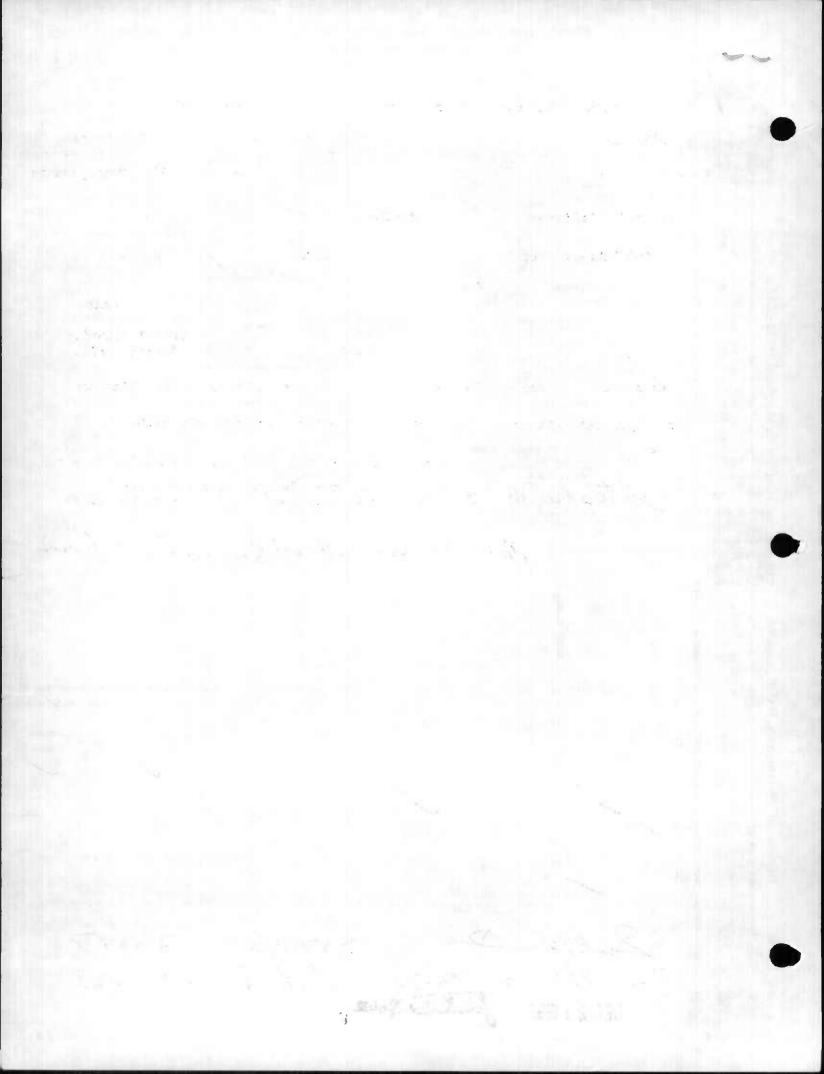
31. Dete filed (Month_Day, Year)





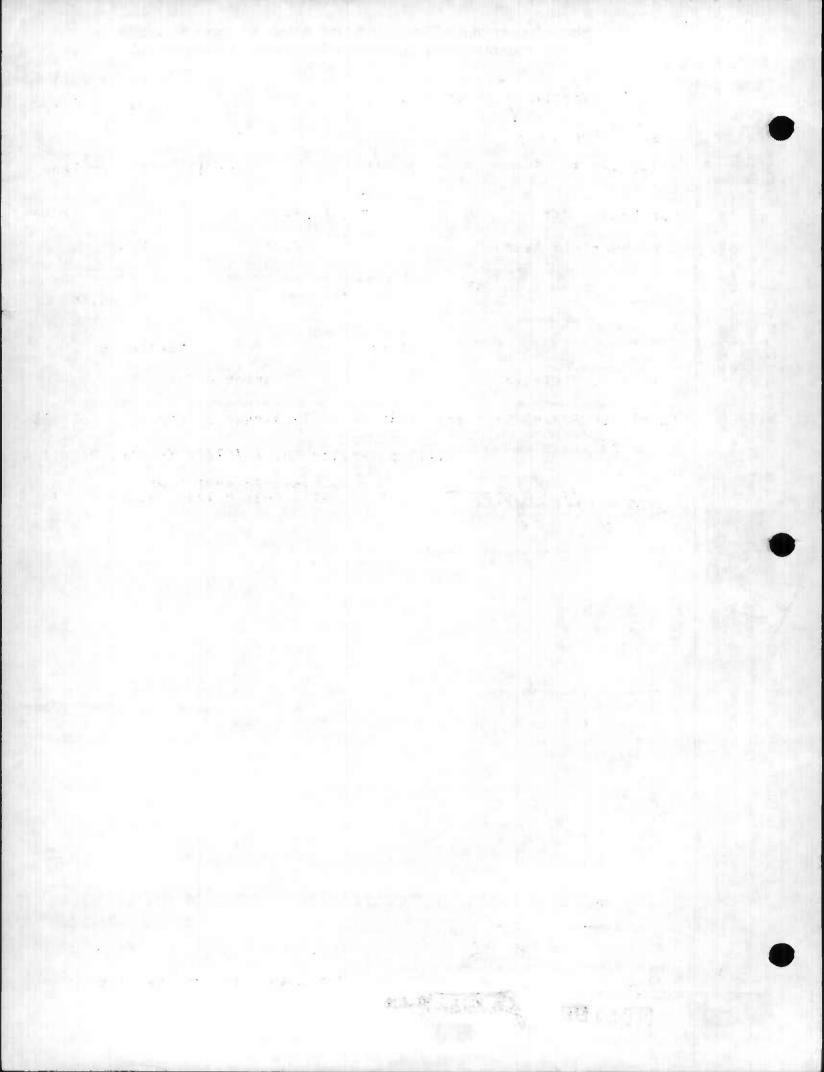
Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

-					State of	f Marylar		rtment difficate			ind Me	ental H	/giene	39	14	7
	Physician	1	1. Decedent's Name (F		est) Elizabetl	h Thoma	s Meis	e				2. Dete of D Month	Dey	Yeer 1997		of Deeth
V	/Medica Examine		le Fecility Neme (# no						4t	b. City, Tov	wn, or Loc	ation of Dee				y 2.1-
			6409 Lehi	nert St	reet					Wood1			В	altim	ore	
	Funeral Director		5. Sociel Security Number 216-28-6800		Sex 1□M 2⊠F	7. Age (In yrs. 85	lest birthday) Yrs.	If Under 1	Yeer Deys	If Under a	Min.	B. Dete of B (Month, L	irth ley, Yeer) , 1912	Cour	niace (State ntry)	or Foreign
ь	p .	-	Usuel Residence of De	cedent b. County		100 Ci	ty, Town or Lo	nation							0d. Inside	City Limite
	show			Baltin		100.01	Wood									s 28 No
	the N	Q L	Maryland 10e. Street end Numbe		1016		wood	10f. Zip C	ode				10g. Citizen of	What Cour	ntrv?	
	with po at				Thurson the			101. 2.0		207					,.	
Maryland 21215-0020 d 2 should be filled within 72 hours after death with the Maryland th and Mental Hygiene. It is marked other than "netural", or frems 23a or 28a-f show traumatic event, ma Medical Examiner must be notified at	irs after death with the Marylan I, or items 23a or 28=1 show Naminer must be notified at	by runeral	6409 Lel 11. Maritel Status 1 Never Merried 3 Widowed 4 P	2 Merried	_	2X No			as Decedent of Hispenic Origin? (Specify Yes or Nes, specify Cuben, Mexican, Puerlo Rican, etc.) Yes 2 🗷 No Specify:			U.S.A. 14. Race - American Indian, Bleck, White, etc. Specify: White				
9	"natural",		15	Decedent's E	Education		16a. Deced	ent's Usuel Occupation kind of work done during most of working				16b. Kind of E				
215	within 7: ene. than "n	Completed	(Specify) Elementary/Seconder		rade completed) College (1	-4or 5+)	(Give	NOT use	done d retired)	unng most	of workin	9	Social	Secu	rity	
21	d withir giene. er than	Ö	12 Year		College (Clerk						Admin	istra	tion		
pu	正工与 5	e l	17. Father's Neme (Fir.	st, Middle, Las	t)					18. Mothe	r's Name	(First, Midd	e, Meiden Suma	me)		
yla		0	Alexande		Bruce	Thomas								Kinna	111	
Mar		- 1	19e. Informent's Neme	100000				-1-4					ber, City or Towr		Code)	
e, 1	s 1 and 3 liter 27 i	-	Mrs. Myrna 20e. Method of Disposi		llson	20b I	3811 Plece of Dispo	Cedar		ve I	Loche	arn, I	MD 2120 20c. Location		own. Stete	
JOL	of of the second	1	1 ⊠Buriei 2 □ C	remetion 3 l			cametery, crer	natory or other	er pleca	a)						
Baltimore,	permit. Pag Department Important: I any injury o	-	4 Donetion 5	7.	**	Mo	reland					2/29	Parkvil	le, M	laryla	and
Ba	permit. P Departme Importan any injur		21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility Loring Byers Funeral Directors, Inc.											nc.		
	40144	_	1	ephi	en/11 -	Tem	87	28 Lib	ert	y Roa	ad R	anda1	lstown,	MD 2	1133	
			23a. Pert1. Enter the c shock, or heert fa	lifease, or con liture. List only	nplications that c y one cause on e	aused the deer ach line.	th. Do not ent	er the mode o	ot dying	g, such es	cardiac or	respiretory	errest,	1	Approxim Intervel B Onset en	etween
	Physician /Medical Examiner		Immediete Ceuse (Fin disease or condition resulting In deeth)	ai	· Met	2st-A			1/	(2/1	/ C.	com	ME	1	6mo	AL
L		ē				Due to (or as a consec	uenca or):						1		
	be executed sician and	Examiner	Sequentially list condit	ions	b	Due to (or as a consec	uence of):						1		
o,	hysician and the burial-transit	Ĭ	Sequentially list condit if eny, leeding to imme cause. Enter Underlying	diate												
8760,		8	Cause (Disease or inju that initiated events resulting in deeth) Les	lry	C	Due to (d	or es e conseq	uenca of):								
9	certifica nding ph	Med	resulting in occur, cos													
Box	leath certifica attending pl for use as t	an			d									1		
O. E	the attenthed for u	rnysician/medi	Part II. Other significa	nt conditions	contributing to de	eath but not res	sulting in the u	nderlying cau	se give	en in Pert I		23b. DI	d tobacco use c	ontribute t	o the caus	of death?
P.0	that the detected	L'u										1[Yss 2 No	3 ☐ Pro	bably 4	Unknown
15,	8 58 3	2												Toda W	ere autops	u findinge
of Vital Record	been sign should be	Completed										pe	s en eutopsy formed?	8\	reileble pric	or to
3ec	has b	du													death?	./
al F	The i											10	Yes 2 No	1	☐Yes 2	No.
VIII.		ן מ	25. Wes case referred examiner?	to medical	Hospitel:				Othe	25.		(Check only				
of	his his	0	1 Yes 2 No 27. Manner of Deeth		101	•	28b. Time o			4 LINU	-		sidenca 6 00 e how injury occu		fy)	
uo	After fune	200	1 Neturel	Pending		of Injury th, Dey Year)	Injury	м	Work	⟨? Yes 2 □		00.000.10				
Division	after death. Director: After d in by the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)								28f. Location (Street and Number or Rural Route Number, City or Town, State)				um <i>ber,</i>	
	hou	edical			hysician: To the iminer: On the be end meni											e(s)
	within 24 To the Fu		29b. Signature and title	of certifier	10 12			29c. l	License	number	-		29d. Dete sign	ed (Month,	Dey, Year)
			1 Den	5/16	/M	1		1	54	721	06		12-0	28-9	7	
	01	1	30. Name and address	of person who	completed caus	e of death (Ite	m 23e) (Type,	Print)	0 11	1 0	1	7,1				
_	10		Sen	Hoh	es MT.).) a	337	XI. /	34/1	ing ho	1, 1	4tm	& MS	2/2	yy	
	State	9	31. Dete filed (Month,		32. R	e spar's on	ature D	ndett.		0	/					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

.K.S AVID MESI	NGER tems: 23 part I,27,28a	State of Maryland	d / Depart /2/Genti	ment of H	lealth and N Death		Reg. No. 9 7	39148
Physician /Medical Examiner	David Carrol 4a Facility Name (If not institution, giv JOHNS HOPKINS HO 5. Social Security Number 6. S	1 Misinger, estreet and number) OSPITAL E.R. fex 7. Aga (In yrs. I	ast birthday)	f Undar 1 Yaar	BALTIMO	Month DEC. ocation of Death ORE	Day 20 19 4c. County	Year 09 11 AM of Death N / A 9. Birthplaca (State or Fore
Director	2 1 2 - 7 8 - 5 9 8 6 1 Usual Residence of Decedent 10a. Stata 10b. County	Й м 2□ F 10c. City	3 5Yrs.	Aonths Days	Hours Min.	Aug 1	196	Country)
or 28a-1 st or 28a-1 st or 28a-1 st or 28a-1 st	Maryland N/A 10e. Street and Number 1446 Medfield			Baltin 10f. Zlp Code	21211		10g. Citizen of V	1 ⊠ Xes 2 □ f What Country? S A
72 hours after death with the Maryland natural, or Items 23s or 28s-f show order Examiner must be notified at each by Funeral Director	11. Marital Status 1 Nevar Marriad 2 Married 3 Widowed A Divorced	12. Was Decedant Evar in U, Armed Forces? 1 Yea 2 You If Yes, Give Yaar or Dates:		s Decedant of Hes, specify Cuba	ispanic Origin? (Sp in, Mexicen, Puerto	ecify Yas or No- Rican, etc.)		a - American Indian, ck, White, etc.
piene.	15. Decedent's Ec (Specify only highest gra Elementary/Secondary (0-12)	ducetion da completed) Collega (1-4or 5+)	(Give kin	NOT use retired	during most of work	ing	16b. Kind of Bu	usiness/Industry
and Mental Hygies and Mental Hygies armatic event, II	17. Father's Name (First, Middle, Last) Paul G. Misi	nger				lotte (Cox	
rages I and San ner of Neath and ner of other traum	19a. Informant's Name/Relationship (Charlotte & Pa 20a. Method of Disposition 1□Burlal 2×1x Fermation 3□	ul Misinger	1446	Medfi	eld Aver		ltimore	
posturing postur	23a Part I Enter the Chicago, or com shock, or heartfulure. List only Immediate Cause (Final disease or condition resulting in death)	NARCOTIC INTOX	a. Do not enter	631 Faithe mode of dyln	Henss Fu 11s Road ig, such as cardiac	d Balt	imore,	MD 21211 Approximate Interval Between Onsat and Death
ding physician and se as the burishingest	Sequentiatly list conditions, if any, leading to immediata cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lasl	c	as a conseque					
ed by the attending detached for use a	Pert II. Other significant conditions o	ontributing to deeth but not resu	ilting in the unde	erlying cause giv	en in Pert I.			ntribute to the cause of dec
page 2 should be c						perfo	an autopsy med?	24b. Were autopsy finding available prior to completion of cause of death?
enflicate sclor, pa Be Co	25. Was cese referred to medical				26. Place of Deal	th (Check only o		192 Yes 2□ No
To E	axaminar? ▼S Yes 2□ No	Hospital: 1 Inpatiant 2	ER/Outpatient	3□ DOA Oth	er: 4 Nursing Ho	oma 5 Resid	dence 6 🗆 Oth	ner (Specify)
as or Attending to it after death. It Director: After ed in by the funeri Certification:	27. Menner of Death 1 Natural 5 Pending 2 Accident investigation 3 Suicide	12/20/97	28b. Time of fourier at 8:30		y at k? Yes 2XXNo	Unknown	now injury occur	
		Found at a frie ysician: To the best of my know	nd'S home	courred et the tin		Ba and due to the	ltimore, l	anner as stated.
the Fu the Fu npiete	one)	niner: On the basis of examination and manner stated.	ion and/or inves					
000	29b. Signature and little of certif ier	96			• M. E			21, 1997
\	30. Name and address of person who have the company of the company	completed cause of deeth (Item	111 Pe		et, Balti	more, M	aryland	21201



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dey **Physician** Mixter William DECEMBER 19. 13:48 PM 199 /Medical 4e. Facility Neme (If not Institution, give street end number 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BALTIMURE CITY THE JOHNS HOPKINS N/A HOSPITAL H Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Deys Hours Min. Aug. 31, 1942 Mary 1 and 7. Age (In yrs. lest birthday) 55 Yrs. 5. Social Security Number 9. Birthplece (State or Foreign **Funeral** Months 1) M 2 F 215-40-2010 Yrs. Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A Baltimore Maryland Wes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 905 W. 33rd Street 21211 USA 12. Wes Decedant Ever in U,S. Armed Forces? 11. Meritai Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian 1 ☐ Yes X ☐ No If Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: white þ Specify: 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Mechanic Service Station 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be William G. Mixter Dorothy Wolf 19e. Informent's Neme/Ratetionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 905 W. Sandra L. Mixter Wife 33rd Street Baltimore, Maryland 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State permit. Pages Department of Important: If it any injury or o 1 X Buriai 2 ☐ Cremation 3 ☐ Removel from Stete Pine Grove Cemetery 12/23/97 Rayville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Fynerei Service Licende 22. Name and Address of Facility Burgee-Henss Funeral Home 3631 Falls Road Baltimore, Denles 21211 MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory errest, shock, or haert fellule. List only one cause on each line. Approximete tritarval Batwaan Onset and Death **Physician** /Medical Immediete Ceusa (Final diseese or condition resulting in deeth) · Aspiration Examiner Due to (or as a consequence of) Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Last Due to (or as e consequence of) WKS neumowia Physician/Medical Due to (or es e conseguence of) with Liver Transplant Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were eutopsy findings avellable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 NONO 25. Wes case rafarrad to medical examiner? Be 26. Place of Deeth (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Inpatient To 2 ER/Outpetient 3 DOA 28e. Date of Injury (Month, Dey Year) 27. Mannar of Deeth 28c. injury et Work? 28d. Describe how injury occurred Certification: 1 Avatural
2 Accident 5 Pending Invastigation 1 Yes 2 No 6 Couid not be determined 3 ☐ Suicide Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide

68760 2 2 Box 985 P.O. ž È Division of Vital Records. certificate has page 2 # funeral Athar i or Atland after death Director: / 24 hours Funeral Hospital Medical

the Maryland

is 1 and 2 should be filed within 72 hours after death with the Manylan of Health and Mental hygiens.

The file of 2 is a marked other than "natural", or items 23a or 28a-f show other traumatic event, in Medical Examine man be notified at

Pages 1

Saltimore, Maryland 21215-0020

29a. Certifier (Check only one)

31. Data fitad (Month, Day, Year)

2 9 1997

Registrar

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and fitte of certifier

MD

29c. License number

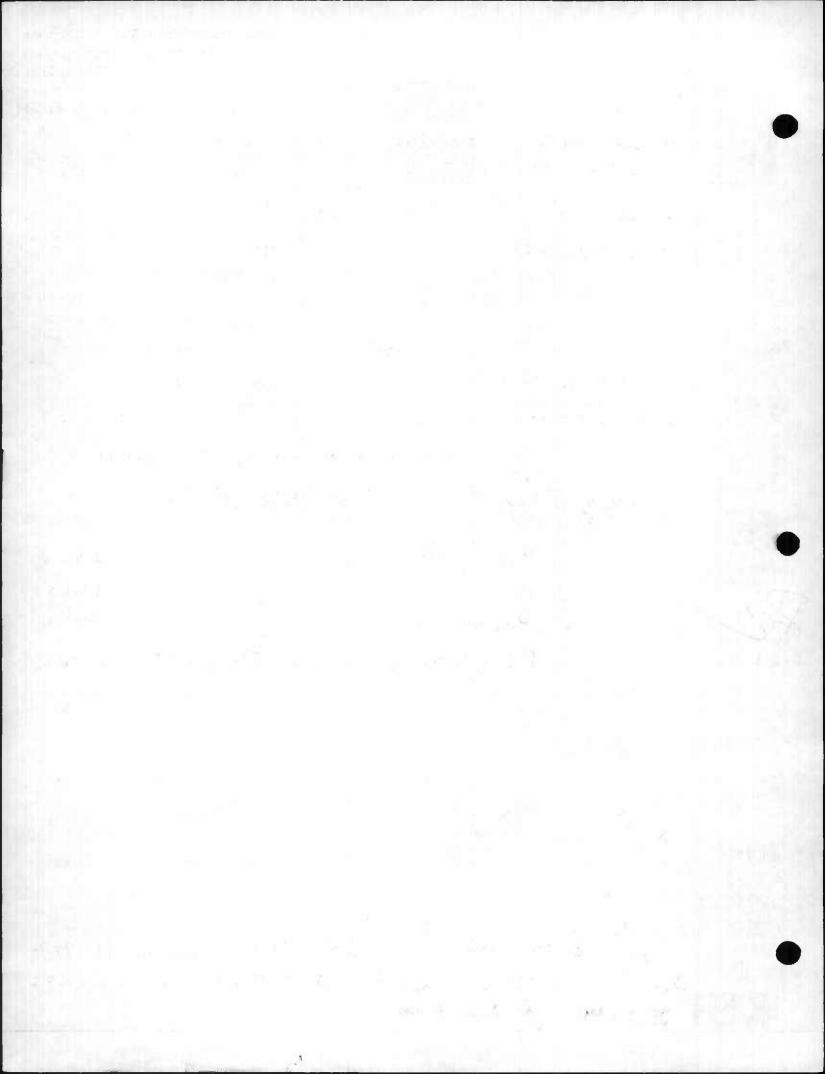
29d. Date signed (Month, Day, Year)

December

30. Nama and eddress of person who completed causa of death (Item 23e) (Type, Print) North Wolf Street Ballimore Dunford 600

32. Registrar's Signatura

To the P



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month GLADYS MORTON 6:10 AM DETEMBER 1997 /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner tal andals town
If Under 24 Hrs. 8. Date of Bir brynwe Baltimore 5. Social Security Number If Under 1 Year 8. Date of Birth (Month, Dey, Year) 9. Birthplace (Stete or Foreign Country)
UNKNOWN **Funeral** 1 M 2 K Days Hours 215-58-387. Usual Residence of Decedent Director 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or learns 23e or 28e-f show the Medical Examiner must be notified at 1 Yes 2 70 Director 10e, Street and Numb 10g. Citizen of Whet Country? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) ane 1600 Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes, 2 D No If Yes, Give Yeer or Dates: 11. Marital Status 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1□ Yes 2000 altimore, Maryland 21215-0020 Specify: by Specify: nite 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during iife. DO NOT use retired) 16b. Kind of Business/Industry ng most of working filled within I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) inknown unknown unknown permit. Pages 1 and 2 should be filled v Department of Health and Mental Physic Important: If Item 27 is marked other 1 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be unknow Monow 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 20b. Place of Disposition (Name of cemetery, cremetory or other piece sellamy (guardian altimore 20a. Method of Disposition
1 D Burial 2 □ Cremetion 3 □ Removal from Stete 20c. Location - City or Town, State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service 22. Name end Address of Facility 638 N. Gilmor St. Dit enter the mode of dying, such as cardiac or respiretory arrest, 23a. Part1. Enter the disease, or complications the caused the deeth. Do not enter shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final HSPIRATION GNEUMONIA 5 DAYS disease or condition resulting in deeth) Examiner Due to (or as a consequence of) MRSA. SEPSIS attending physician and for use es the bunel-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieled events resulting in death) Last Due to (or es a consequence of) Records, P.O. Box 68760 Physician/Medicai Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 3 Probably 4 D Onknown 1 ☐ Yes 2 ☐ No P DEFICILE ENTERINS þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was en eutopsy performed? END STAGE RENAL DISEASE page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

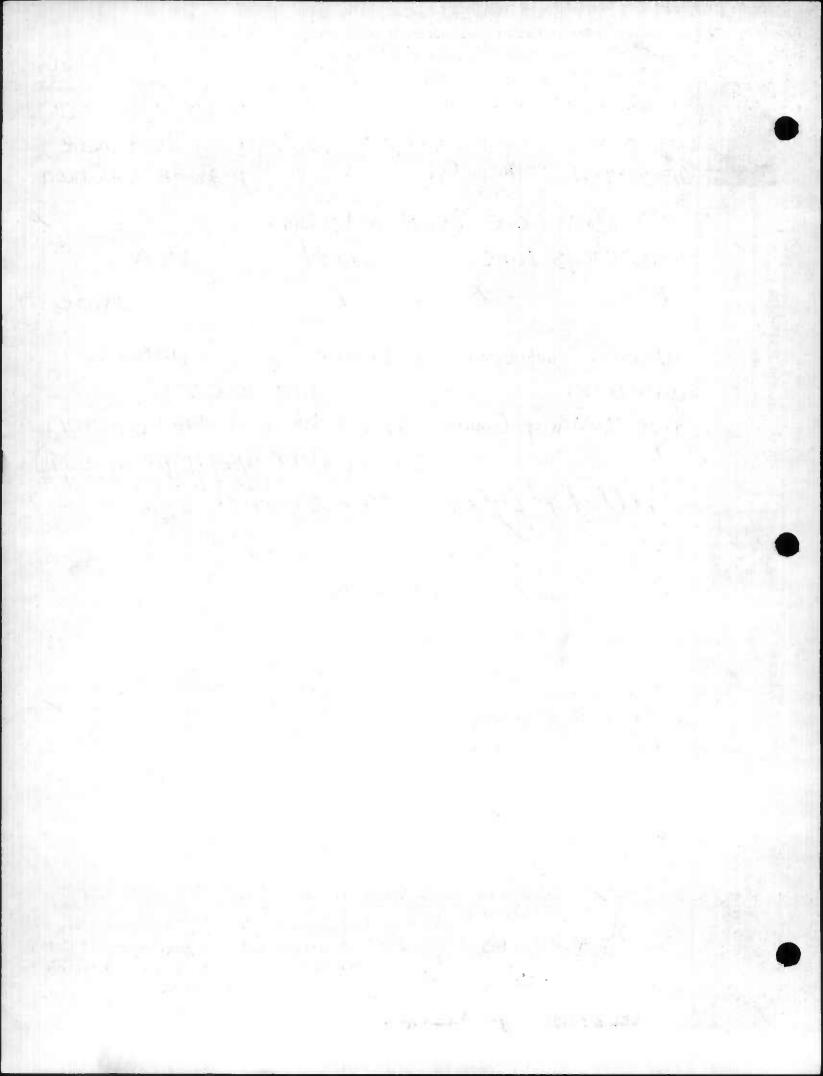
To the Funeral Director: After this certifics completely filled in by the funeral director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) OL 1 Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: 5 Pending Investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 THomicide 1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, dete end placa, end due to the cause(s) and manner es stated.
2 Medical Exeminer: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) and manner stated. 29a. Certifier Medicai (Check only 29b. Signature and alle of certifier 29c. License number 29d. Date signed (Month, Day, Year) MD BG 4439128 DELEMBER, 21. 1997 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) THOMAS GEORGE, NORTHWEST HOSPITAL CONTER 5401 OLD COURT ROAD, RANDALLSTOWN, MARYLAND 21133

State Registrar 31. Date filed (Month, Dey, Year)

DEC 2 9 1997

32. Registrar's Signature

John Davidson Pandall



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Month Year Melton James O 4:55 P.M 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death (enter Baltimore Batimore Medical VA N/A if Undar 1 Yaar If Undar 24 Hrs. 8. Date of Birth Month, Day, Year) 5. Social Security Numbar 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) 1**⊠** M 2□ F Yrs 241 10 9874 80 Jan. 20, 1917 North Carolina Usual Residence of Decedant 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Howard 1 Tyas 2 NO No Columbia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6038 Waterloo Road 21045 U.S. 12. Was Decedent Ever in U,S. Armed Forcas? 152 Yes 2 □ No If Yes, Give Year or Dates: W•W• II 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 Never Marriad 250 Married 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Spacify only highest grada completed) Elementery/Secondery (0-12) College (1-4or 5+) Carpenter General Construction 5th 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meldan Sumeme) Douglas Boone Levy Me1ton 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 205 Drum Avenue South Linda Corcoran Pasadena, Maryland 21122 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 12/22/97 Crestlawn Memorial Pk. Baltimore, Maryland 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service in These 22. Name and Address of Facility Gonce Funeral Home P.A. aves 4001 Ritchie Highway ucha Baltimore, Md. 21225 23a. Part1. Enter the disaase, or complications that ceused the death. Do not enter the mode of dylng, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Onsat and Deeth Immediate Cause (Finel Brady (arel) or disease or condition resulting in death) Due to (or as a consequence of): 15minutes Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of causa of death? 1 Yes 2 No 1 Yes 2 No 25. Wes case refarred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Hospital: Inpatient 2 ER/Outpatient 3 DOA

Physician /Medicai **Examiner**

Physician

/Medicai

Examiner

Funeral

Director

"natural", or items 23a or 28a-f show

traumatic event, the Medical

Hygiene.

marked other

. Pages 1 end 2 should be file the ment of Health end Mental Hit tant: If Item 27 is marked oth jury or other traumatic even

permit. Page Department of Important: If any injury or once.

Director

Funeral

þ

Completed

Be

filed within 72 hours after deeth with the Maryland

Baltimore, Maryland 21215-0020

ettending physician end for use es the bunal-tran signed by the e Deen certificate has this eral Director: After thi filled in by the funeral death

The law requires that the death certificate be executed

or Attending Physician:

Hospital 6

Division of Vital Records, P.O. Box 68760,

Examiner Physiclan/Medical by Completed Be Certification: To

27. Manner of Death

Natural

3 Suicide

29e. Certifler

2 Accident

4 Homicide

within 24 hours

Medical 29b. Signature and title of certifier 30. Neme and address of person who 31. Date filed (Month, Day, Yeer)

5 Pending investigation

6 Could not be determined

Gicene

28b. Time of

28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

Certifying Physician: To the best of my knowladge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

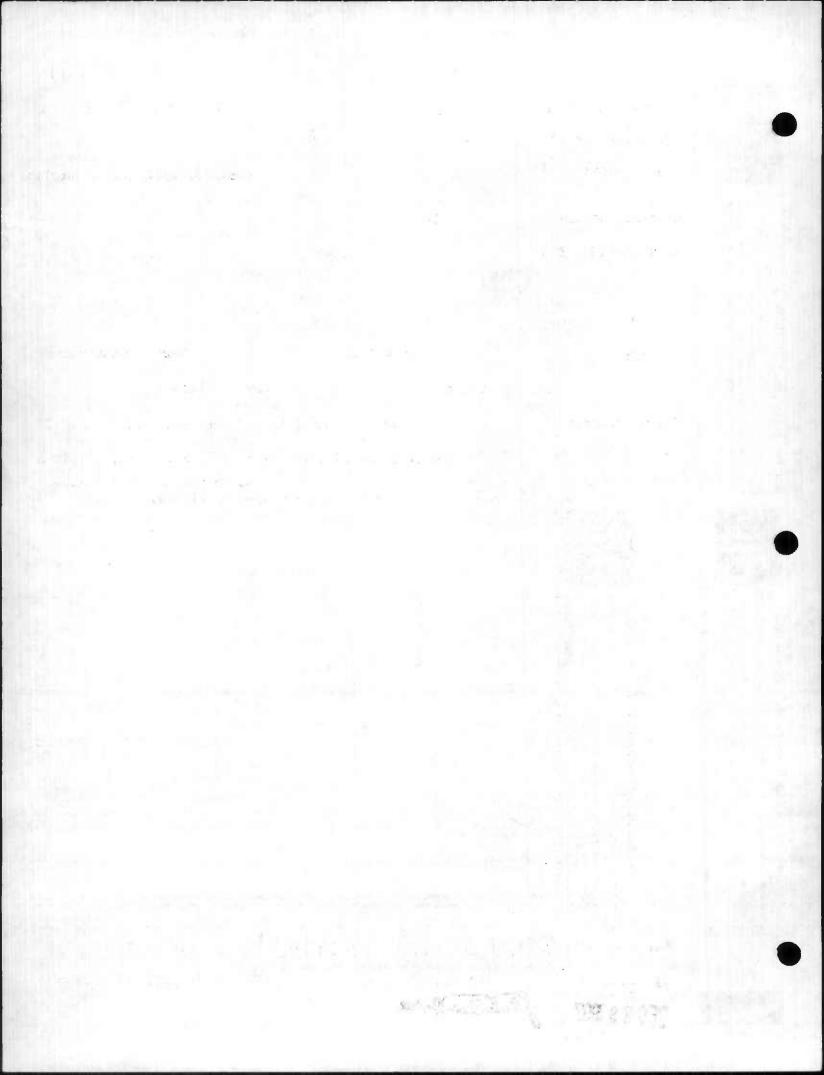
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Dey, Year)

28d. Describe how Injury occurred

Location (Street end Number or Rural Routa Number, City or Town, Stete)

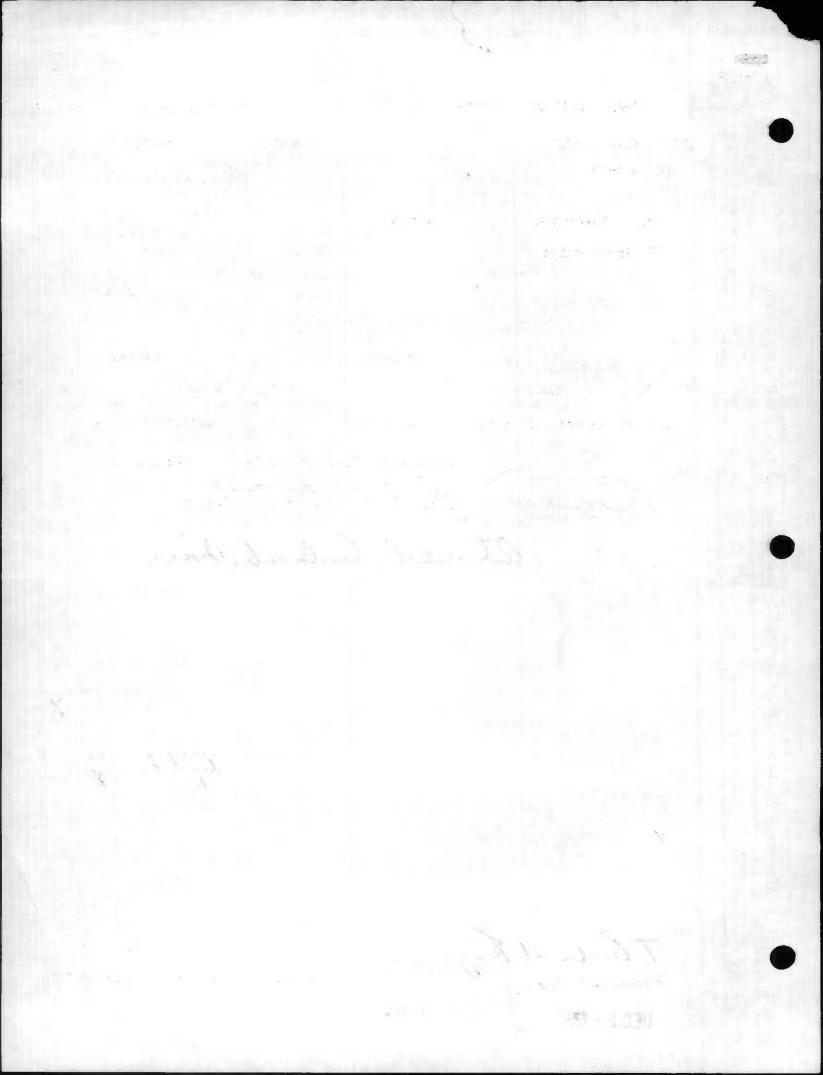
Street Baltimore Md. 21201

DEC 2 9 1997 Registrar



ORRIS					Certificate of	f Death .		giene 7	39152
	1. Decedent's Ner	ne (First, Middle, La	st)	11-31-11	Hall III		2. Dete of De Month	eth Dey	3. Time of Deet
Physician /Medical	Pau	ıl Walla	ce Morr	is			DECEMB		
Examiner	4a Fecility Neme	(If not institution, giv	e street end number))		4b. City, Town, or			
	997 CIRCI	LE DRIVE				ARBUTUS		BALTI	MORE
Funeral	5. Sociel Security	Number 6. S	C C -	ge (In yrs. lest b	Months Day		8. Date of Bir (Month, De	th ey, Year)	Birthplece (State or Fore Country)
Director	216-36-3	447	M 2□ F	60	Yrs.		May 7,		MD.
2 3	Usuel Residence	of Decedent 10b. County		10c City To	wn or Location				10d. Inside City Lim
death with the Maryland ms 23s or 28s-f show Linuist be notified at neral Director	· · · · · · · · · · · · · · · · · · ·								1 □ Yes 2 🔀
See de la constante de la cons	MD .	Baltimor	е	Aru	utus			10g. Citizen of V	
o a	907 Cir	cle Drive			10f. Zip Code	21227		U.S.A.	Wildt Country ?
"natural", or items 23a or 28a-1 show edcal Examiner must be notified at letted by Funeral Director	11. Maritel Status	CIC DIIVO	12. Wes Decedent	Ever in ILS			necify Ves or No		ce - American Indien,
Test un	11. Mariter Status	ried 2 Married	Armed Forces) No	13. Was Decedent of If Yes, specify Cu	ben, Mexican, Puer	o Rican, etc.)	Bled	ck, White, etc.
by F	3 Widowed	4 ₺ Divorced	If Yes, Give Yeer or Detes:	INO	1□ Yes 2⊠ N	o Specify:		Specify	white
natural", or its		15. Decedent's Ed		16	e. Decedent's Usuel Occ	upation		16b. Kind of Bu	usiness/Industry
ygiene. wr than "naturi nt, the Medical Completed	(Spe	ecify only highest gra	ide completed)		(Give kind of work don life. DO NOT use retii	ne during most of wo	rking		
Hygiene. Hyg	Elementary/Sec	condary (0-12)	College (1-4or		raftsman			Westing	house
To Be Comp	17. Fether's Neme	(First, Middle, Last)			Tartsman	18. Mother's Nei	me (First, Middle	, Maiden Sumen	ne)
should be nd Mental marked o amatic eve	Pau1	Mc	rris			Lillia	n Lep	son	
		Neme/Reletionship (19	b. Mailing Address (Stre		-		Stete, Zip Code)
m 27 ls	Karen Od	lachowski.	daughter	1	2100 Mayapp	le Trail,	Marrio	ttsville	, MD. 21104
not of Hee	20a. Method of Dis				of Disposition (Neme of ery, cremetory or other p		Date		- City or Town, Stete
	diseese or conditi resulting in deeth)	е. ССС	es Peles		diores cut	lon m	Rue	
hystcian end the burial-transit	resulting in deeth)	conditions, immediate derlying or injury ts	b	Due to (or es	a consequence of): a consequence of): a consequence of):	disse en	lon D.	Rus	
anding physician end use as the burial-transit	Sequentially list c if eny, leeding to cause. Enter Unc Ceuse (Disease of that Initiated even	conditions, immediate derlying or injury ts	b	Due to (or es	a consequence of): e consequence of):	disse en	Bon Dr.	nu	
e ettending physicia ed for use as the bur sician/Medical	Sequentially list of early, leeding to cause. Enter Unc Ceuse (Disease of thet Initiated even resulting in deeth)	onditions, mmediate larlying ir injury ts Lest	b c d contributing to death b	Due to (or es o	a consequence of): e consequence of):				entributa to the ceuse of dea
e ettending physicia ad for use as the bur sician/Medical	Sequentially list of early, leeding to cause. Enter Unc Ceuse (Disease of thet Initiated even resulting in deeth)	onditions, mmediate larlying ir injury ts Lest	b c d ontributing to death b	Due to (or es o	a consequence of): a consequence of): a consequence of):		23b. Dld		1
requires that the death centilicate be been signed by the ettending physicial should be detached for use as the but letted by Physician/Medical	Sequentially list of if eny, leeding to icause. Enter Unc Cause (Disease of thet Indicated even resulting in deeth) Part II. Other sign	onditions, mmediate larlying ir injury ts Lest	b c d ontributing to death b	Due to (or es o	a consequence of): a consequence of): a consequence of):		23b. Did	tobacco use co	3 Probably 4 Unkn 24b. Were eutopsy finding evailable prior to completion of cause of death?
ate has been signed by the ettending physicia page 2 should be detached for use as the but completed by Physician/Medical	Sequentially list c if eny, leeding to icause. Enter Unc Ceuse (Disease of thet Initiated even resulting in deeth) Part II. Other sign	onditions, mmediate Jerkying or injury ts Lest	b c d ontributing to death b	Due to (or es o	a consequence of): a consequence of): a consequence of):	given In Pert I.	23b. Did 1 24e. Wes	tobacco use co Yea 2 No s en eutopsy ormed? Yes 2 No	3 Probably 4 Unkn 24b. Were eutopsy finding evailable prior to completion of cause
certificate has been signed by the ettending physicia frector, page 2 should be detached for use as the bur Be Completed by Physician/Medical	Sequentially list c if eny, leeding to i cause. Enter Unc Ceuse (Disease o that initied even resulting in deeth) Part II. Other sign 25. Wes case referexeminer?	onditions, mmediate serving or injury is Lest	Hospital	Due to (or es e	a consequence of): a consequence of): a consequence of): in the underlying cause	given in Pert I. 26. Plece of De	23b. Did 1 □ 24e. Wesperi	tobacco use co Yea 2□ No s en eutopsy omed? Yes 2□ No one)	3 Probably 4 Unkr 24b. Were eutopsy finding evailable prior to completion of cause of deeth? 1 Yes 2 No
is cardificate has been signed by the ettending physicial director, page 2 should be detached for use as the but To Be Completed by Physician/Medical	Sequentially list of if eny, leeding to cause. Enter Unc Ceuse (Disease of thet Initiated even resulting in deeth) Part II. Other sign 25. Wes case reference? **EXXYES** 2 27. Menner of Deeth 1 Phaturel	onditions, mmediate dereying if injury is Lest ificant conditions conditions conditions arred to medical No both 5 □ Pending	Hospitel: 1 ☐ Inpati	Due to (or es e	a consequence of): a consequence of): a consequence of): in the underlying cause of the underlying	given In Pert I. 26. Plece of De Other: 4 □ Nursing I	23b. Did 1 □ 24e. Weiperl 1 □ eth (Check only)	tobacco use co Yea 2 No s en eutopsy ormed? Yes 2 No	3 Probably 4 Unkr 24b. Were eutopsy finding evailable prior to completion of cause of deeth? 1 Yes 2 No
is cardificate has been signed by the ettending physicial director, page 2 should be detached for use as the but To Be Completed by Physician/Medical	Sequentially list c if eny, leeding to icause. Enter Unc Ceuse (Disease of thet Initiated even resulting in deeth) Part II. Other sign 25. Wes case referencements. The community of the commun	onditions, immediate lertying or injury its just less left conditions of the served to medical less left left less left less left less left less left less left less left left less left less left less left less left less left less left left left less left less left left left left left left left left	Hospitel: 1 Inpati 28e. Dete of Inju (Month, De	Due to (or es e	a consequence of): a consequence of): a consequence of): in the underlying cause of the underlying	given In Pert I. 26. Plece of De Other: 4 □ Nursing Is jury et Jork? □ Yes 2 □ No	23b. Did 1 24e. Wesperi	tobacco use co Yes 2 No sen eutopsy ormed? Yes 2 No one) Idence 6 Oth how injury occur	3 Probably 4 Unkn 24b. Were eutopsy finding evailable prior to completion of cause of deeth? 1 Yes 2 No
24 hours effect death. Funeral Director: After this cartificate has been signed by the ettending physicia stelly filled in by the funeral director, page 2 should be detached for use as the but director. To Be Completed by Physician/Medical	Part II. Other sign 25. Wes case reference? 25. Wes case reference? 27. Menner of Dec. 2 Accident 3 Suicide	onditions, mmediate betwying betwying in injury is less if cant conditions of the co	Hospitel: 1 Inpati 28e. Dete of Inju (Month, De 28e. Piece of Inbuilding, el	Due to (or es e	o consequence of): o consequence of): in the underlying cause of the underly	given in Pert I. 26. Plece of De Other: 4 \(\text{Nursing is item; Pers 2 \(\text{No.} \) The settime, dete end plece	23b. Did 1 24e. Wesperl 24e.	tobacco use co Yes 2 No s en eutopsy omed? Yes 2 No one) idence 6 Oth how injury occur (Street end Numb. win, Stete)	3 Probably 4 Unkn 24b. Were eutopsy finding evailable prior to completion of cause of deeth? 11 Yes 2 No ner (Specify) rred ber or Rural Route Number, anner as steted.
Table to Attend Privations: The taw requires that the death centificate be the hours effect death. Funeral Director: After this certificate has been signed by the ettending physicial ettely filled in by the funeral director, page 2 should be detached for use as the burdical Certification: To Be Completed by Physician/Medical	Sequentially list of if eny, leeding to cause. Enter Unc Ceuse (Disease of thet Initiated even resulting in deeth) Part II. Other sign 25. Wes case referencement? EXYes 2 27. Menner of Dec. 1 Naturel 2 Accident 3 Suicide 4 Homicide 29a. Certifler (Check only one)	erred to medical No St Pending investigation Could not be determined	Hospitel: 1 Inpati 28e. Dete of Inju (Month. De 28e. Plece of Inbuilding, et	Due to (or es e	oconsequence of): consequence	given in Pert I. 26. Plece of De Other: 4 \(\text{Nursing is item; Pers 2 \(\text{No.} \) The settime, dete end plece	23b. Did 1 24e. Wesperl 24e.	tobacco use co Yea 2 No s en eutopsy ormed? Yes 2 No one) Idence 6 Oth how injury occur (Street end Numb wm, Stete) cause(s) and me date end placa,	3 Probably 4 Unkn 24b. Were eutopsy finding evailable prior to completion of cause of deeth? 11 Yes 2 No ner (Specify) rred ber or Rural Route Number, anner as steted.
of the factor. Director: After this certificate has been signed by the ettending physicial in by the funeral director, page 2 should be detached for use as the bur ertification: To Be Completed by Physician/Medical	Part II. Other sign 25. Wes case referencements 2 Accident 3 Suicide 4 Homicide Page Certifier (Check only)	erred to medical No St Pending investigation Could not be determined	Hospitel: 1 Inpati 28e. Dete of Inju (Month, De 28e. Piece of Inbuilding, el	Due to (or es e	oconsequence of): consequence	26. Plece of De Other: 4 \sum Nursing I jury et ork? Yes 2 \sum No time, dete end plece y opinion, deeth occur ense number	23b. Did 1 24e. Wesperl 24e.	tobacco use co Yes 2 No s en eutopsy ormed? Yes 2 No one) Idence 6 Oth how injury occur (Street end Numb iwn, Stete) cause(s) and man, date end placa, 29d. Date signe	3 Probably 4 Unkr 24b. Were eutopsy finding evailable prior to completion of cause of deeth? 12 Yes 2 No ner (Specify) rred ber or Rural Route Number, anner as steted, end due to the cause(s) and (Month, Day, Year)
24 hours after death. Funeral Director: After this cardificate has been signed by the ettending physicia stelly filled in by the funeral director, page 2 should be detached for use as the but director. To Be Completed by Physician/Medical	Part II. Other sign 25. Wes case referencement of Decided to Land to	erred to medical No eth S Pending investigation Could not be determined	Hospitel: 1 Inpati 28e. Dete of Inju (Month, De 28e. Piece of Inbuilding, el	Due to (or es e	oconsequence of): consequence of): consequence of): consequence of): in the underlying cause of the underlying the underlying cause of the underly	26. Plece of De Other: 4 Nursing Is jury et Jork? Ves 2 No	23b. Did 1 24e. Wesperl 24e.	tobacco use co Yes 2 No s en eutopsy ormed? Yes 2 No one) Idence 6 Oth how injury occur (Street end Numb iwn, Stete) cause(s) and man, date end placa, 29d. Date signe	3 Probably 4 Unkr 24b. Were eutopsy finding evailable prior to completion of cause of deeth? 1 Yes 2 No ner (Specify) mer or Rural Route Number, anner as steted, end due to the cause(s)

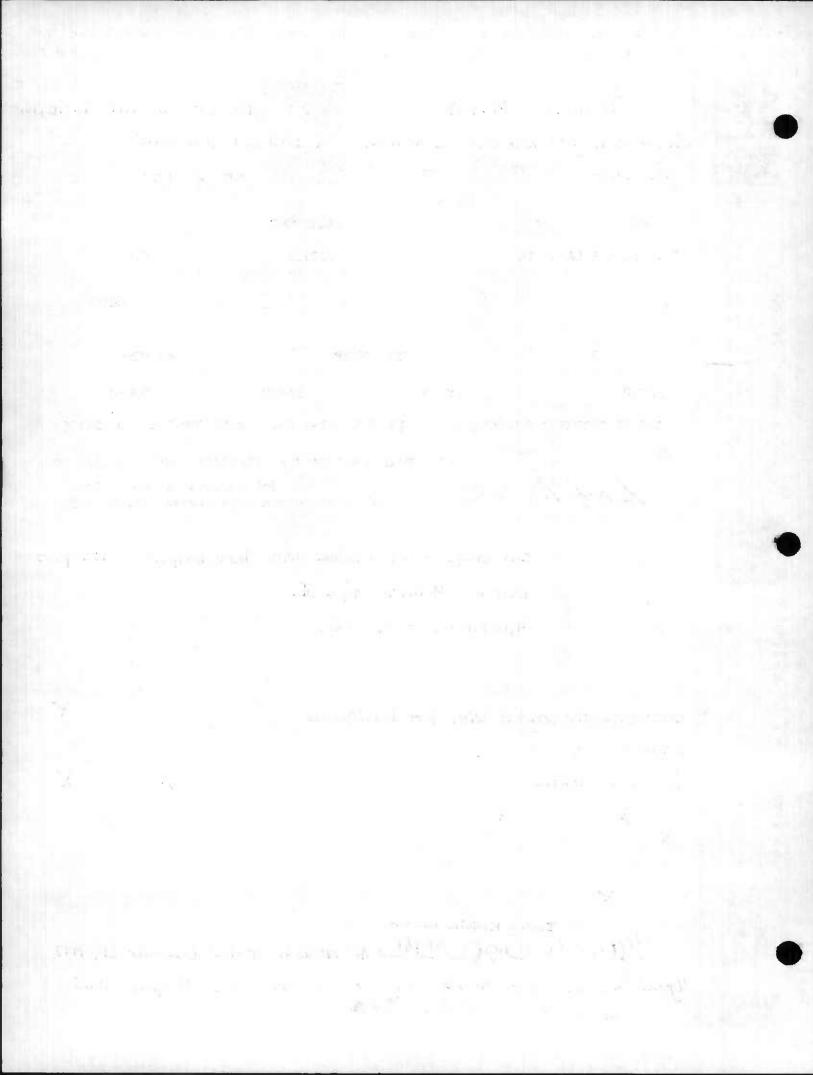
DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygien 9 7 3 9 1 5 3

		Decedent's Neme (First, Middle, L.)	oet)		C	ertificat	e of	Death		Reg. No.	_	2 7
Physicia	an	-		0.10.00					2. Dete of De Month	Dey	Yeer	3. Time of Deeth
/Medic			SM. M.						Decembe		1997	12:10 pm
Examin	er	4e. Fecility Neme (If not institution, g						4b. City, Town, or l				100000000000000000000000000000000000000
		Sinai Hospital, 240						Baltimon	e, Marylan	d 21215		N/A
Funeral Director			Sex 1□MXXF	'. Age (In yrs.	76 Yrs	Months		If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De AUG . 2	th y, Year) 9, 1921	9. Birthp Coun	lece (Stete or Foreign try) MD
show ad at		10a. Stete 10b. County		10c. Cit	y, Town o	Location					1	0d. Inside City Limits
28a-f sho	to	MD	N/A				DA	LTIMORE				1 Yes 2 □ No
nottie	8	10e. Street and Number	W F			10f. Zip		DITHOKE		10g. Citizan of	Whet Coun	try?
23a or		3325 CLARKS LAN	E #B				2	1215		U.S	Δ	
Items 2	Jer	11. Marital Stetus	12. Wes Deced		,S. 1	3. Was Dece		Hispanic Orlgin? (Spen, Mexican, Puert	pecify Yes or No		e - Americ	an Indien,
al', or	by Funeral Director	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Ford 1 Yes 2 If Yes, Give Year or Dat	₹ No		If Yes, spe- 1 ☐ Yes			o Rican, etc.)	Specify	ck, White, WHI	
"natural",	Completed	15. Decedent's I	ducation		16e. De	cedent's Usu	el Occuj	etion during most of wor	kina	16b. Kind of B	usiness/inc	dustry
	d	Elementary/Secondery (0-12)	College (1-4	4or 5+)	liff	e. DO NOT u	se retire	d)	ning.			
4	5	7			1	HOUSEWI	IFE			OWN H	OME	
- N	Be	17. Fether's Neme (First, Middle, Las	t)					18. Mother's Nan	ne (First, Middle,	Maiden Sumen	10)	
7 is marked other than treumatic event, the M	10	MEYER		MEYE	RS			SARAH		0	OHEN	
		19e. Interment's Neme/Relationship	(Type, Print)		19b. M	ailing Address	(Street	and Number or Ru	ral Route Numb	er, City or Town,	State, Zip	Code)
er tr		ANDREA STEPHEN	NS / DAUG	HTER		10 BROO	OKSH	IRE DR.	REISTE	RSTOWN,	MD	21136
other		20e. Method ot Disposition			Plece of Di	sposition (Ner	ne of	ce)	Dete	20c. Location -		wn, Stete
TY OF		t Burlel 2 ☐ Cremetion 3 decision 3 decision 5 ☐ Other (Special Control of C		ate					2/23/97	OWING	S MTT.	LS, MD
mportant: If Item 27 any injury or other to ance.		21. Signeture of Fureral Servica Lice	insee /	1.0		22. Neme er		ess of Fecility				
Important: any injury o	- 1	1 Sinth	111/11	THIV					Levins			
	-	23e Pert1 Enter the disease or cor	nnicetions that car	used the deat	h Do not			terstown			e, MD	21208 Approximete
	91	23e. Pert1. Enter the disease, or conshock, or heert tailure. List only	y one ceuse on ee	ch line.								Intervel Between Onsel and Death
sician edical		Immediete Ceuse (Finel	0.		0	0.						
miner		diseese or condition resulting in deeth)	e End	Stage	Ken	al Di	seas	e with	Hermod	alysis	1	1/2 years
	- e											
by al-transit	Examiner		b. Diaba	etes 1	1elli	US 1	upe				<u> </u>	
the bural-tra	Xai	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury				sequenca ot):					į	
	ie	cause. Enter Underlying Cause (Disease or Injury that Initiated events	. Hyper	tension		Syste	mic	-			i	
e the	Medical	resulting in deeth) Lest		Due to (o	r es e con	sequence ot):					i	
80 00 00	× ×		d									
detached for use	clar											
ched	ysi	Pert it, Other significant conditions	contributing to dea	th but not res	ulting In th	e underlying o	ause gi	ven in Part I.				the cause of death?
2	by Physician/I	Cerebrovaswia	accident	with	lett	hermin	owe	515	10	Yes 2□ No	3 ☐ Prot	pably 40 Unknown
N SILONG	Completed	peripheral vascular	diseas	e					24a. Wes perfo	en eutopsy rmed?	COI	ere eutopsy findings elleble prior to mpletion of cause deeth?
pege 2	E	ischemic coli	u's						10	Yes 2 No	10	Yes No
rector, per		25. Was case reterred to medical						Of Place of Dec		1.		7100
irect	To Be	exeminer? 1 ☐ Yes 2 ☑ No	Hospitel:	patient 2	ER/Outpe	tions of Do	Ott	26. Plece of Dee				
		27. Menner ot Deeth			28b. Time		-		ome 5 Resident	now injury occur		0
Ę.	후	1 Natural 5 Pending 2 Accident Investigetic	28a. Date of (Month,	Dey Year)	Injur	M	Bc. Inju Wo	rk? Yes 2 □ No				
In by tha	Certification:	3 ☐ Suicide 6 ☐ Could not	De One Diese	t Injury - At he	me term	street, fectors			28t Location (Street and Numb	er or Rura	l Route Number,
5	E	4 ☐ Homicide determined	building	, etc. (Specif	y)	street, rectory	y, omos		City or To		707 07 11070	riosto reambar,
completely filled in by the		29e. Certifier 1 Certifying P			1.4.4		-4.44					
ataly	edical	(Check only 2 Medical Exa	minar: On the bas and menne	is of exemine	tion end/or	Investigation	, In my c	me, date and plece ppinion, deeth occur	rred at the time,	date end pleca,	and due to	the cause(s)
completaly filled	Me			edicine	Reside	nt og	Licens	se number		29d. Dete signe	d (Month)	Day Veerl
8		1 alman		0	in m	1				_se. Sete signe	- peroring l	9, . 4-31/
/		mark	1. 640	1	MIMI	AS	24	02321 1	10-9493	Decemb	er 21	, 1997
		30. Neme end editions of person who	completed carse	ot)deeth (Item								
		Ugochi Ajulaoke		MD-Pho	S	unai Ht	spite	I. Balt	imore,	Marylan	d 2	1215
Stat		31 Dete filed (Month, Day, Year)	1007 32. Reg	gis are Signa	Ruge	Manda!				1		
Registra	ir	DEC 29	1997	1	- Infable	1						



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene. Certificate of Death Amended #8 perFH G755 1/7/98 EW 1. Decedent's Neme (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month ROBERT MICHEL DEC 1997 2:14 AM 21 4b. City, Town, or Location of Deeth 4e. Facility Name (If not institution, give street end number) 4c. County of Deeth BALTIMORE N/A If Under 1 Year If Under 24 Hrs. Nonths Deys Hours Min. (Month, Dey, Year) N/A 8. Deta of Birth 3/4/16 9. E. (Month, Dey, Year) ADR 3/1916 LEVINDALE NURSING HOME 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplace (Stete or Foraign Country) 1₽M 2□ F 219-32-1531 81 Usual Residence of Decedent 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yes 2 ☐ No MD BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3311 ESSEX ROAD 21207 U.S.A. 12. Was Decedent Evar in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxicen, Puerto Ricen, etc.) 11. Marital Status 14. Rece - Amaricen Indian, Black, Whita, atc. Yes 2 No fryes, Giva 1 Nevar Married Merried 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) POSTMAN U.S. POST OFFICE 17. Fathar's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) ISAAC MICHEL **EDNA** ROSENBUSH 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) LILLIAN MICHEL / 3311 ESSEX ROAD WIFE BALTIMORE, MD 21207 20b. Plece of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stete cemetery, cremetory or other piece) Burial 2 Crametlon 3 Removel from Stete 4 Donetion 5 Other (Specify) 12/23/97 REISTERSTOWN, MD OHEB SHALOM MEM PARK 21. Signeture of Juneral Service Licensee 22. Nama and Addrass of Facility Sol Levinson & Bros., Inc. brati 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Approximate Immediete Ceuse (Final diseese or condition resulting in deeth) HEART FAILURE DAY S CONGESTIVE Due to (or es a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Lest Dua to (or as e consequence of): Dua to (or as a consequence of) 23b. Did tobacco usa contributs to the cause of death? 1 Yes 2 No 3 Probably ATTENDE ARCINOMA COLON, deMENTA 24b. Were autopsy findings available prior to completion of ceuse of death? 24e. Wes an autopsy NA 1 Yes 2 No 1 ☐ Yes 2 ☐ No OF Man ages referred to my direct 28. Piece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) Hospitel: 1 Mapatient 2 ER/Outpetient 3 DOA

Physician /Medicai Examiner

phys

å

or Attend after death Director:

To the Hospital o within 24 hours at To the Funeral Di completely filled in

CALS.

0 13

Division

Physician

/Medical

Examiner

Director

À

Be 2

Funeral

Director

r than "natural", or items 23a or 28a-f short the Medical Examiner must be notified at

Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if item 27 is marked oth any liviry or other traumatic event onds.

the Maryland

death

altimore. Maryland 21215-0020

Physician/Medical ğ

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert t.

20.	AAR2 CO26	referrag (medical
	exeminer?		
	1 ☐ Yes	200	

27 Manner of Deeth

5 Panding Invastigation

6 Could not be determined

Dete of Injury (Month, Dey Year)

28b. Time of

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury at Work? 1 Yas 2 No

28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a, Certifier

2 Accident

3 Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examtner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signetura and title of certifier noneby

29c. License number D45757 29d. Data signed (Month, Day, Year)

DEC 21,1997

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

MCNAINEY MASTHEW 31. Dete filed (Month, Day, Year) DEC 2 9 1997

2434 W. BOTHERE BUT NO 21215

NO

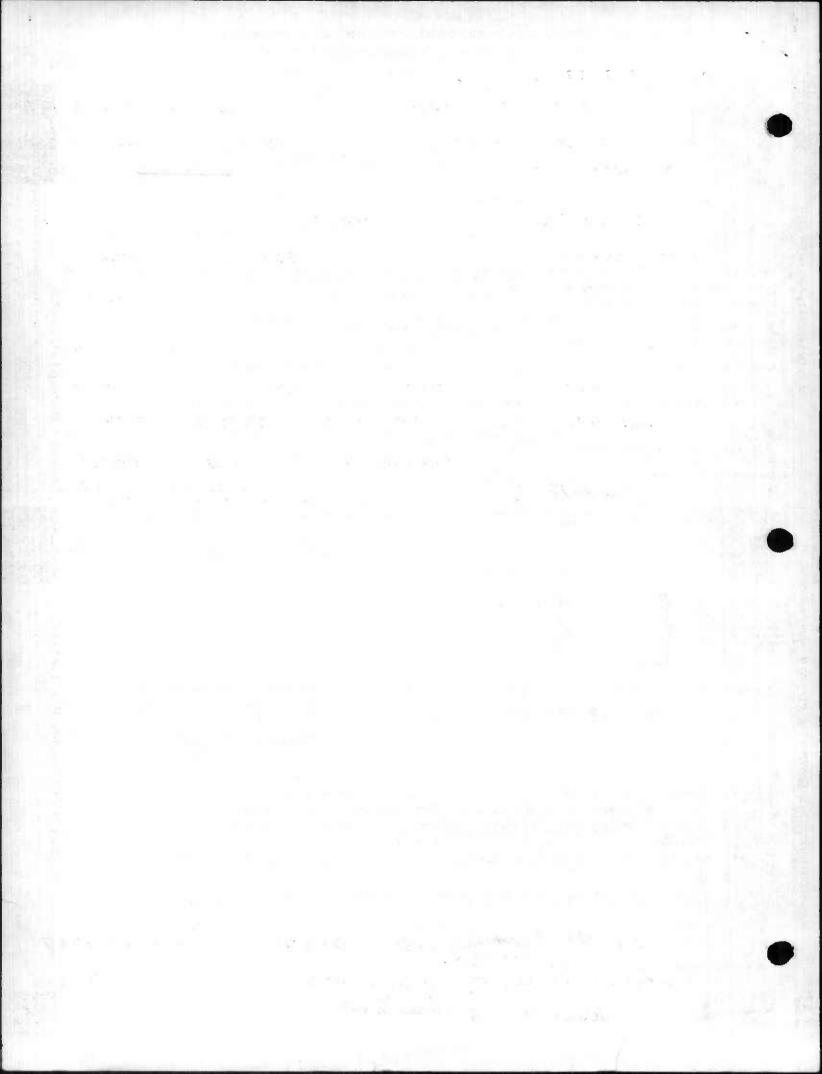
Registrar

Be

2

Certification:

Medical



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended #10f,19a per FH G755 Item#19b perFH G754 12/29/97 7/98 EW Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death MATZ Month Day 73 **Physician** RUTH DECEMBER 17:33 1997 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner SINAI HOSPITAL OF BALTIMORE BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Days Hours Min. 8. Data of Birth Month Day. 5,1914 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthpiaca (State or Foreign **Funeral** 1□ M 2⊠ F 217-05-8220 83 MARYLAND Yrs. Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23e or 28a-f ehow traumatic event, the Modical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director MARYLAND N/A BALTIMORE the 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 3619 SEVEN MILE LANE, APT. A -21215 21208 USA Funeral 12. Was Decedent Ever in U,S. Armad Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 Naver Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates: Maryland 21215-0020 1 Yes 2 No Specify: WHITE þ Specify 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Department of Health and Mental Hygiene. Important: If New 27 Ia marked other than any Injury or other traumatic access. Elementery/Secondery (0-12) College (1-4or 5+) HOUSEWIFE OWN HOME 17, Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) **JOSEPH** WILLIAMS NETTIE LEVY 19a. informant's Name/Relationship (Type, Print)
MR. SAMUEL KATZ / HUSBAND 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)
3619 SEVEN MILE LANE APT. A BALO., MD 21 3619 SEVEN MILE LANE APT. A BALO., 3619 Seven Mile Lane,ARI A,Balto, Md 21208 Matz 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Removal from Stata SHAAREI TFILOH -12-24-97 BALTIMORE, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Nama and Address of Facility Sol Levinson & Bros., Inc. woon 8900 Reisterstown Road Baltimore, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw **Physician** /Medical Immediata Cause (Final SEPTIC SHOCK 4 Days disease or condition resulting in death) Examiner Due to (or as a consequenca of) METABOLIC ACIDONIS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. NEUTROPENIA/ THRONBOCITORENIA Physician/Medical Dua to (or as a consequence of) DIFFICILE COLITIS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 25 No 3 ☐ Probably 4 ☐ Unknown FOLLOPION TUBE CARCINORA Records, by 90 24b. Were autopsy findings available prior to complation of cause of deeth? 24e. Was an autopsy performed? Completed peeu CHENOTHERDRY hes page 2 certificate 1 Yes 2 No 1 Yas 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifics completely filled in by the funeral director, Be 25. Was case referred to medical examiner? 28. Piece of Deeth (Check only one) Hospitai: 1 Dempatient 2 ER/Outpatiant 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 ENaturel 5 Pending investigation 1 Yes 2 PNo 2 Accident 3 Suicide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide BALTINURE The Configuration of the best of my knowledge, death occurred at the time, date and piaca, and due to the ceuse(s) and manner as stated.

In the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

In the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one)

29c. License number

054147357

29d. Date signed (Month, Day, Year)

DEC/23/97

Baltimore Baltimore, MD 21215

State Registrar 29b. Signature and title

J. COX

of certifie

MO

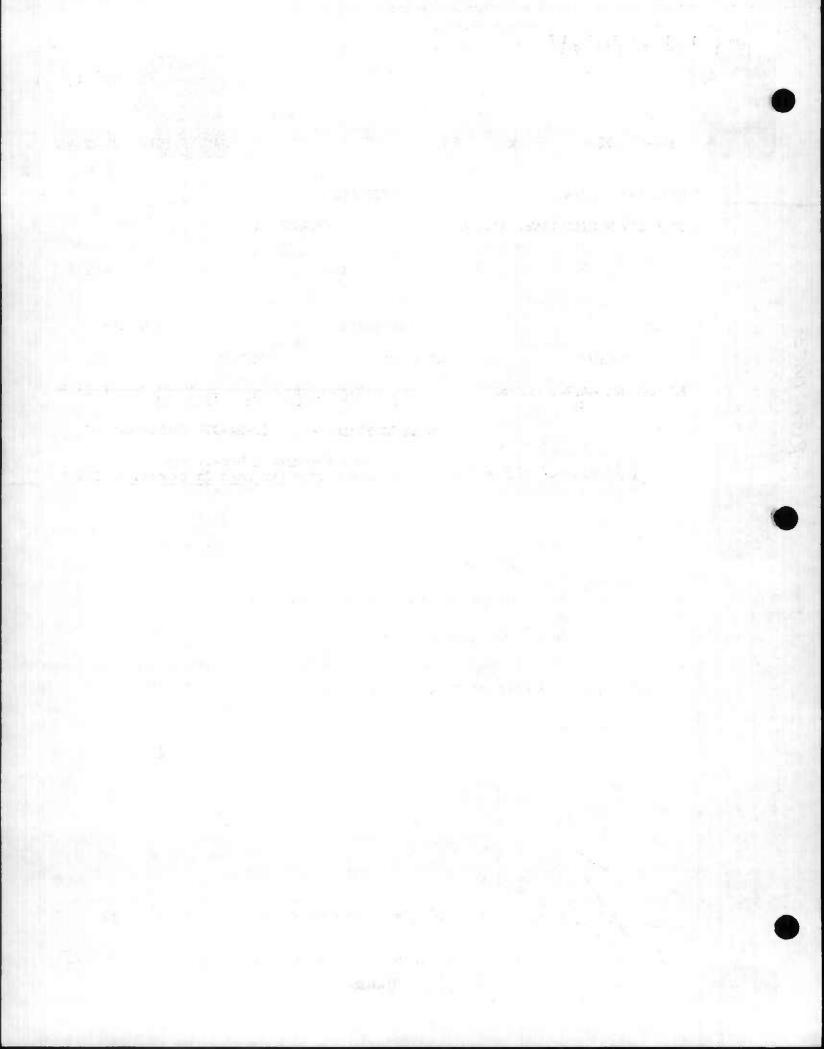
31. Data filed (Month, Day, Year) DEC 2 9 1997

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Sinai

2010 J. COX 1620/8637

Hospital of



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Day MOREE 1:40 pm December 27, 1997 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Franklin Square Hospital Center Baltimore Rosedale Hours Min. SEPT. 24, 1917 If Under 1 Year 9. Birthplace (State or Foreign Country) Maryland 5. Social Security Number 7. Age (In yrs. last birthday) Months Days 1 M 2 F 214-14-2551 80 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 ☐ Yes 2X No Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1309 Glenmont Road 21239 USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No Specify Specify: 3 Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Etementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Charles Blocker Mary Unk. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joe Munafo/son-in-law 1309 Glenmont Road Baltimore, MD 21239 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 X Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 12/29/97 Baltimore, MD 21. Signeture of Funeral Service Licens 22. Name end Address of Facility Cremation Society of Maryland, Inc. McDonald 299 Frederick Road Baltimore, MD 21228 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each tine. Approximate Interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in deeth) 48 Hours a Hypoxic Encephalopathy Due to (or as a consequence of): Acute Myocardial Infarction Sequentielly list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Last Due to (or as e consequence of): Breast Cancer with Metastasis Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 12 Inpatient 2 ER/Outpatient 3 DOA 27, Manner of Death 1 Netural 2 Accident 28b. Time of 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examtner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

Examiner Division of Vital Records, P.O. Box 68760,

The law requires that the death certificate be the cate has been signed by page 2 should be detact certificate spital or Attending Physician: The hours after death.

neral Director: After this certificate y filled in by the funeral director, pa Hospital To the Hospital within 24 hours a To the Funeral C completely filled

Physician

/Medical

Examiner

10a. State

Maryland

Director

Funeral

þ

Completed

Be

Physician/Medical Examiner

þ

Completed

Be

Medical Certification: To

3 Sulcide

29a, Certifier

4 - Homicide

Funeral

Director

the Maryland

pernit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Haalth and Mental Hygiena. Important: If Item 27 is marked other than "netural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Evantine mass be notified as

Physician /Medicai

Baltimore, Maryland 21215-0020

State Registrar

RD# 02122

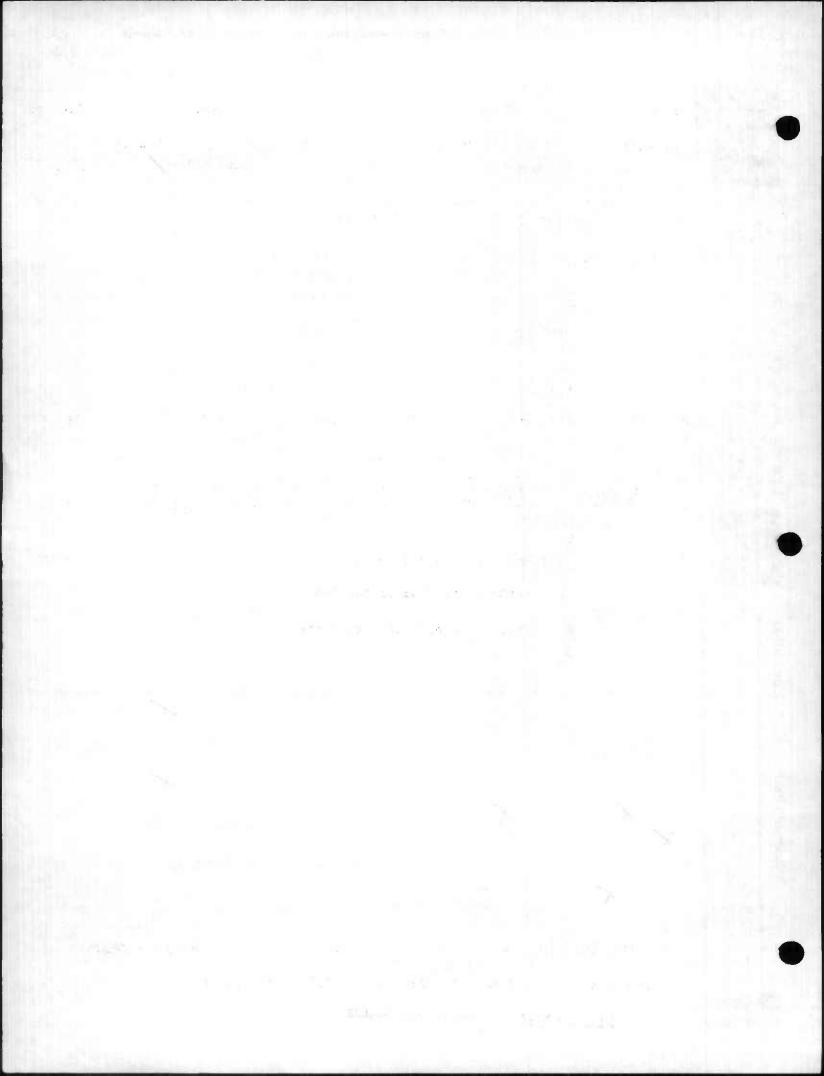
December 27,1997

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Khin Myint MD. 9000 Franklin Square Dr. Balto, Md. 21237

31. Date filed (Month; Day, Year)

Julia Bairdon DEC 2 9 1997



-		tem 7 per Fł			rja	Ce	rtificate o	f Death	2 Date of D	Reg. No.	33	1 C I	
Physicia /Medica	_		NIE G.						2. Date of D Month	Day	Year 1997	3. Time of Death 12-35 A	
Examine	_	4a. Facility Nama (/	f not institution, giv	a street end numb	er)				or Location of Dea	th 4c. Count	y of Death		
		NORTH	Arzunes	rec th	JATI SIN			GLEH F	SURNIE	BUNE	ARU	NOEL	
Funerai Director	- 1	5. Social Security N		Sex 7. I□M 2 X F	Age (In yrs. le		If Undar 1 Yes Months Day			71922	9. Birthpla Country PA	ce (Stete or Forei	
D .		Usual Residence of										-	
show		10a. State	10b. County	400		Town or Lo					100	. Insida City Limi	
o W	cto	MD	ANNE A	RUNDEL	(GLEN	BURNIE					1 Yas 2 X	
with the Maryland a or 28a-f show be notified at	Director	10e. Street and Nur		2 17 17 2 D	DITE		10f. Zip Code			10g. Citizen of		n	
death w		1133 B	ALT. &				2106	1	U.S.A.				
urs a	by Funeral	If Yes, Give 1 ☐ Yes 2X No Specify: Year or Dates:							(Specify Yes or N erto Rican, etc.)		ick, White, et	- American Indian, , White, etc. WHITE	
c " # -	Completed	(Spec	15. Decedent's Ed	de completed)	27.5.)	(Give	dent's Usual Occ kind of work dor DO NOT usa reti	e during most of a	vorking	16b. Kind of B	Businass/Indu	stry	
filed within Hygiane. other than ent, the Ma	E	12	ndary (0-12)	College (1-4	or 5+)	LABO	RER			EASTE	RN VE	N. BLI	
	Re	JOHN G							lame (First, Middle UNKNOWN	e, Malden Sumer			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24	19a. Informant's Na	ame/Relationship (19b. Mallio 7735	ng Addrass (Stre	et end Number or ANNAP .	Rural Route Numi	ber, City or Town	, Steta, Zip C E, MD	ode) 21061	
S - T - X		2		oosition X Cremation 3 ☐ 5 ☐ Othar (Specifi		ete cer	matery, cres	osition (Name of matory or other p REMATO		Date 12/26	20c. Location BALTI		
permit. Pag Department Important: i any injury o once.		21. Signature of Fundamental Signature of Si	no /	Alimo	sed the death	2	426 CR	D C. FI	NK FUNE	DIDNI	E, MD	21061 pproximate itarval Between	
Physician /Medical Examiner		Immediata Causa (i	Final n	CER	EBROY	IASCI	WAR	Ause	NT			Inset and Death	
	liner	resulting in death)		STA	Dua to (or	as a consec RAU	quance of):					,	
	al Examin	Sequentially list cor if any, leading to im cause. Enter Under Cause (Diseasa or	nditions, amediate rlying		Due to (or a	as a consec							
	egic egic	resulting in death) Last Due to (or as a consequence of):											
requires mat me deem certified in some signed by the attending hould be detached for use a few days.	Physicianim	Part II. Other elgnifi	icant conditions o	ontributing to deat	h but not result	ling in the u	nderlying cause	givan in Part I.		I tobacco use co			
mar hed b	7								1	Yas 2 No	3 Proba	bly 4 19 Unkno	
been sign should be	leted by								24a. Wa	s an autopsy ormed?	availe	autopsy findings able prior to plation of ceuse	

To the Hospital or Attending Physician: The law within 24 hours after death.

To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2 Division of Vital

Be Com Medical Certification: To

25. Was cesa referred to medical axaminer?

1 ☐ Yes 2 ☐ No

27. Manner of Death 1 Natural 2 Accident

3 Suicide 4 - Homicida

29a. Certifiar (Check only one)

5 Pending investigation 6 Could not be determined

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year)

28b. Time of 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

28c. Injury at Work? Injury

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

28d. Describe how injury occurred

Other: 4 Nursing Homa 5 Residence 6 Other (Specify)

1 Yas 2 No

1 Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

CHEN BURNIE

26. Place of Death (Check only one)

29b. Signatura and Me of certifier

MA

29c. License number 1345.149 29d. Data signed (Month, Day, Year) 1997

mb 21061

1 ☐ Yes 2 No

completed ceuse of death (Itam 23a) (Type, Print) HOSRITAL DRIVE 301

32. Ragistrar's Signatura uny veurdoon-Handalle

State

Registrar

4 7-1 2 7 7 12 1 7 12 1

3:---

The state of the same

Submitted to the Second Second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) Date Month LEC 2. Date of Death 3. Time of Death · PM buyen 4e. Fecility Name (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Deeth COLUMBIA HOWARD 6.86× 113M 2□ F If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth Nationth, Day, Year 953 Birthplace (State or Foreign Country) Months Days Hours 218-11-5257 44 VIETNAM Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Tes ZENo MARYLAND HOWARD COLUMBIA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5639 SHEEROCK COURT 21045 U.S.A. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Marltal Status 12. Was Decedent Ever in U.S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: Specify: VIETNAMESE 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) HEATING AND COOLING Elementary/Secondary (0-12) College (1-4or 5+) ENGINEER COMPANY 12 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) HIEU VAN NGUYEN NHAN THI NGUYEN 19a. Intormant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) TAMMY HA, WIFE 5639 SHEEROCK COURT, COLUMBIA, MARYLAND 21045 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State cemetery, cremetery or other piece) SAINT PAUL'S LUTHERAN XXBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12/26/97 FULTON, MARYLAND CHURCH CEMENTARY Address of Facility WITZKE FUNERAL HOMES, INC. 21. Signeture of Funeral Service Licansee 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Approximate Approximete Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 TYes 2 No. 3 Probably 4 □ Unknown 24a. Was an autopsy performed?

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23e or 28a-f show the Medical Examiner mant be notified at

"natural"

d 2 should be filed within in end Mental Hygiene.
7 is marked other than "r

. Pages 1 end 2 should be ment of Health end Menta lant: If item 27 is marked

permit. Page Department of Important: If any Injury or

Directo

Funeral

by

Completed

Be

2

with the Maryland

death

72 hours after

altimore, Maryland 21215-0020

Box 68760,

P.O. P

Records,

Division of Vital

Physician/Medical

1 Neturel

2 Accident

3 ☐ Sulcide

29a, Certifier (Check only one)

4 Homicide

Be Completed by Certification: To Medical

thet the death certificate be executed the burial-transit and physician for use es the 5 signed b peen has certificate or Attanding Physician: funeral After death. Director: / after To the Hospital or within 24 hours aft To the Funeral Di completely filled in

10 State Registrar

Hospital: 1 Yes 2FTNo 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of tnjury (Month, Dey Year) 27. Manner of Death 28b. Time of

28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28c. tnjury et Work?

1 Yes 2 No

1 Yes 2 No 26. Place of Death (Check only one)

24b. Were autopsy tindings available prior to completion of cause of death? 1 ☐ Yes 20 N6

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

12 Certifying Phystcian: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the ceuse(s) and manner stated.

29b. Signeture end title of

5 Pending

investigation

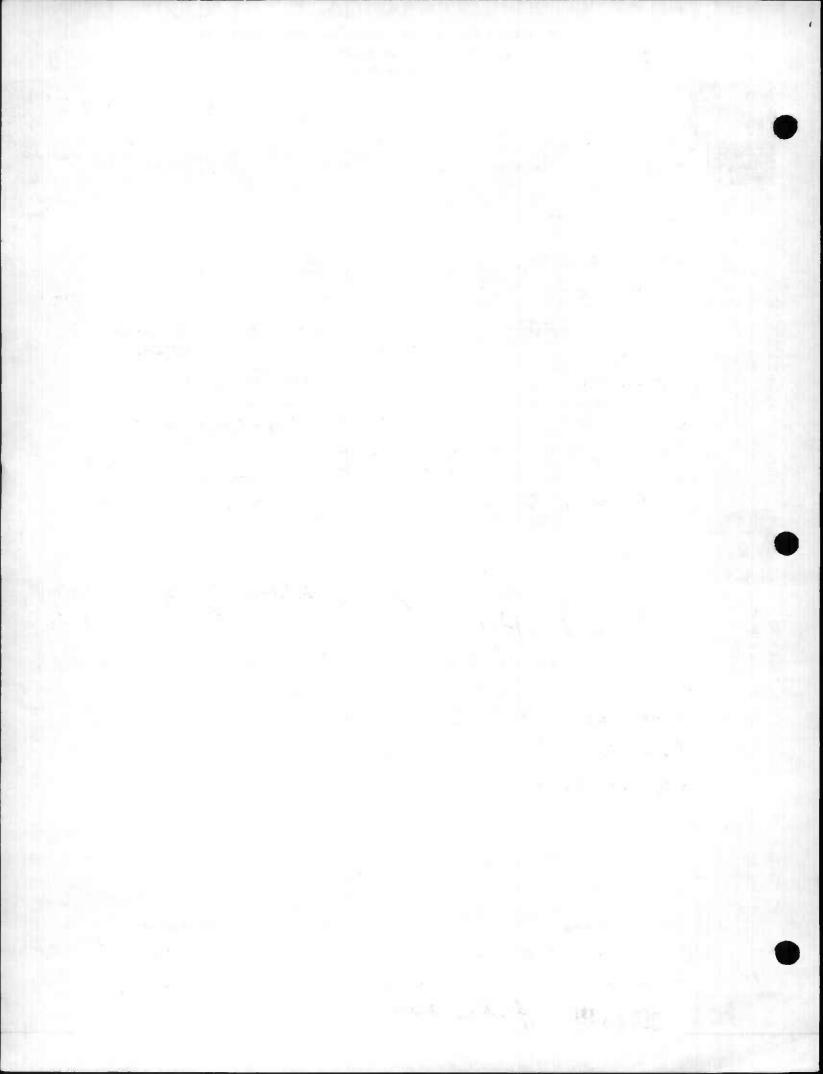
6 Could not be determined

29c. License number

29d. Date signed (Month, Dey, Yeer)

Neme and address of person who completed cause of death (Item 23e) (Type, Print) De Leon 724 Petopens

31. Date filed (Month, Dey, Yeer)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Donald James Olecski December 22 1997 9:42 P.M. 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth 310 Townsend Avenue Baltimore Anne Arundel 8. Dete of Birth (Month, Day, Year) if Under 1 Yeer If Under 24 Hrs. 5 Social Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) 1 MM 2□ F Months Deys Hours Yrs. 66 205 22 3835 August 23,1931 Maryland Usuel Residence of Decedent 10e. Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No Maryland Anne Arundel Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 310 Townsend Avenue 21225 U.S. 12. Wes Decedent Ever in U,S. Armed Forces? 1 20 Yes 2 □ No If Yes, Give Yeer or Detes: 14. Rece - American Indian. 11. Meritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married 2 N Married 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry 15. Decadent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Lowery Car Operator Brick Company 9th 18. Mother's Name (First, Middle, Malden Surname) 17. Fether's Neme (First, Middle, Last) Julia Zebron John F. Olecski 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Baltimore, Maryland 21225 310 Townsend Avenue Anna E. Olecski / wife 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriet 2 ☐ Cremetion 3 ☐ Removel from State 12/27/97 Baltimore, Maryland Holy Cross Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licansee 22. Name end Address of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 23a. Pen1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Immediete Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury thet Initieted events resulting in deeth) Lest as a consequence of) Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I 3 Probably 4 Unknown 1 Yes 2 No 24b. Were eutopsy findings aveilebte prior to completion of cause of death? 24e. Wes en eutopsy performed? 21 No 1 Yes PTNo 1 ☐ Yes 26. Place of Deeth (Check only one) Other: 4 Nursing Home Fresidenca 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA

Physician /Medical Examiner

permit. Pages Department of Important: If it any injury or o

Physician

/Medical

Examiner

Funeral

Director

"netural", or items 23s or 28s-f show

Pages 1 and 2 should be filed within 72 hours after death vant of Heath and Martial Hygiene.

int: if tem 27 is marked other than "natural", or itema 23, into or other traumatic event, are Mogram Example must

Directo

Funeral

by

Completed

Be

the Maryland

with

Examiner physician and the buna Mransit Physician/Medical 980 signed by the a d be detached f à Completed

is certificate has director, page 2 this funeral After n 24 hours after dea ne Funeral Director nietely filled in by th

Be

2

Certification:

Medical

The law requires that the death certificate be Hospital or Attending Physician:

Division of Vital Records, P.O. Box 68760,

State Registrar

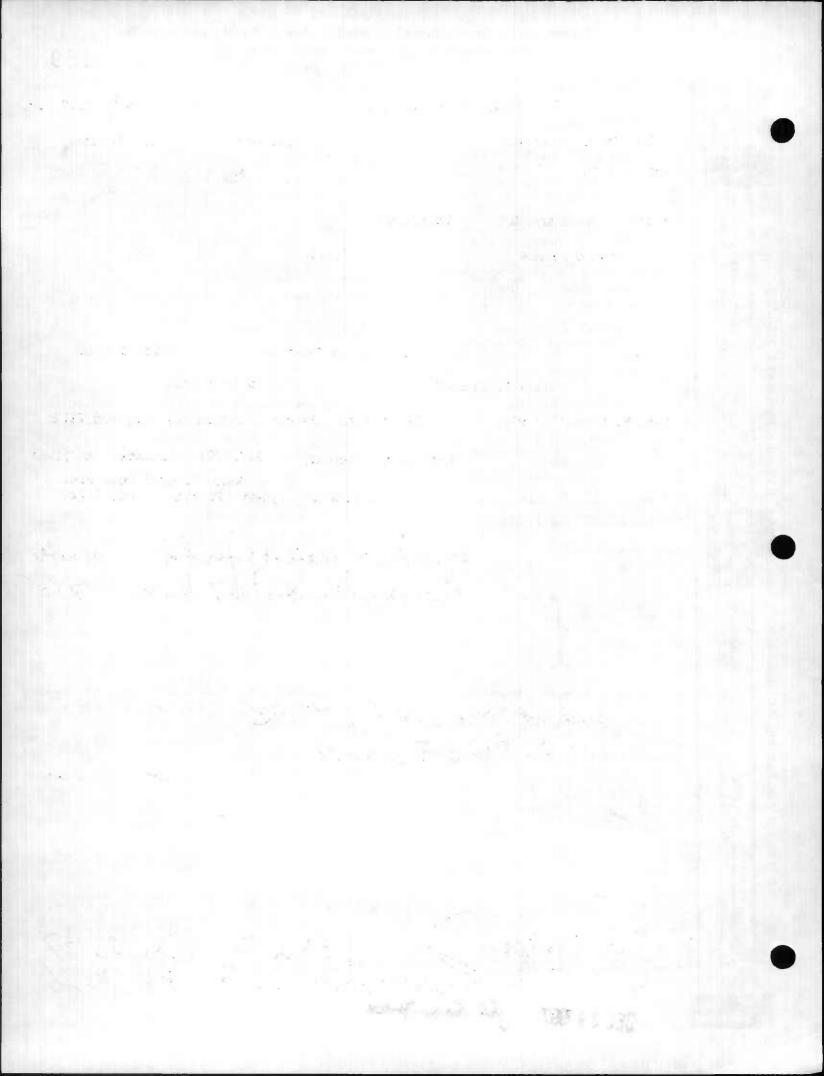
25. Wes case referred to medical exeminer? 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 5 Pending investigation Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier **Toertifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end manner as steted. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pleca, and due to the cause(s) and menner cated 29b. Signature

21d Dete signed (Month, Day, Year)

30. Namefand add

31. Date filed With 2 9 1997

To the Hosp within 24 ho To the Fune completely fi



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

				Cert	ificate of	Death		Reg. No.	0 2	100
1. Decedent's Name (I	First, Middle, La	James O	. Pri	ce	777		2. Date of De Month	eth Dey	Yeer 1997	3. Time of Death
4a Facility Name (If no	ot institution, giv	e street end number;			57.7	4b. City, Town, or	DECEMB Location of Deat			OTTANAS
HARBOR HOS	SPITAL I	E.R.				BALTIMOR	E CITY	N	/A	
5. Social Security Num	ber 6. S	Sex 7. Ag	je (In yrs. la	ast birthday)	If U = r 1 Y Months Day	r If Under 24 Hrs			A	e (Stete or Foreign
579 48 03	20	X M 2□ F	64	Yrs.			July 11		Washin	gton, D.
Usual Residence of De 10e. State 1	ocedent 0b. County		10c City	, Town or Loca	tion				104	Inside City Limits
	N/A			Ltimore	N. C.					1X Yes 2 No
Maryland 10e. Street and Number			Dal	rcinore	10f. Zip Code			10g. Citizen of \	What Country	2
1602 Pop1		no+			212	26		U.S		
1002 POPI 11. Maritei Status 1 Never Married	III DOLC	12. Was Decedent	Ever in U.S	S. 13. W			pecify Yes or No		e - American	indian,
1 Never Married	2 Married	Armed Forces		ean		Hispanic Origin? (S ban, Mexicen, Puerl	o Ricen, etc.)	Blad	ck, White, etc	
3 Widowed 43 15 (Specify Elementary/Seconds 10th		If Yes, Give Yeer or Dates:	Conf	lict 1	Yes 2 N	Specify:		Specify	w. Whit	e
/Page 15	Decedent's E	ducetion		16a. Decede	nt's Usuel Occ	upation a during most of wored)	rkina	16b. Kind of B	uainess/Indus	try
Elementary/Seconda	only highest gra ary (0-12)	Coilege (1-4or	5+)			ed)	n ny	673		
10th				Manag	ger			Shell G		tion
17. Father's Name (Fir								, Meiden Sumen		1.1.
		rank W. Pr	ice	T			.e1a		avai1	
19a. Informant's Name		Type, Print)				et end Number or Ru				
Frank Pri			1		oplin S			re, Mar		
180 Burial 2 🗆 C	20a. Method of Disposition 120 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) Md. State Veteran Cem. 12/24/97 Crownsvil									
21. Signature of Funer 21. Signature of Funer 23a. Part 1. Enter the shock, or heart for	re Fra	emuou	d the death	400		nie Highwa	ay Balt		Md. 21	
Immediate Ceuse (Fin disease or condition resulting in deeth) Sequentielly list condition to immediate Ceuse Finter Inderlyic		Athan	250			diovaso				nset end Deeth
Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):										
resulting in death) Les	ing		Due to (or	es e conseque	ence of):		ulas			
	ing ury st	c		es e conseque as a conseque	ence of):		ulas			
Part II. Other significa		cd	Due to (or	as a conseque	ence of):					e cause of death?
Part II. Other significa		d ontributing to death b	Due to (or	as a conseque	ence of):		23b. Did		ontribute to th	
Part II. Other significa		cd	Due to (or	as a conseque	ence of):		23b. Did	tobacco use co	ontribute to the service of the serv	autopsy findings ble prior to letion of ceuse
Part II. Other significa		dontributing to death b	Due to (or	as a conseque	ence of):		23b. Did 1	tobacco use co Yes 2□ No sen eutopsy	ontribute to the savelile components.	autopsy findings ble prior to letion of ceuse ath?
25. Was cese referred	nt conditions o		Due to (or	as a conseque	ence of):	jiven in Pert i.	23b. Did 1	tobacco use co	24b. Were swelle comp of de	autopsy findings ble prior to letion of ceuse ath?
	nt conditions o	c	Due to (or	as a conseque	ance of): ance of): ance of): arce of): arce of):	given in Pert i. 26. Plece of De	23b. Did 1 □ 24e. Was perfo	tobacco use co	24b. Were swelle comp of dei	autopsy findings ble prior to letion of ceuse ath?
25. Was cese referred examiner?	nt conditions o	Hospitel: 1 ☐ Inpati	Due to (or but not result not res	as a conseque	ance of):	given in Pert i. 26. Plece of De	23b. Did 1 □ 24e. Was performant (Check only thome 5 □ Resi	tobacco uae co Yes 2□ No s en eutopsy ormed? Yes 2□ No one)	24b. Were swelle compof de	autopsy findings ble prior to letion of ceuse atth?
25. Was cese referred examiner? 1 12 Yes 2 No 27. Menner of Deeth 1 2 Naturel 2 Accident	nt conditions of	Hospitel: 1 Inpati	Due to (or but not result not res	as a conseque liting in the und ER/Outpatient 28b. Time of Injury me, farm, stree	ance of): ance of):	26. Plece of De ther: 4 □ Nursing Hury at ork? □ Yes 2 □ No	23b. Did 1 24e. Was perfet 24e. Was perfet 28d. Describe 28f. Location (tobacco uae co Yes 2□ No s en eutopsy ormed? Yes 2□ No one) idence 6□Ott	24b. Were swelle comp of de 1)	autopsy findings ble prior to letion of ceuse ath? es 2 No
25. Was cese referred examiner? 1 X Yes 2 No 27. Menner of Deeth 1 X Naturel 2 Accident 3 Suicide 4 Homicide	nt conditions of to medical to medical investigation Could not be determined Certifying Ph	Hospitel: 1 Inpati	Due to (or out not result not re	as a consequence of the second	ance of): ance of):	26. Plece of De Wher: 4 Nursing Hury at ork?	23b. Did 1 □ 24e. Was perfit ath (Check only) Home 5 □ Resi 28d. Describe 28f. Location (City or To	tobacco use co Yes 2 No s en eutopsy ormed? yes 2 No one) idence 6 Ott how injury occur (Street end Numi wn, Stete)	24b. Were swelle comp of dea	autopsy findings ble prior to letion of ceuse ath? See 2 No

State Registrar

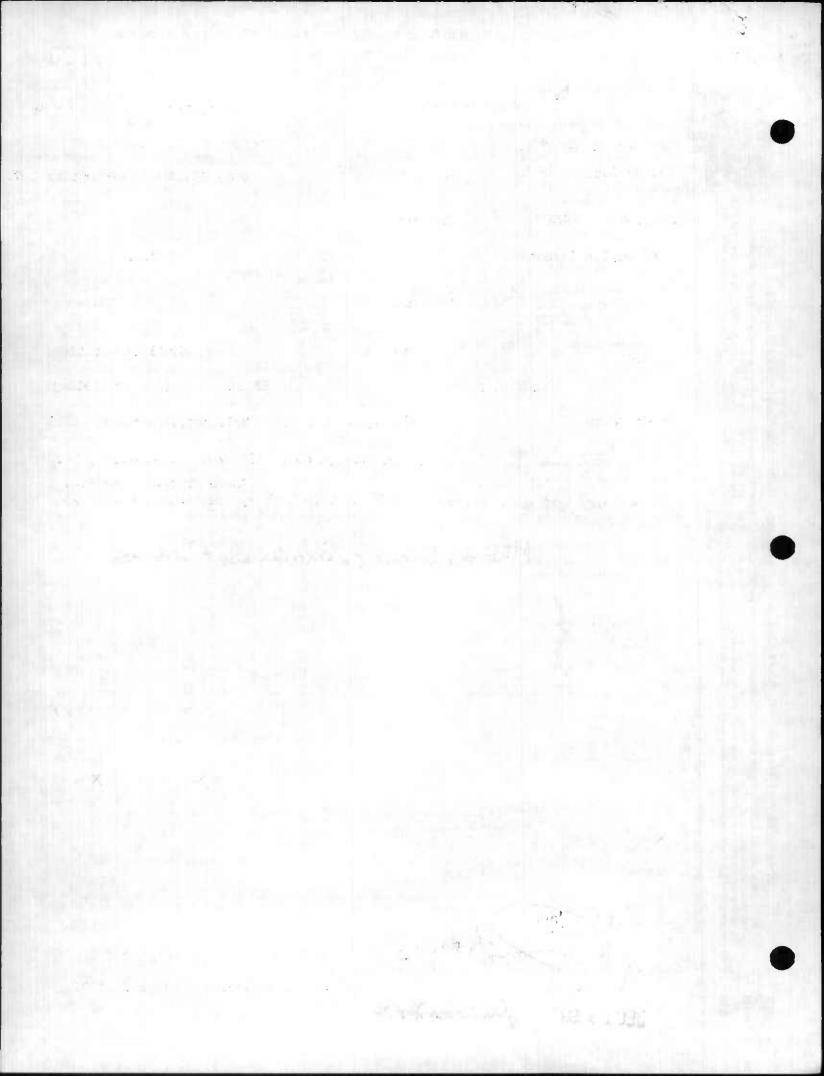
111 Penn Street, Baltimore, Maryland 21201

completed cause of deeth (Item 23e) (Type, Print)

O.C.M.E.

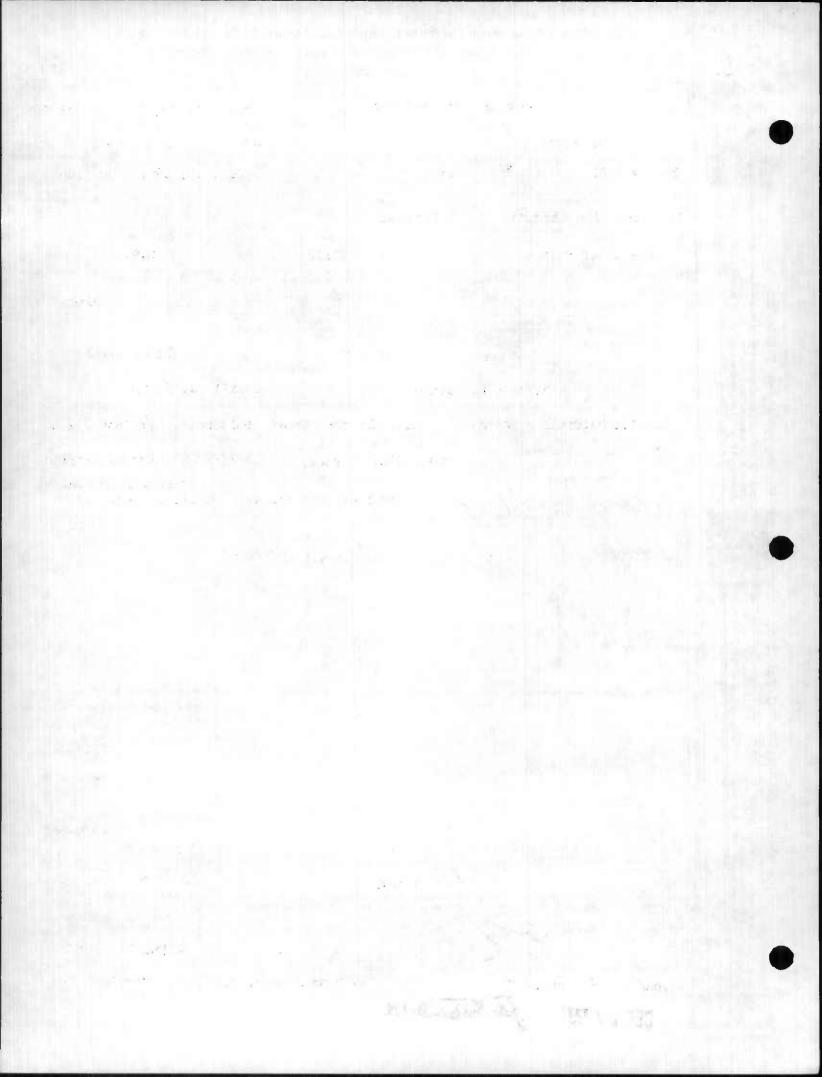
DECEMBER 21, 1997

31. Dete filed (Month, Dey, Year) DEC 2 9 1997



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

	RENDA		State of Marylar	nd / Department of I Certificate of		9	7 39161			
PA	AINTER	1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day Year								
	Physician /Medical		Brenda Lee	Painter		MBER 19, 19				
	Examiner	4a Facility Name (If not Institution, gi			4b. City, Town, or Location o					
		690 207th STREE 5. Social Security Number 6.	ET Sex 7. Age (In yrs.	lest hirthday) If Under 1 Year	PASADENA If Under 24 Hrs. 8 Date	of Birth	ARUNDEL			
	Funeral Director		1□ M 20XF 36	Yrs. Months Days	Hours Min. (Mon	nth, Dey, Year)	9. Birthplace (State or Foreign Country) Maryland			
	_	Usual Residence of Decedent								
	show ed at	Maryland Anne A		ity, Town or Location Pasadena			10d. inside City Limits 1 ☐ Yes 2 🕱 No			
	or 28a-1 s or 28a-1 s be notified	10e. Street and Number	Lander	10f. Zip Code		10g. Citizen of N				
	3a or	690 - 207th Str	eet	211	22	U.S				
	frer deeth viner met 23 mer met al	11. Marital Status	12. Was Decedent Ever In U Armed Forces?	J.S. 13. Was Decedent of	Hispanic Origin? (Specify Yes ban, Mexicen, Puerto Rican, e	or No- 14. Rac	e - American Indian, ck, White, etc.			
Maryland 21215-0020	8 0 5	1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Tes 2 X No If Yes, Give Year or Dates:	1 ☐ Yes 2 XNo		Specify				
2-0	ed within 72 hours ygiena. er than "natural", ft, the Medical Exit Completed by	15. Decedent's E (Specify only highest gi	ducetion	16a. Decedent's Usual Occu	pation	16b. Kind of B	usiness/industry			
121	c 4 4 -	Elementery/Secondary (0-12)	College (1-4or 5+)		during most of working					
2	other than other than went, the Me	17. Father's Name (First, Middle, Las	2 years	Fire Watch	18. Mother's Name (First,		Guard			
and			Raymond L. Pai	ntor		Le J. Sharp				
ary	and Mental and Mental a marked of aurmatic sv	19a. Informant's Neme/Relationship			t end Number or Rurel Route	-				
	27 ind	Lucille Mitchel	1 / Mother	4217 Morrison	n Court Balt	imore, Mary	land 21226			
altimore,	Sept	20a. Method of Disposition 1 XBurial 2 ☐ Cremation 3 [Place of Disposition (Neme of cemetery, cremetory or other ple	Dete		City or Town, State			
ii.	Pa Pa	4 Donation 5 Other (Special		dar Hill Cemet	ery 12/24,	/97 Baltimo	re, Maryland			
Bal	permit. Pag Department Important: h any injury o	21. Signature of Funeral Service Lie	1500 H-1-1	22. Name and Addr	ess of Facility Gond nie Highway I	ce Funeral				
		23a. Part1. Enter the disease, or con shock, or heart failure. Eleventy	nplications that caused the dea				Approximete Interval Between			
	Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death)	· Manu	ral Stran			Onset and Death			
0,	an and rial-transit Examtne	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse, (Disease or injury	b. Due to (or as a consequence of):						
Box 68760,	at the deeth certificate be d by the ettending physical etached for usa as the buy Physician/Medical	resulting in death) Last	d	or as a consequence of):						
	deeth e ette ed for sicla	Part II. Other significant conditions	contributing to death but not res	sulting in the underlying cause of	iven In Part I. 23	b. Did tobacco use co	ntributa to the causa of death?			
P.O.	5 50 >					1 Yes 25 No	3 Probably 4 Unknown			
Vital Records,	been s should leted		E DI TA		248	a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?			
R	The law ate hes pege 2					Yes 2□No	1 Yes 2□ No			
/ita	certificate rector, per	25. Was cese referred to medical examiner?			26. Place of Death (Check	k only one)				
of	Hys His	1)∑ Yes 2 No 27. Menner of Death		JEH/Outpatient 3LJ DOA		Residence 6 □Oth				
UO	eeth. or: Aftar the funer cation	1 Natural 5 Pending	28a. Date of Injury Four (Month, Day Year) on 12-19-97		rk?] Yes 2. INo	scribe how Injury occur	1			
Division		3 Suicide 6 Could not I	28e. Place of Injury - At h	ome, farm, street, factory, office	28f. Loc	S Wung lead Number	per or Rural Route Number,			
ă	s aftar is Directly bd in D	4 Homicide	building, etc. (Speci	ridence	690	207 h St	- Pasadera			
	Hospi 24 hou Funer stely fill		hysician: To the best of my kno	owledge, death occurred at the tetion and/or investigation, in my						
	within 2 To the comple	29b. Signature and title of certifier	1011	29c. Licen	se number	29d. Date signe	d (Month, Day, Year)			
	, 1		1/4/	0.	C.M.E.	DECEMBE	R 20,1997			
	4	30. Name and address of person who	completed cause of death (Iter		n Street, Bal	timore, Ma	ryland 21201			
	State Registrar	31. Date filed (Month, Dey, Year) DEC 2 9 1997	THE REAL PROPERTY.	Hande St.	THE PT	3/17				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** Dec 27, 1997 John G. Papke 12:35am /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 845 West 36th Street Baltimore N/A 5. Social Security Number 6 Sex If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Sept 28, 1929 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign _Country) **Funeral** M 2□ F Months Days Hours 68 Yrs Penna. Director 196-22-1228 Usual Residence of Decedan the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner nest be notified at N/A Maryland Baltimore 1X Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 5 'natural', or Items 23a 845 West 36th Street 21211 U.S.A death 12. Was Decedent Evar in U,S. Armed Forces? VOX/as 2 □ No If Yes, Give Year or Detes: Korea 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours after 1 Nevar Married 2 Married altimore. Maryland 21215-0020 1 Yes 200 Specify: ò Specify: 3 Widowed 4 Divorced White Korea Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16h. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be flied w. Department of Health and Mental Hygien. Important: If Nem 27 is marked other that any injury or other treuments. Painter Self-Employed 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Henry Papke Loretta Nedley 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Anita Papke (Wife) 845 West 36th Street, Baltimore, Maryland 21211 20a. Method of Disposition 20b. Piaca of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burlal 2XX remation 3 ☐ Removal from State 12/29/97 Baltimore, Maryland Green Mount Cemetery 4 Donation 5 Other (Specify) 21. Signature of Funeral Sarvice Licensee 22. Name and Address of Facility A. Alan Seitz, Jr. Funeral Home 04 3818 Roland Avenue, Baltimore, Maryland 21211 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) **Examiner** Examiner contes The law requires that the death certificate be executed Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last and buriel-tran Due to (or as a consequenca of): P.O. Box 68760, ettending physician for use es the burie Physician/Medical Due to (or as a consequence of): the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2□ No 3 Probably 4 Unknown Records, þ cate hes been signate, page 2 should b 24b. Were autopsy findings available prior to completion of cause of deeth? Be Completed 24a. Was an autopsy performed? this certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this certificallely filled in by the funeral director, to 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

Injury at 28d. Describe how Injury occurred Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 ☐ 100 2 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? Natural 2 Accident 5 Pending Investigation 1 ☐ Yes 2 No 3 Suicida 6 Could not be determined 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide within 24 hours a To the Funeral D completely filled Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the causa(s) and manner stated. 29a. Certifier Medical To the 29b. Signature and title 29c. License number 29d. Data signed (Month, Day, Year) mn of person who completed cause of death (Item 23e) (Type, Print) Howat 41100

M·N.

32. Register's Significant

Menocial

DHMH 16 Ray 6/95

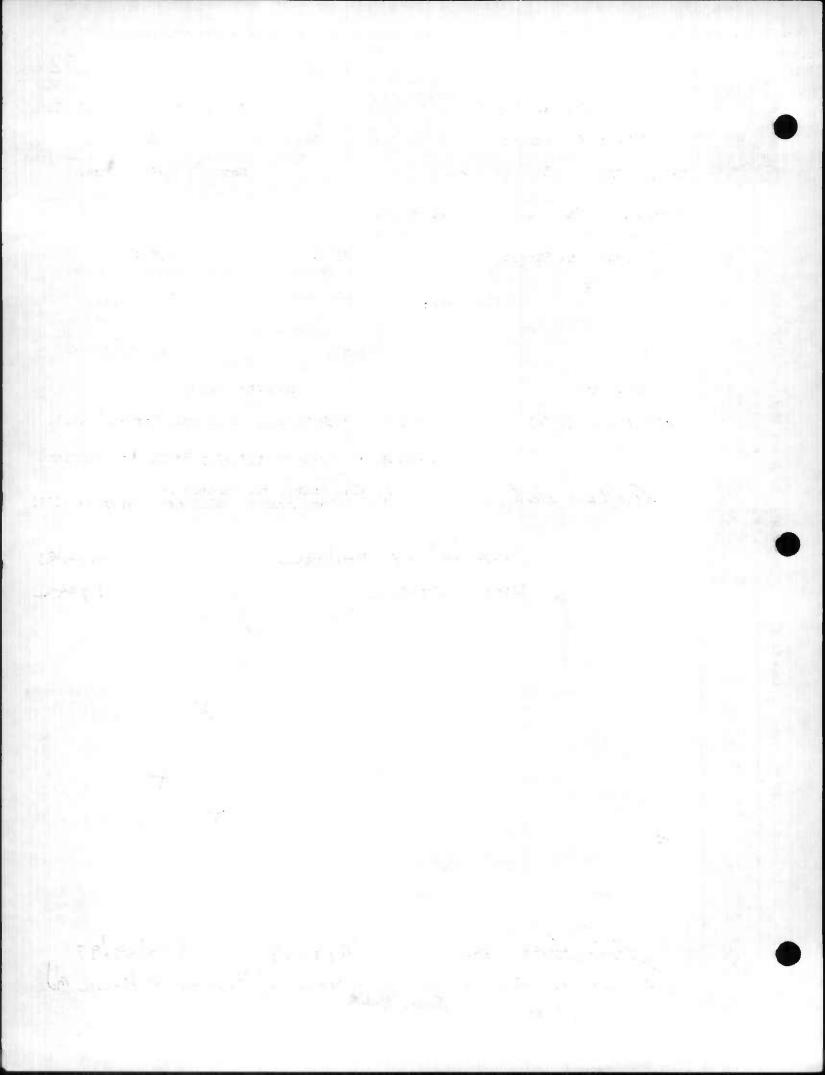
State

Registrar

MANCE

31. Data filed (Month, Day, Year)

DEC 2 9 1997



MARION POWELL	TTT	Items:23a n	art I,27,28	State of M	/larylar	nd / Dep	artmer ortifica:	nt of te o	Health and f Death		giene Reg. No.	7	3911	5.3
		1. Decedent's Nam	na (First, Middla, La	st)	u=733	1/14				2. Date of Dea	ath	Veed	3. Time o	f Death
Phys /Me	ician dical	MARION	POWELL]	II						DECEMBE	Day 26, 1	997	9:30F	P.M.
Exan			(If not institution, giv		or)				4b. City, Town, or	Location of Death		ty of Death		
**	_		KSHIRE RO		A (In	In at hitshale	If Unde	r 1 Va	DUNDALK ar If Undar 24 Hrs			IMORE		
Funer Directo		5. Social Security N 219-86-2 Usual Residence of	292	M 2□F	29	last birthday, Yrs.	Months				196 8	9. Birth	irthplace (State or Foreig	
ith with the Maryland 23a or 28a-f ahow	or	10a. Stata MD	10b. County Baltimor	e	10c. City, Town or Location Dundalk							10d. İnside City L 1 ☐ Yes 2∮		
the M	or 28a-fa be notified Director	10e. Street and Nu	ımber				10f. Zi	p Code	9		10g. Citizen of	f What Cou		Av
3a or	ō		532 Berkshire Road						1224		VSA			
items items	al', or items Examiner in by Funer	11. Marital Status	riad 2 Married	12. Was Decedar Armed Force 1 Yes 2 If Yes, Giva Yaar or Dates	s? No),S. 13.	Was Dece If Yas, spe 1 Yas	dent c	of Hispanic Origin? (Suban, Mexicen, Puer	Specify Yas or No- to Rican, etc.)		ace - Ameri ack, White, ify: whi		
A 1 A 1 S - OU A O d within 72 hours af giena. rr than "natural", or n Modesal Exam		(Spe	15. Decedent's Ecify only highest gra	Jucetion		(Give	dent's Usu kind of w	ork do	ne during most of wo	orking	16b. Kind of	Businass/Ir	ndustry	
	Completed	Elementary/Section 10th		College (1-40	r 5+)	-	struc		n			orld Points Ser		ice
Mally fall of a 2 should be file the and Mental Hymer of the traumatic event,	To Be	17. Fether's Name Marion	(First, Middle, Last) Pewel							ner's Name (First, Middle, Maiden Sumame) ada Irene Doxsey				
F 44 C4 F			ame/Reletionship (eet end Number or A				p Code)	
5 8 5 5 5			position Cremation 3 5 Other (Specification 5 Other (Specification		e _	Place of Disponentery, cre	matory or	other p	DE	Dete C 31 199	20c. Location 7 Dund			
pemit. Pag Department Important: I any injury o	- SUCE	21. Signature of F	yneral Service Licer			2	2. Name a Charl	nd Add	drass of Facility Tuneral Stern Ave,		re. MD	2123	1	
· Physicia		23a. Part1. Enfar t shock, or hea	the disease, or com art tailure. List only	plications that ceus one ceuse on each	ed the deat tine.				dying, such as cardia				Approxima Interval Be Onset and	tween
/Medica Examine	r	Immediate Cause diseese or condition resulting in death)	on	a. COCAINE AND NARCOTIC INTOXICATION WITH COMPLICATIONS Due to (or as a consequence of):										
page page	miner	Cognecticity lies are		b	Due to /c	or es e conse	quence of)					<u>i</u>	•	
Duning of the same	al Exa	Sequentially list co if eny, leeding to Ir ceuse. Enter Unde Cause (Diseasa or that Initiated event	mmediate ertylng r injury	c			900100 01)							
death certificate better attending physician dior use as the burn	Medical	resulting in death)		d.	Due to (c	or as a consec	quence of)	:						
for atta	cian											1		
the ache	Physician/M	Part II. Other signi	ficant conditions o	ontributing fo death	buf not ras	sulting In the u	indarlying	ceusa	givan in Part I.		tobacco use o Yee 2□ No			
aw requires as been sign 2 should be	ompleted by										en eutopsy med?	a	Vera autopsy vailable prior ompletion of death?	to
T 10 (0)	Con									120	Yes 2□ No	1.	Yes 2] No
	Be	25. Was cese references	rred to medicat	13						eth (Check only o	ne)			
Physician: this certific ral director,	To	1 X Yes 2 □		Hospitel: 1 Inpa	-	ER/Outpatie		UA		Home 5 Resid			ity)	
i or Attending P after death. Director: After t d in by the funera	Certification:	27. Menner of Deel 1 Neturel 2 Accident	5 Pending Investigation	WOULD TE	Dey Year)	28b. Time of Injury 6:30 fo	0.0		njuryat Nork? □Yes 3(DX)No	28d. Dascribe i subject i				
t set	Hillo	3XXSuicide 4 ☐ Homlotde	6 Could not be determined					ry, offic	ce	28f. Location (S City or Tox	Street and Nun vn, Stete) 753	nber or Au	ral Route Nur shire R	nber, Oad
the Hospital or Att hin 24 hours after d the Funeral Direct npletaly filled in by	T .				28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) found at home						28f. Location (Street and Number or Rural Route Number, City or Town, State) 7532 Berkshire Road, Dundalk, Md.			

State Registrar

29b. Signature and title of certifier

29c. Licensa number

29d. Dete signed (Month, Day, Year)

DECEMBER 27,1997 O.C.M.E.

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

31. Date filed (Month, Day, Year)
DEC 2 9 1997

III LI S M I'

215-36-2152 x 25 DEG 21 155 Hz

1. Letter Dan alt

7531 Lerichive Loci

x x x voice

1. Leth Construction orl Points Service

Letter Point Service

ana I, er an (.orer) 31 her in comments one, AD 2001

of some term of the control of the c

Jarriton Pinersi Nome

Jarriton

(((7 Lastern vey Laistere, = 1165)

richard a grant and

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

WILLIAM PASCHAL

State of Maryland / Department of Health a	and Mental Hygiene
Certificate of Death	Pag No

Months

Physician /Medical Examiner 1. Dacadent's Name (First, Middle, Last) William Henry Paschal

2. Date of Death Month DECEMBER

4a. Facility Name (If not institution, giva straat and number) 7525 BROOMES ISLAND ROAD

4b City Town or Location of Death

Year 2, 1997 5:50P.M. 4c. County of Death

Funeral

28a-f show

death

filed within 72 hours efter

Pages 1 and 2 should be

The law requires that the death certificate be execu

Box 68760,

P.O.

Records,

Division of Vital or Attending Physician:

21215-0020

Maryland

Baltimore, 1

7 is marked other than "natural", or items 23s or 28s-f shov traumstic avent, the Medical Examiner must be notified at

Hygiene.

h end Mental I

of Health of Item 27 is

Depertment of Important: If any Injury or

other 1

ŏ

5. Social Sacurity Number M 2 F

BROOMES ISLAND If Under 1 Year If Undar 24 Hrs. Days

CALVERT COUNTY Birthplace (Stata or Foraign Country) Data of Birth (Month, Dey, Year)

0

Nov 20 1918 New york

713 18 9948 Director Usual Residence of Decedant

10e State Md Director

Funeral

þ

Completed

Be

10b. County Calvert 10c. City, Town or Location Broomes Island

Yrs.

10d. Inside City Limits 1 ☐ Yas 2 No

10e. Street and Number

7525 Broomes Island Rd.

20615

10f. Zip Code

10g. Citizan of What Country?

1 ☐ Never Married 2 XMarried 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U.S. Armed Forces? 1XXXas 2 □ No If Yes, Give Year or Dates: WWII

13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:

14. Race - American Indian, Bleck, White, etc. Specify: White

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)

College (1-4or 5+)

7. Age (In yrs. lest birthday)

79

16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

USA

8th 17. Father's Neme (First, Middle, Last)

Truck driver

Dairy

William Paschal

18. Mother's Name (First, Middle, Maiden Sumeme) Hattie (unknown)

19a. Informant's Name/Relationship (Type, Print)

19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

Phyllis PAschal/wife 20e. Method of Disposition

20b. Place of Disposition (Name of cemetery, crematory or other plece)

7525 Broomes Island Rd., Broomes Island, Md 20615 20c. Location - City or Town, Stete

1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 Donation 5 ☐ Other (Specify)

12/03 George Washington Med. 1997

Washington DC

Signature of Funeral Service License

Center. Name end Address of Facility

Lanham, Columbia Mortuary, 9013 Annapolis Rd, Md20706

Physician /Medical Immediate Cause (Final diseese or condition resulting in death) Examiner

Examiner

Physician/Medicai

p

Completed

Be

2

Certification:

Medicai

the

use as

signed by to be detach

been

this certificate

Alter s effer dea.

To the Hospital within 24 hours e To the Funeral C

pege 2 should

director.

funeral

filled in by

Arteriosclerotic Cardiovascular Disease

Due to (or es a consequence of):

nifer the dissess, or complications that caused the deeth. Do not enter the mode of dylng, such as cerdiac or respiratory errest, rheert failure. List only one cause on each line.

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last

Due to (or es a consequence of):

Due to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 3 Probably Unknown 1 ☐ Yes 2 ☐ No

24e. Was en autopsy performed?

24b. Were eutopsy findings available prior to

INSPECTION 1 Yas 2 No

completion of ceusa of death? 1 ☐ Yes 2 ☐ No

Onset and Death

25. Was cese referred to medical Yes 2□ No 27. Manner of Deeth

6 Could not be

28a. Dete of Injury (Month, Dev Yaar) 5 Pending Investigation

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA 28b. Tima of

28c. fnjury at Work? 1 Yes 2 No

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

111 Penn Street, Baltimore, Maryland 21201

26. Piece of Deeth (Check only one)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

2 Accident

3 Suicida

4 Homicide

1 Certifying Phyeiclan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) end manner es steted.
2 XMedical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, dete and place, and due to the cause(s) end manner stated.

29b. Signature and title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

Churce no O.C.M.E.

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

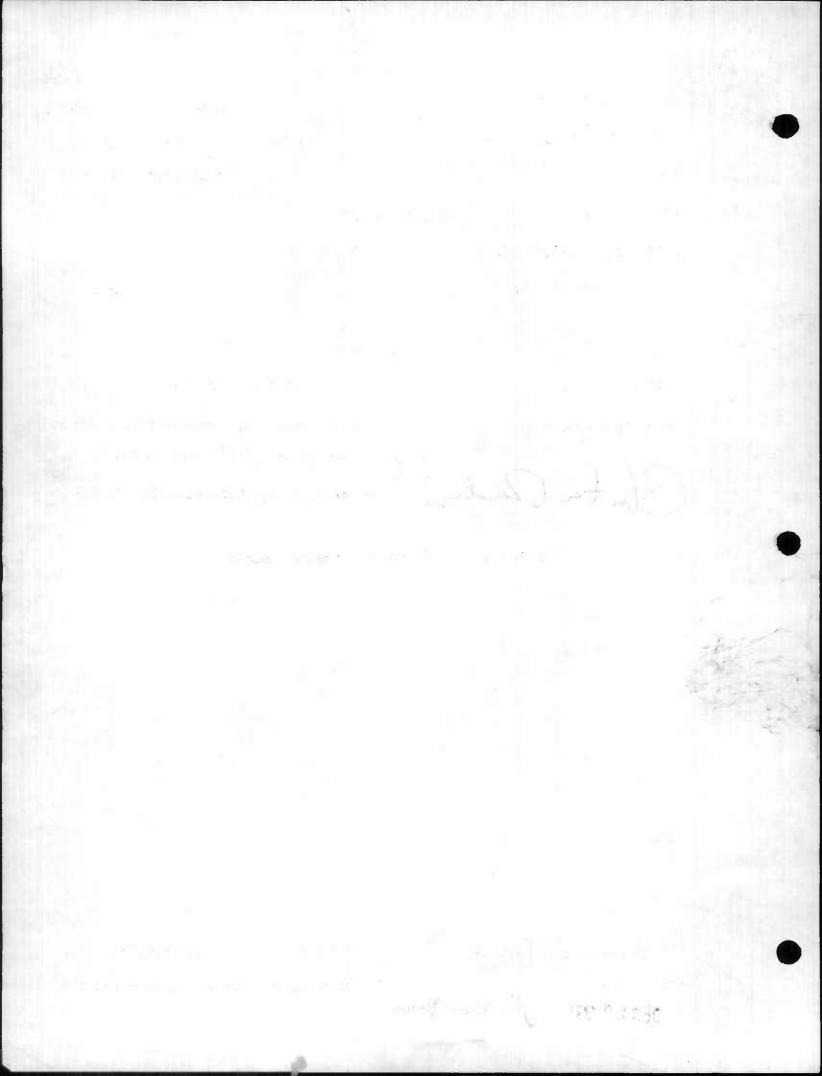
DECEMBER 3,1997

DENNIS J.CHUTE M.D.

31. Dete filed (Month, Day, Year) DEC 2 9 1997

was Dandoon-Randall

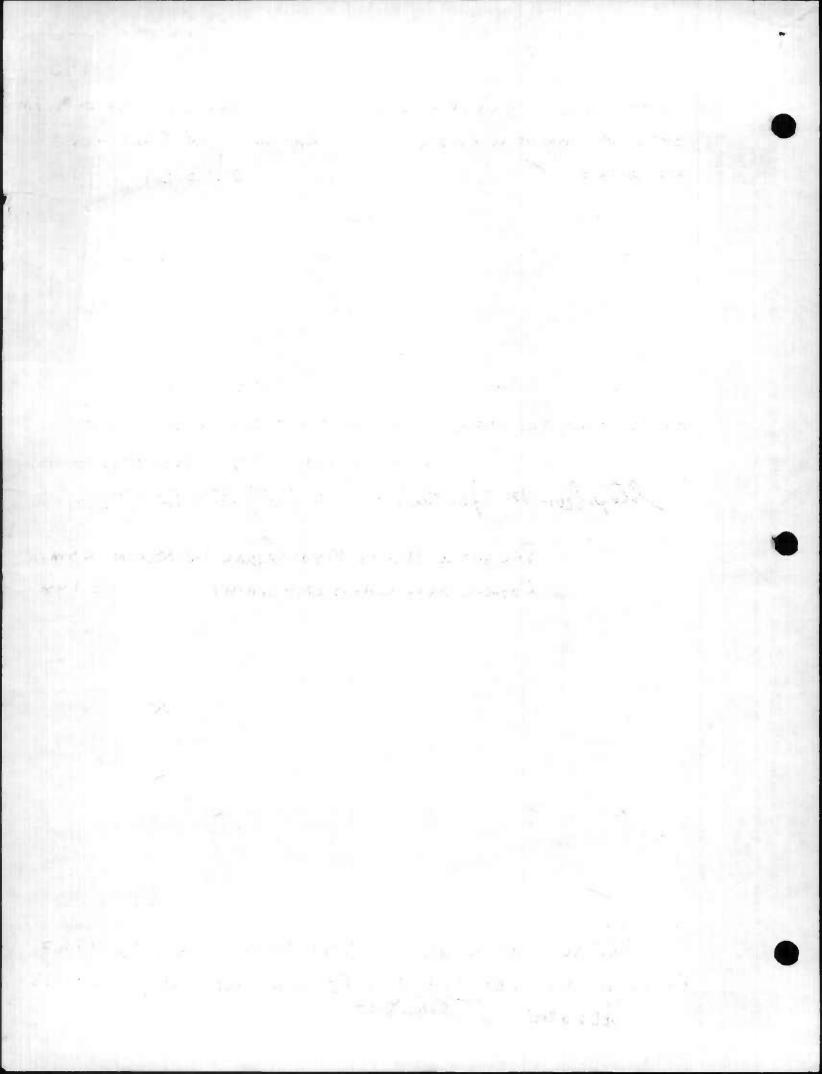
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene, Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth 3. Time of Death **Physiclan** GORDON 05:11 PM SHIFFLETT DEC. 23 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Mc DONOG H ROAD BALTIMORE RAMDAUSTOWN If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day Birthplece (State or Foreign Country) **Funeral** 10M 20 F Months Deys Hours Yrs. Director 212-36-8610 58 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director Maryland 1 ☐ Yes 2 ☐ No Baltimore Randallstown 288-4 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8 mant be Items 23s 3726 McDonogh Road 21133 Funeral U.S.A. 14. Raca - American Indian, Bleck, White, etc. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Maritei Status 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No Specify. by 3 ☐ Widowed 4 ☑ Divorced Specify natural, Yeer or Dates: White Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filled within Hygiene. other than ent, the Me Etementery/Secondary (0-12) College (1-4or 5+) 7th Machinist C.R. Daniels 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be next of Health and Mental marked Raymond L. Shifflett Violet Brown 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Department of Health at Important: If Item 27 is any injury or other trau Mrs. Violet Shifflett / Mother 3726 McDonogh Road Randallstown, MD 21133 20b. Pleca of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Lake View Mem. Park 12/27 Sykesville, Maryland 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Loring Byers Funeral Directors, Inc. 8787 Liberty Road Randallstown, MD 21133

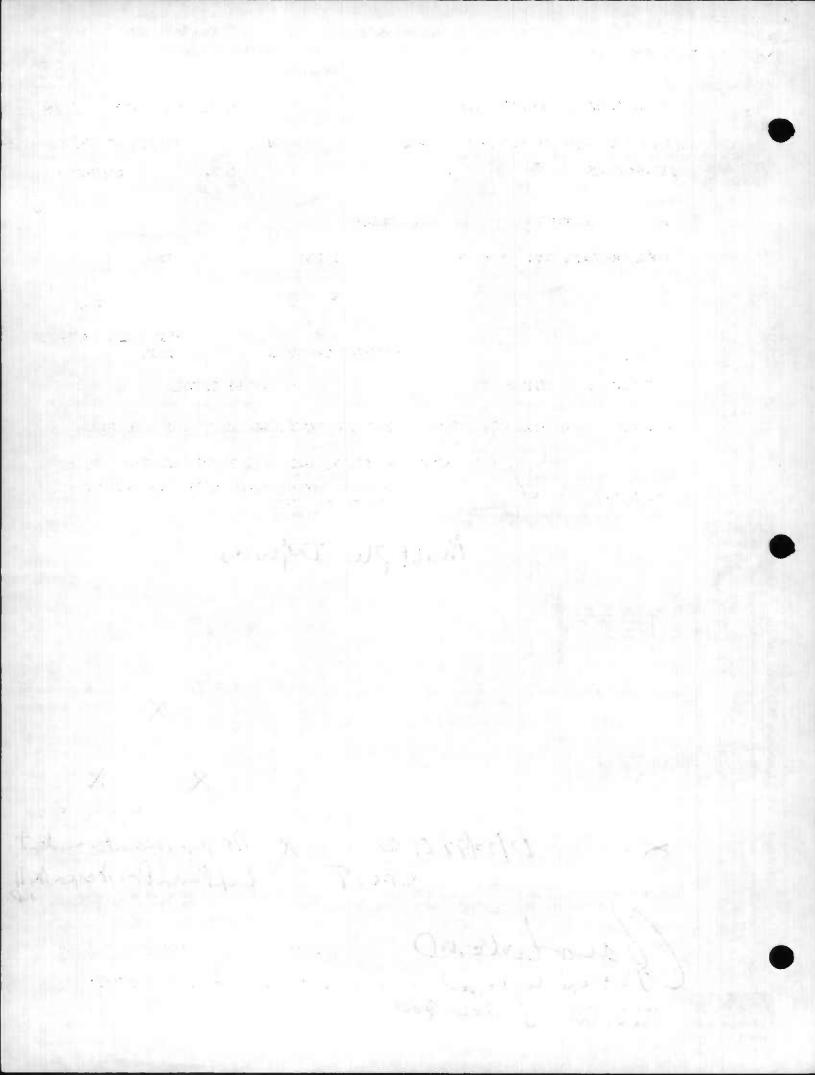
23e. Pertl. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest,

Approximately 10 and 10 a Physician Immediete Cause (Finel disease or condition resulting in deeth) /Medical · PROBABLE ACUTE MYOCARDIAL INFARCTION 45 min Examiner Examiner CONGESTIVE CARDIOMY OPATHY Iclan end burial-transit that the death certificeta be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in deeth) Lest Due to (or es e consequence of) physician the buria Box 68760. Physician/Medical Due to (or es a consequence of): as use P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? been signed by to should be detach 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? Completed paga 2 s 1 ☐ Yes 2 No 1 Yes 2 No Division of Vital or Attending Physician: funeral director, Be 25. Wes case referred to medicat exeminer? 28. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this 27. Manner of Deeth 28d. Describe how Injury occurred 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? After 5 Pending investigation 1 Waturel after death. 1 TYes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 2 4 Homicide filled in 24 hours a Hospital edicai 29a. Certifier 🗠 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date end pleca, end due to the ceuse(s) end menner es steted. compiately 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated. (Check only one) To the I within 2 29b. Signeture and tiple of certifier 29c. License number 29d. Date signed (Month, Dey, Year) ATIENDING 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) RD, RANDALLSTOWN, MD21(33 94017 LIBERTY 31. Dete filed (Month, Dey, Year) RDESA1 32. Registar's Signature State Registrar



or Print in Black Indelible Ink Accure All Conice Are Legible

		Certificate of Death		Reg. No.	7 39166			
Dhoolais		1. Decedent's Name (First, Middle, Last)	2. Dete of De Month	eth Dey	3. Time of De			
Physicia /Medic Examin	al	LINWOOD EARL SHIFLETT, III 4e Fecliity Neme (If not institution, give street and number) 4b. City, Town, or	DECEMB	ER 27,	1997 0157AM			
LAGIIIII		LOCH RAVEN DRIVE AT MORGAN MILL ROAD TOWSON		BALTI	MORE COUNTY			
uneral rector		5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs 217-94-5085 12xm 2 F 7. Age (In yrs. lest birthdey) Months Deys Hours Min.	8. Dete of Bir (Month, De 3/3/7	th v. Year)	9. Birthplece (State or F Country) MARYLAND			
		Usuel Residence of Decedent	0,0,1	*	TIMILIDAID			
id bit		10e. Stete 10b. County 10c. City, Town or Location			10d. Inside City I			
notified at	Directo	MD BALTIMORE HILLENDALE			1 Yes 2			
	Dire	10e. Street end Number 10f. Zip Code		10g. Citizen of	Whet Country?			
	ra .	8402 GREENWAY ROAD APT. D 21234		USA				
	Funeral	 Maritel Stetus Wes Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (S If Yes, specify Cuben, Mexican, Puerl 	pecify Yes or No o Rican, etc.)		ce - American Indien, eck, White, etc.			
	by F	Never Married 2 Married 1 Yes 2 No If Yes, Give 1 Yes 2 Kno Specify:		Specia	ty:			
		3 Widowed 4 Divorced Year or Dates:		40) Kind -4 F	WHITE			
ther than "nature ant, the Medical of Completed	lete	15. Decedent's Education 16e. Decedent's Usuel Occupation (Give kind of work done during most of work (Give kind of work done during most of work (Ifle. DO NOT use retired)	rking		Business/Industry			
	E	Elementery/Secondary (0-12) College (1-4or 5+)		CORP.	ECH. AMERICA			
		12th GRADE CARTRIAGE OPERATOR 17. Fether's Neme (First, Middle, Last) 18. Mother's Nem	ne (First, Middle.		me)			
	o Be	1 TITION	IISE COA					
	F	19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Ri			State Zin Code)			
		LINWOOD E. SHIFLETT, JR. FATHER 8010 HILLENDALE ROAL 20b. Method of Disposition (Name of	Date	MORE, M 20c. Location	D 21234 - City or Town, Stete			
		1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State cemetery, cremetory or other plece)						
	-	4 Donetion 5 Other (Specify) METRO CREMATORY, INC. 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility	.2/31/97	CATON	SVILLE, MD			
DUCO.		JOHNSON FUNERAL HO	ME 852	l LOCH	RAVEN BLVD.			
		Terthul. Haya TOWSON, MD 21286						
ı		23e. Panf. Enter the disease, or complication that caused the deeth. Do not enter the mode of dying, such as cardier shock, or heart failure. List only one cause on each line.	or respiretory e	rrest,	Approximete Intervel Between			
וָּ		An 11 51 -	-		Onset end Dec			
ri er		Immediate Ceuse (Final disease or condition resulting in death) e.	582					
	-	Due to (or es e consequence of):						
	Examiner	b.						
	хаг	Sequentially list conditions, if eny, leading to immediate Due to (or es e consequence ot):						
	E E	cause. Enter Underlying Ceuse (Disease or Injury to Library Co.						
	훘	resulting in deeth) Lest Due to (or es e consequence of):						
	3	d						
	Physician/Medi		1					
	iysi	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.		~/	ontribute to the cause of o			
	4		10	Yes 2 No	3 Probably 4 ☐ Un			
	d by		24a. Wes	en eutopsy	24b. Were autopsy find			
	Completed		perfo	rmed?	avelleble prior to completion of cau			
	d L				of death?			
			X		Yes 2 No			
	Be	25. Wes case reterred to medical exeminer? Hospitei: Comparison C	eth (Check only	one)				
	D .	TEMPERENT 2D EN OUTPERFENT SEL DOX 4D NUISING P			ther (Specify) AT SCE			
	lon	1 Neturel 5 Pending (Menth, Dey Year) Injury Work?	280. Describe	how injury occu	- 4 1			
	cat	investigation 2 2 7 9 0 50 M 1 Yes 32 No	11100	rine	a Doeci X			
	뒫	4 Homicide 28e. Blece of Mjury - At home, farm, street, fectory, office building, etc. (Specify)	City or po	wn, Stete)	nber or Rural Route Numbe			
	edical Certification:	SIFEEY	Cochro	vervi	rt maderal			
	Ca	29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece (Check any 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred.						
	Med	and manner stated.						
		29b. Signature and title of certifier 29c. License number			ed (Month, Dey, Year)			
		O.C.M.E.		DECEMB	ER 27, 1997			
		70. Neme and address of person who completed cause of death (Item 23e) (Type, Print)						
		WILLIAM COCKETUDE 111 Penn Street, Balt	imore,	Marylan	d 21201			
		31. Date filed (Month, Dey, Yeer) A 32. Registrar's Signature The Company of th						
Stat stra		NEC 2 9 1997 Julia Pavidson-Mandale						



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

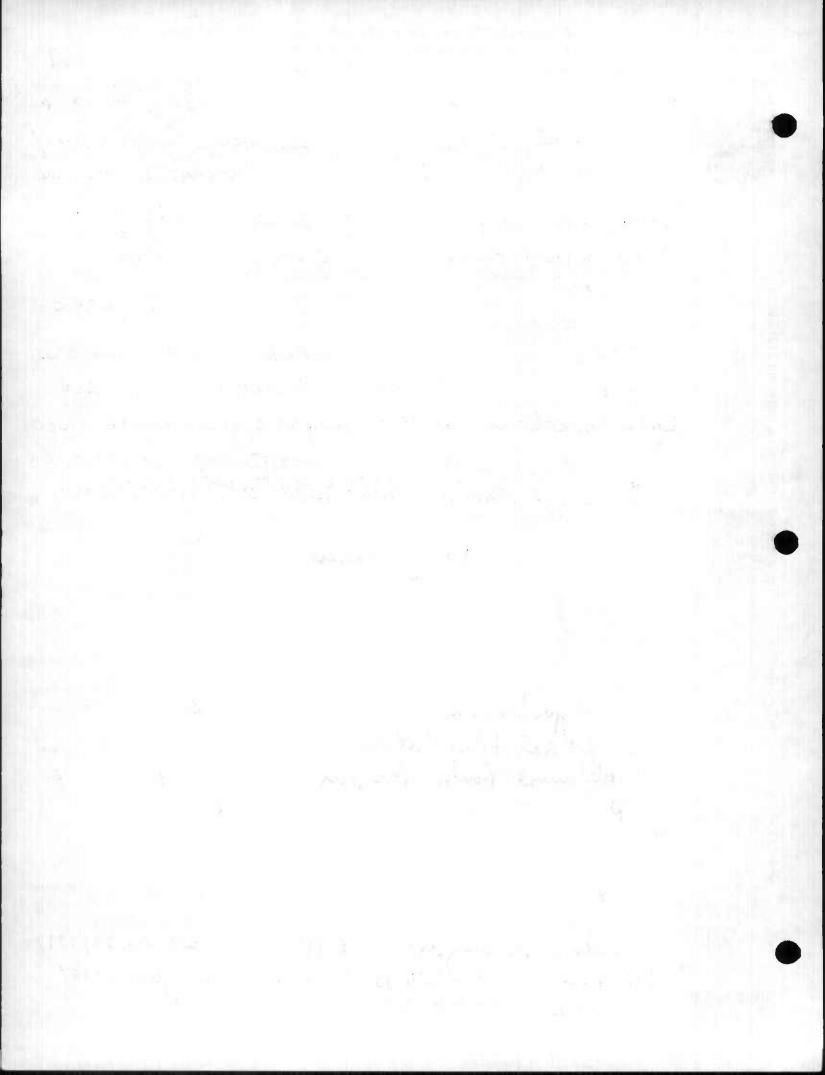
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decadent's Name (First, Middle, Last) 2 Date of Death ^{Day} 23, 1997 **Physician** DECEMBER **CHARLES** SMITH 9:35 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SOLLEY GLEN BURNIE If Under 24 Hrs. 8. Date of Birt ROAD COUNTY 6. Sax / 1 M 2 □ F 5. Social Security Number If Undar 1 Yaar 9. Birthplace (Stata or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 215-07-7809 Months Days Hours 84 Yrs. MARCH 21, 1913 MARYL Director Usual Rasidence of Decedant the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ns 23a or 28a-f show 1 Yes 2□No A.A. COUNTY Director GLEN MARYLAND BURNIE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? KOAD 21060 USA, death 7 is marked other than "natural", or items treumatic event, the Medical Examiner my Was Dacedant Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Nevar Married 2 Married 1 Yas 2 No If Yas, Give Yaar or Datas: 1 ☐ Yas 2 No Specify: Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry tal Hygiene. Eiamantary/Secondary (0-12) Collega (1-4or 5+) ABORER W. R. GRACE CO 10+HGRADE 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Surnama) pemit. Pages 1 and 2 should be f Department of Health and Mental i Important: If item 27 is marked of SMITH 2 CHARLES BLANCH 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) HTER) 8082 SOLLEY ROAD GLEN BURNIE, HD. 21060

20b. Placa of Disposition (Nama of cematary, cramatory or other place)

Data

20c. Location - City or Town, Stata INEZ BOUVER (GRANDDAUGHTER) other 1 altimore, 20a. Method of Disposition 1 Burial 2 Cramation 3 Ramoval from State any injury or CHURCH CEMETERY 12-27-97 GLEN BURNIE, MD. 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signatura of Funaral Sarvice Licensae JOSEPH ATTES BROWN JR. EUNERAL HOME, P.A. 21217 23a. Part1. Enter the disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. interval Betwaan Onset and Death **Physician** /Medical Immediata Cause (Finel UNO disease or condition rasulting in daeth) Examiner Examiner -transit pue Sequantially list conditions, if any, laading to Immediate causa. Enter Undarlying Causa (Diseese or Injury that Inlitiated evants resulting in daath) Last Dua to (or as a consequence of) physician er P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): 987 signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 No 2 No 3 Probably 4 Unknown p 24b. Wara sutopsy findings available prior to completion of cause of death? Completed 24a. Was an eutopsy performed? peen : Stramo 1 □ Yas 2000 Division of Vital director, 25. Was casa referred to medical axaminar? Be 26. Placa of Daath (Check only ona) 1 Yas 2 000 Hospital: Other: 4 Nursing Home 5 Rasidenca 6 Othar (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28e. Data of injury (Month, Day Year) 27. Mennar of Death 28b. Time of 28c. Injury at Work? Certification: 28d. Dascribe how Injury occurred 5 Panding Invastigation After 1 Natural death. 1 ☐ Yas 2 ☐ No To the Hospital or Attendit within 24 hours after death.
To the Funeral Director: A completely filled in by the fu 2 Accident 6 Could not be datarmined 3 Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 - Homicida 15 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and due to tha causa(s) and mannar as stated.
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and dua to the cause(s) and manner stated. 29a. Cartifiar (Check only one) 29d. Data signad (Month, Day, Year) Deember, 26, 1997 eted cause of dual (len 23e) (Type, Print) 6 hen Burne State Registrar



MICHAEL D. STIIM

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health arms: 23 part I,27,28a-f per MEO G-755 1/2/98 Certificate of Death	nd Mental Hygiene 9 7	39168
1. Decedent's Name (First, Middle, Last)	2. Dete of Deeth	3. Time of Death

Month

4b. City, Town, or Location of Death

DECEMBER 23, 1997

4c. County of Deeth

6:46PM

1 ☐ Yes 2 No

Physician /Medical Examiner

Items: 23 part 1,27,

4e Fecility Name (If not Institution, give street and number)

297 BEACH AVENUE PASADENA ANNE ARUNDEL If Under 24 Hrs. 5 Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) **Funeral** Days Months Hours Min. 127 M 2 T F Yrs. 35 Director 216 82 0673 March 22,1962 Maryland Usuel Residence of Decedent the Marylend 10a State 10h County 10c. City. Town or Location 10d, Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumstic event, the Medical Examiner mant be notified at Directo Maryland Anne Arundel Pasadena 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 297 Beach Avenue 21122 Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Race - American Indian 11. Maritel Stetus Black, White, etc. permit. Pages 1 end 2 should be filed within 72 hours efter Department of Health and Mental Hygiane. Important: If flem 27 is marked other than "naturel", or he any injury or other traument. 1 Never Married 200 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White g 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuat Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Etementery/Secondery (0-12) College (1-4or 5+) Ward Trucking Driver year 18. Mother's Neme (First, Middle, Meiden Surname) 17. Fether's Neme (First, Middle, Last) Be Victorianna Roosioiq 9 Steve Rein Stiim 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) 297 Beach Avenue Pasadena, Maryland 21122 Lisa Stiim / wife 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State Date 1 Buriai 2 □ Cremation 3 □ Removal from State 12/27/97 Baltimore, Maryland 4 Donetion 5 Other (Specify) Gardens of Faith Cem. 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility Gonce Funeral Home P.A. namuaeu Baltimore, Md. 21225 4001 Ritchie Highway 234 Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each tine. Intervel Between Onset end Death Physician /Medical Immediate Cause (Finel NARCOTIC INTOXICATION disease or condition resulting in death) Examiner Due to (or es a consequence of): -transit pue Sequentietly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): Box 68760 Physician/Medical the Due to (or as e consequenca of): 98 ò the Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown p 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24e. Wes an autopsy performed? Completed peeu has page 2 1 Yes 2 No this certificate 1€ Yes 2 No Division of Vital I or Attending Physician: after death. Director: After this certific director, Be 25. Wes cese referred to medical examiner? 26. Place of Deeth (Check only one) Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1XXes 2□ No 28e. Date of Injury (Month, Dey Year) found 12/23/97 funeral 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Certification: foulidry P. 5 Pending investigation 1 Neturel 1 Yes XX No 2 Accident Unknown Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 297 Beach Ave. 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) á 4 - Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in Found: Residence Pasadena, Md. 29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and plece, and due to the ceuse(s) and menner as stated. Medical 22 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29b. Signati m end title of certifier 29c. License number 29d. Date signed (Month, Dev. Year) O.C.M.E. DECEMBER 24, 1997

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

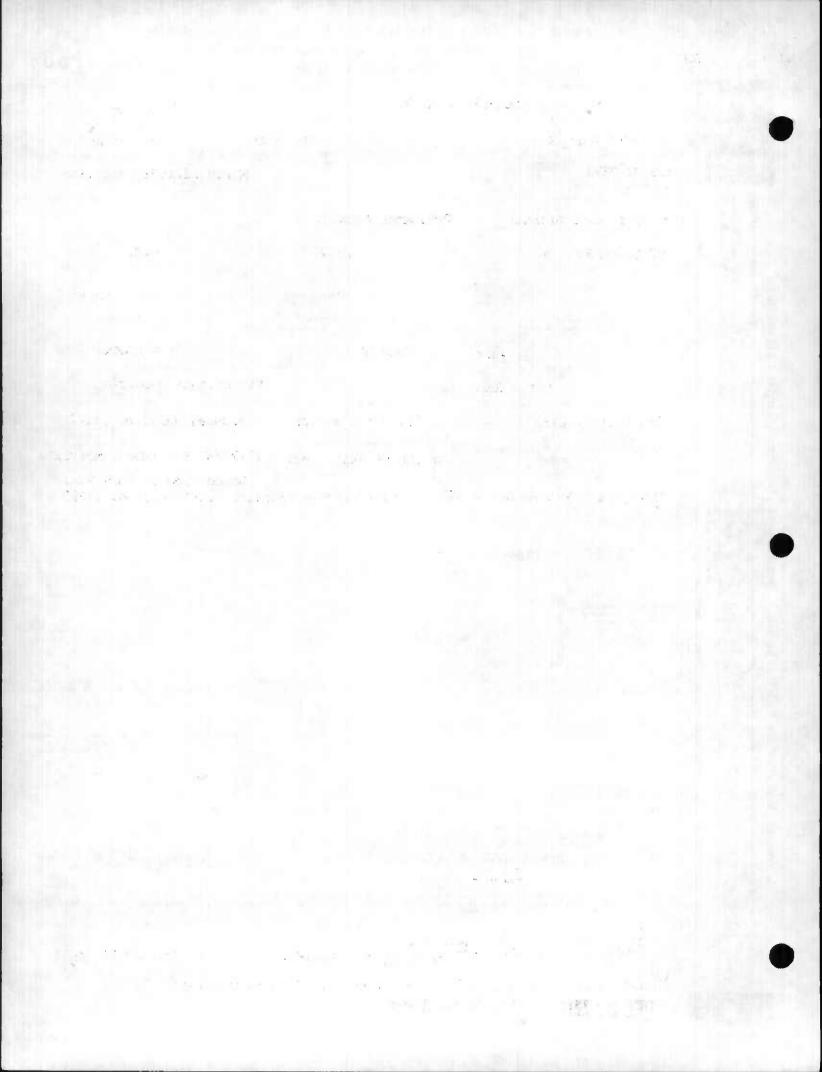
2006

111 Penn Street, Baltimore, Maryland 21201

Down

Michael D. Stiim

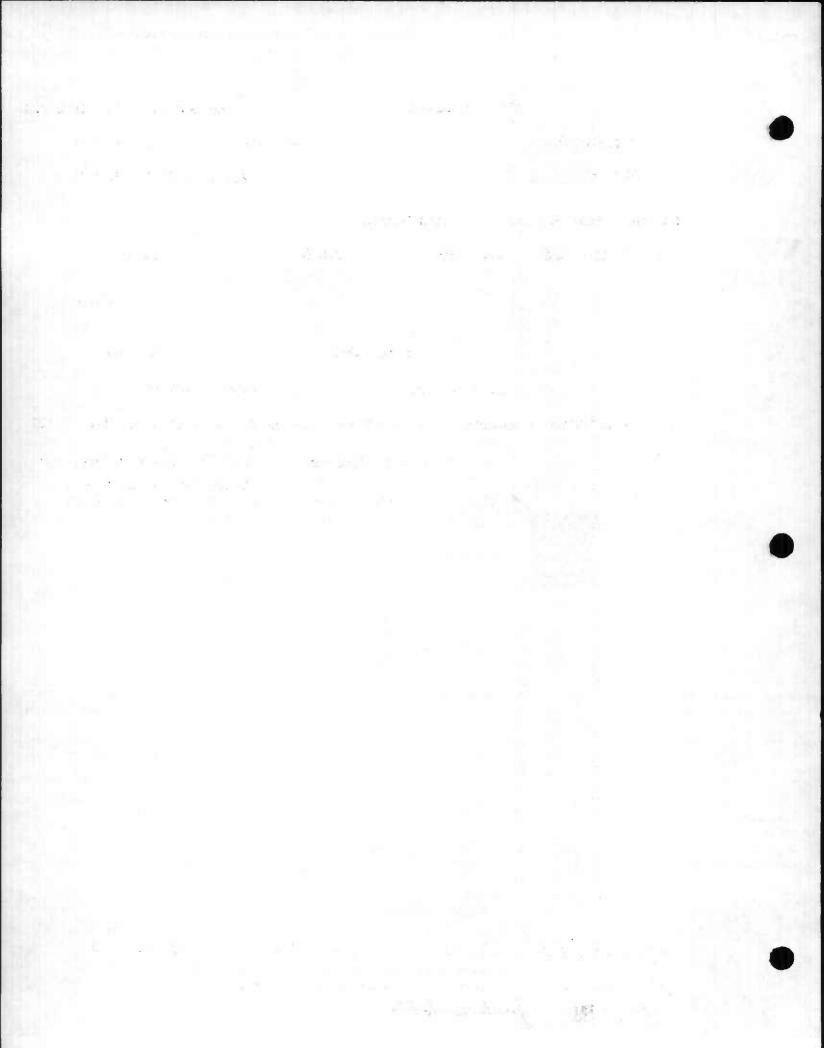
Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 39 | 69

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Deeth 3. Time of Deeth Month **Physician** Alice M. Smith December 20 1997 4:50 P.M. /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 14 Johnson Road Pasadena Anne Arundel If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** 1□M 20 F 72 212 20 4560 Yrs Director April 1, 1925 Maryland Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s or 28s-1 ahow any injury or other traumatic event, for Medical Examiner must be notified as once. 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No Directo Maryland Anne Arundel Glen Burnie 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7883 Crilley Road Apt. 469 21060 U.S. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wss Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rsce - American Indian, 1 Never Merried 2 Married 1 ☐ Yes 2X No If Yes, Give Baltimore, Maryland 21215-0020 1□ Yas 2₺No à Specify: White 3X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Home Maker Own Home 9th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Sarah L. Smelter Harry L. Baker Sr. OL 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Connie L. Walton / daughter 8552 Beacon Point Road Pasadena, Maryland 21122 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 12/23/97 Baltimore, Maryland 4 Donation, 5 Other (Specify) Cedar Hill Cemetery 21. Signature of Funeral Service Licens 22. Name end Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 plications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, one cause on each line. **Physician** /Medical Immediate Ceuse (Final disease or condition resulting In deeth) metastatic small cell lung cancer Examiner Due to (or as a consequence of) Examiner physician end the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequenca of): Division of Vital Records, P.O. Box 68760, attending physician Physician/Medicai Due to (or as a consequence of) 980 signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24s. Was an sutopsy performed? 24b. Were autopsy findings aveliable prior to completion of cause of deeth? Completed peen hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 28. Piace of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P After this funeral 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28c. Injury st Work? 28d. Describe how Injury occurred I or Attending F after death. Director: After 1 Natural 5 Pending Investigation 1 Tes 2 No 2 ☐ Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stele) 3 ☐ Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours at To the Funeral D 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated. edical (Check only one) 2 Medical Examiner: On the basis of examinetion snd/or investigetion, in my opinion, death occurred at the time, dete end place, snd due to the cause(s) and manner stated. 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) m 12/22/97 who completed cause of death (Item 23a) (Type, Print) Harbor Hospital Center State Registrar



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

SOKOLSKY

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death	Reg. No.	9	1 /	U		
	2. Data of Death	Want	3	3. Tim	e of De	at
COKOL CKA	Month Day	Year				

Physicia /Medica Examine

1. Decedent's Nama (First, Middle, Last)

Funeral

Director

Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland ment of Health and Mental Hygiene. Department of Health and Mental Hygiene. Inverse areas used used manylah Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic svent, the Medical Examples in unit to include a page. Baltimore, Maryland 21215-0020

> **Physician** /Medical Examiner

Division of Vital Records, P.O. Box 68760, To the Hospital or Attending Physician: The law requires that the death certificate be within 24 bours after death.

The Functs of Director After this certificate has been signed by the attending physicial completely filled in by the funeral director, paga 2 should be detached for use as the being completely filled in by the funeral director, paga 2 should be detached for use as the being the paga 2 should be detached for use as the being the paga 2 should be detached for use as the being the page 2 should be detached for use as the being the page 2 should be detached for use as the being the page 2 should be detached for use as the being the page 2 should be detached for the page 2 should be page 3.

ŀ	ROSE			SOK	OLSI	(Y				DECEMBER	20,19	97	6:30	P.M.
4a Facility Name	(If not institution	on, give street and n	umber)					4b. City, T	own, or L	ocation of Death	4c. County	of Death		
3719 CO	RONADO	ROAD						MILI	FORD	MILL	BALTIN	ORE		
5. Social Security		6. Sex	7. Age //	n yrs. last birtl	hdav)	If Under 1	Year		r 24 Hrs.	8. Date of Birth			placa (Stat	a or Foreign
214-18-2		10 M 25 F	, , , g , (,,		rs.		Days	Hours		JAN. 20		Coul	ntry)	MD
Usual Residence				14				1		UAIV. 20	1 1323			LID
10a. State	10b. Count	у	10	Oc. City, Town	or Loca	ition							10d. Inside	City Limits
MD	- 111	BALTIMOR	E			MTT		ED MI	Т				1 🗆 Y	as 2 No
MD	- to a	DALITHON	·C				-	CD PIL		140	Object of the	Affron Co.		Λ
10e. Street and N	umber					10f. Zip C	ode			100	. Citizan of V		ntry?	
3719 C	DRONADO	ROAD							244		U.S	.A.		
11. Marital Status		12. Was De Armed I		r in U,S.	13. W	as Decede	nt of h	Hispanic C	rigin? (Sp	pecify Yas or No- Rican, etc.)		e - Americk, White,	can Indian,	
1 Nevar Ma	rried 2 Ma	rried 1 Yes	2 XN0				il.			7 110411, 010.7	1 1 1 1 1 1 1			
3 Widowed	4 Divorca	d If Yes, C Year or			11	Yes 2	X NO	Specif	y:		Specify	: W	HITE	
	15. Decede	nt's Education		16a. l	Decede	nt's Usual	Occup	pation		16	b. Kind of Bu	usiness/în	dustry	
		est grade completed			(Give ki	nd of work NOT use	done	during mo	st of work	king				
Elementary/Sec	ondary (0-12)	College	(1-4or 5+)	C	LER	7				D	EPT OF	מאַדר	NSPOR	TATIO
17. Father's Neme	(First, Middle	, Last)			الماضاية			18. Mot	ner's Nem	ne (First, Middle, Ma			VIDE OIL	THILO
				COL	OLS	7V			RAH				ORTNO	T
	JACOB													1
19a. Informant's	Name/Haletion	iship (Type, Print)		196.	Malling	Address (Street	and Num	ber or Hui	ral Route Number, (Jity or Town,	State, Zu	o Code)	
MTN HO	FESPIE	EL / SIST	ER	56 20b. Place of	04	BLAND	A	Æ	BAL	TIMORE, M	D 212	15		
20a. Method of Di				20b. Place of cemetery	Disposi	tion (Name itory or oth	e of ear pla	ice)	1	Data 20	c. Location -	City or To	own, Stata	
4 Donation	5 Other (3 □Removal from Specify)	n State	ANSHE	MET	SEN C	ONTO	2		12/23/97	ROSED	ALE.	MD	
21. Signature of F			1	140110	1	Nama and	-							
1	he !	19								Sol Lev	inson	& Br	os.,	Inc.
, ,		10	-	-		890	OF	Reist	erst	own Road	Pikesv	ille	, MD	21208
23a. Part1. Enter	the diseese, o	of complications that at only one cause on	caused the	e death. Do n	ot enter	the mode	of dyi	ing, such a	s cardiac	or respiratory arres	t,	-	Approxin	nate
												1	Onset ar	d Deeth
Immediate Cause disease or condit	(Final	AU	arns	donh	7-	(1)	,00	MON	uscu	elur e	61300	40		
resulting in death)	a. 1770		e to (or as a c					- 30		0,50			
			Du	0 10 (01 43 4 0	orisoqu	orioa or).						1		
		b				- 0								
Sequentially list of any, leading to cause. Enter Und Cause (Disease of	onditions, immediate	1000	Due	e to (or as a co	onsequ	ence of):						1		
Cause (Disease of	derlying or Injury 1	C										1		
thet initieted even resulting in death	115		Due	e to (or as a co	onseque	ence of):						- 1		
		d	77.											
Part II. Other aign	ificant condit	ions contributing to	daath but n	ot rasulting In	tha unc	lerivino car	usa ni	van in Par	11.	23b. Dld tob	acco use co	ntributa t	o the caus	e of death
Tartin other argin		to the continuous g to	Gadin both	ot resolving in	1102 0110	onying out	oud g.	V (21 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				3 □ Pro		∰Unknow
										1 Yet	2 No	3	outly 4	≥ O⊓KIOW
										24a Mas as	autanav	24h W	lere autoni	sy findings
										24a. Wes an performe	autopsy ed?	a\	ailable pri	or to
		-										of	deeth?	n cause
										15 Yes	2 No	11	Yes 2	□ No
25. Wes case refe	erred to medica	al						26 Ple	ce of Dee	th (Check only one)			
examiner? 1 TYYes 2		Hospital:	Inpatient	2 ER/Out	nations	3 DOA	Ot	her:			09 8 DO	ne /Prant	(64)	
27. Manner of Dec			of Injury	28b. Ti			'	4 🗆 1	vursing H	oma 5 Residen 28d. Describe hov			17)	
1 Natural	5 Pendi	ing (Mo	nth, Day Ye		jury	М	c. Inju Wo		TNo		10.7 00001			
2 ☐ Accident 3 ☐ Suicida	6 Could	tigation						Yes 2[7 140					
4 Homicide	doton	mined 200. Flat	ca of Injury	 At home, fan Specify) 	m, stree	et, fectory,	office			28f. Location (Stre City or Town,	et and Numb State)	er or Rur	al Route N	umber,
29a. Certifier		ing Physician: To th												
(Check only one)		t Examinar: On the		amination end										e(s)
29h Signature an	d title of cartifi		/			290	Licen	se number		200	1. Data signe	d (Month	Day Yes	r)

29c. License number

O.C.M.E.

31. Dete filed (Month, Day, Year)

29b. Signature and title of cartified

DEC 29

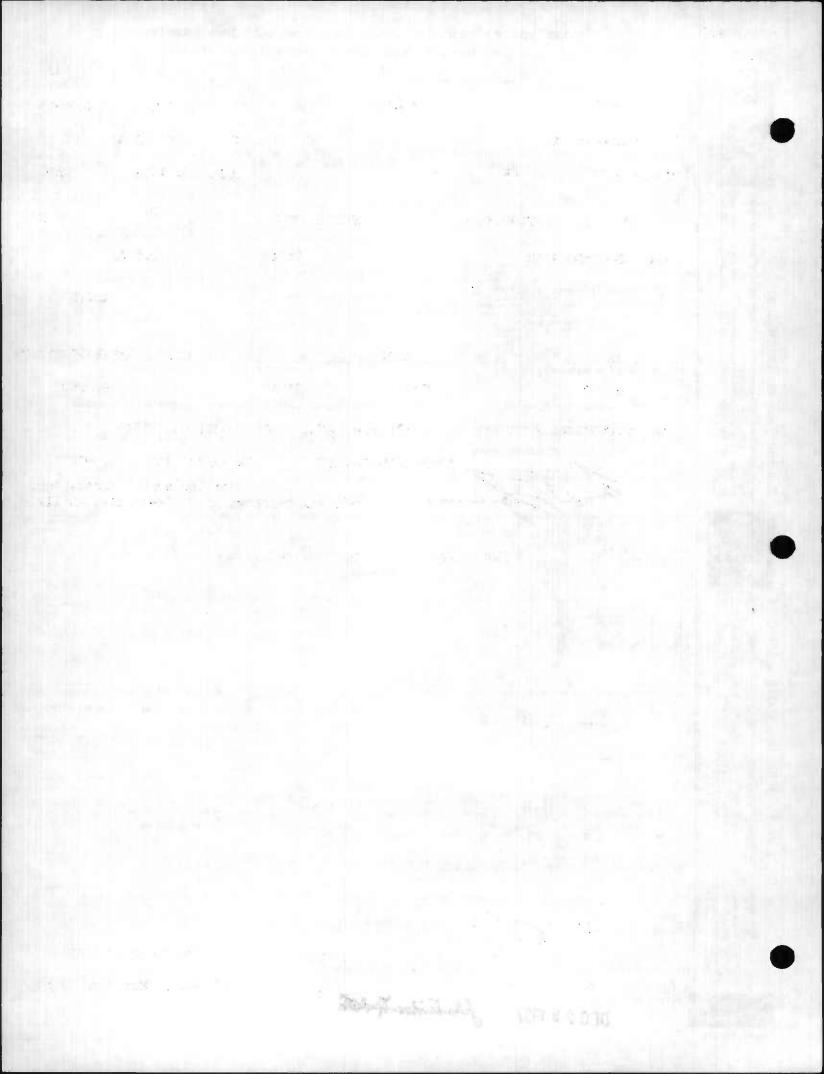
30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

29d. Data signed (Month, Day, Year)

DECEMBER 22,1997

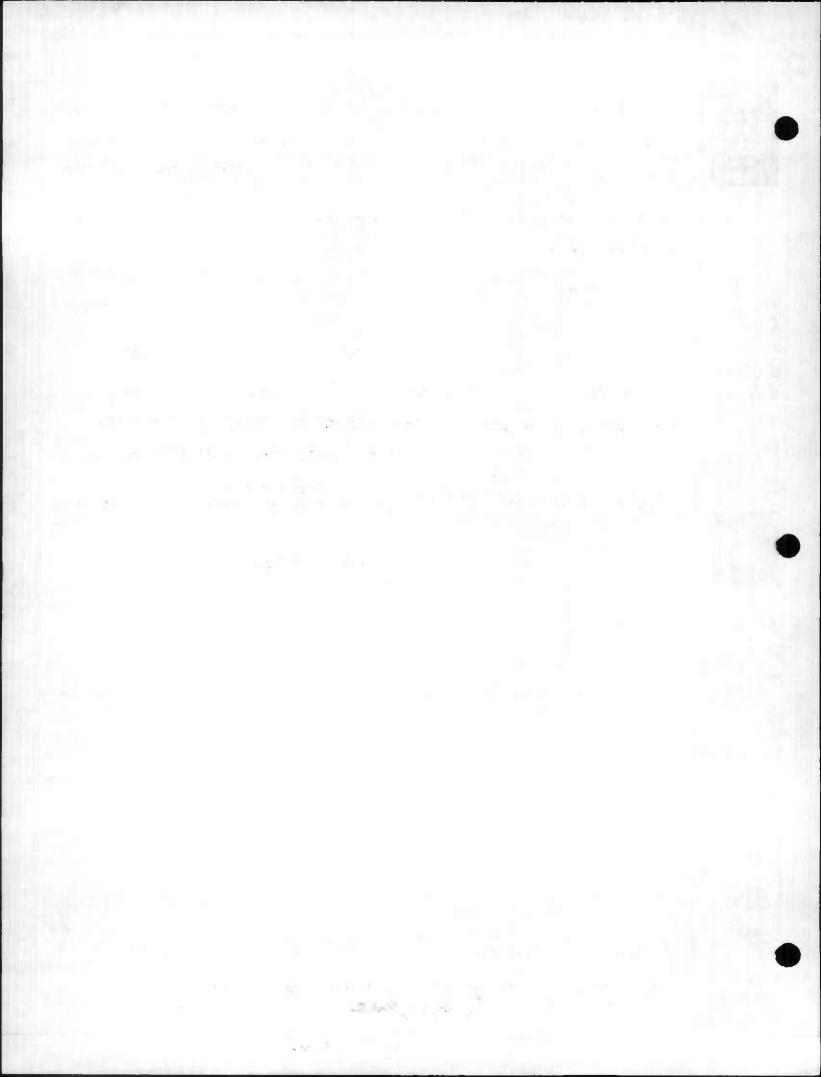
Registrar



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

ıysici	an	1. Decedent's Name (First, Middle,	Last)			0.00			2. Data of Dea	ath Day	Year	3. Time of Death	
Medic		IRVING		STEIN	NMAN				DECEME			7:15am	
kamir	ner	4a. Facility Name (If not institution,				cation of Death	4c. County	of Death					
	_	JEWISH CONVALES				WILL-1-1 W		TIM			BALTIMO		
neral ector		5. Social Security Number 081-09-3629 Usual Residence of Decedent	i. Sax 12X M 2□ F	ge (In yrs. las 88	Yrs.	If Under 1 Ya		Min.	8. Date of Birt	1909	9. Birthplac NEW	e (State or Forei	
years, the Medical Examiner must be notified at it, the Medical Examiner must be notified at Completed by Europeal Discoper		10a. State 10b. County		10c. City,	Town or Loc	cation	10d. Insida City Lim						
	to	MARYLAND BAI	TIMORE		_1	RANDALI	STOWN			1 √Yas 2			
	Sire.	10e. Street and Number				10f. Zip Cod				10g. Citizen of What Country?			
		8604 GREY FOX F				213	L33		US	A			
	by	11. Marital Status 1 Never Marriad 2 Married 3 Widowed 4 Divorced	Armed Forces	☐ Yas 2 X No Yes, Give 1☐ Yes 2 X				in? (Spe Puarto f	cify Yas or No- Rican, etc.)	14. Rac Bia Specifi			
	ted	15. Decedent's (Specify only highest)	Education		16a. Decede	ent's Usuai Oc	cupation	of working	20	16b. Kind of B			
	nple	Elamantary/Secondary (0-12)	College (1-4or	5+)			na during most (tired)	OI WOIKII	ig .				
		12	-0		M	ANAGER				RETA			
	Be	17. Father's Name (First, Middle, La	ist)				18. Mother	's Name	(First, Middle,	Maidan Suman	ne)		
metic e	To	SOLOMON 19a. Informant's Nama/Relationship		STEIN		- Address (Ct-	eet and Number	UBO	Don't Nint		UKUM	4.1	
trau		MRS. FREDA STEI					OX RD.					ode)	
or other traumatic		20a. Method of Disposition		20b. Pia	ce of Disposi	ition (Name of		T C SUVI	Data	20c. Location -		, State	
7 0		1 Buriai 2 Cremation 3 4 Donation 5 Other (Spe		cen	HILI	LTOP SE	ERVICE C	ORP.	12-22	-1997-	TOWSON	, MD	
any injury once.		21. Signature of Funeral Sarvice Lic	^		-		drass of Facility						
any injury or		+GOLO MA	11 NOW	MA DA	5	So]	Levins	son a	Bros.				
		00001000		11000	100					1 199		03000	
cian lical iner	er .	23a. Part 1. Enter the disease, or co shock, or heart failure. List on Immediata Cause (Final disease or condition resulting in death)	omplications that cause ly one cause on each I	ointes	Do not enter	900 Rej	stersto dying, such as c	ardiac o	Road Pi	kesvill rest,	Ar	21208 proximate tarvai Between nset and Death	
the burial-transit	edicai Examiner	Immediata Cause (Final disaasa or condition		Dua to (or a	Do not enter	900 Rei	stersto dying, such as c	ardiac o	Road Pi	kesvill	Ar	oproximate tarvai Between	
lical iner-transit es the power-transit	ledicai	Immediata Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants		Dua to (or a	as a consequence as a c	900 Rei	stersto dying, such as c	ardiac o	Road Pi	kesvill	Ar	oproximate tarvai Between	
es the burial-transit	ledicai	Immediata Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants	a. Gastro b	Dua to (or a	as a consequence as a c	900 Rei	istersto dying, such as c	ardiac o	respiratory ar	rest,	As initial	proximate tarvai Between nset and Death	
deteched for use es the bunal-transit	Physician/Medical	Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last	a. Gastro b	Dua to (or a	as a consequence as a c	900 Rei	istersto dying, such as c	ardiac o	23b. Dld t	obacco use co	Ar Ini	proximate tarval Between nset and Death	
2 should be deteched for use es the bunal-transit	by Physician/Medical	Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last	a. Gastro b	Dua to (or a	as a consequence as a c	900 Rei	istersto dying, such as c	ardiac o	23b. Did t	obacco use co	ntribute to th 3 Probab	e cause of dealers autopsy finding ble prior to letion of cause	
2 should be deteched for use es the bunal-transit	by Physician/Medical	Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last	a. Gastro b	Dua to (or a	as a consequence as a c	900 Rei	istersto dying, such as c	ardiac o	23b. Did t	obacco use co res 2 □ No an autopsy med?	ntribute to th 3 Probab	e cause of deat autopsy findings ble prior to letion of cause th?	
pege 2 should be deteched for use as the burial-transit	Completed by Physician/Medical	Immediata Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last Part II. Other significant conditions 25. Was case referred to madical	a. Gastro b	Dua to (or a	as a consequence as a c	900 Rei	stersto	ge.	23b. Did t 1 \(\text{\tiny{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\tinit}\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\tint{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\tint}\tint{\text{\tint{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\texi{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\tinit\tinit\text{\text{\texi{\texi{\text{\texi{\tii}}\tit	obacco use co fes 2□ No an autopsy rmed?	ntribute to th 3 Probab	e cause of deat autopsy findings ble prior to letion of cause th?	
director, pege 2 should be deteched for use es the bukal-transit	Be Completed by Physician/Medical	Immediata Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last	a. Gastro b	Dua to (or a Dua to (or a Due to (or a	as a consequence as a c	900 Rei	stersto dying, such as co NOTT NOT given in Part I.	ge.	23b. Did t 1 \(\text{\tint{\text{\tinit}\x}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\tex{\tex	obacco use co fes 2□ No an autopsy rmed?	ntribute to th 3 Probab 24b. Wera availe comploid des	e cause of deat autopsy findings ble prior to letion of cause th?	
al director, page 2 should be deteched for use es the bungl-transit	To Be Completed by Physician/Medical	Immediata Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last Part II. Other significant conditions 25. Was case referred to madical examiner? 1	a. GaSho	Due to (or a Due to (or a Due to (or a	as a consequence as a c	900 Rei	stersto dying, such as co NOTT NOT given in Part I.	ge Death sing Home	23b. Did t 1 \(\text{Vas} \) 24a. Was performed to the control of	obacco use co fes 2□ No an autopsy med? fas 2□ No	ntribute to th 3 Probab 24b. Wera availa complof dea	e cause of deat autopsy findings ble prior to letion of cause th?	
al director, page 2 should be deteched for use es the bungl-transit	To Be Completed by Physician/Medical	Immediata Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last Part II. Other significant conditions 25. Was case referred to madical examiner? 1 Yes 2 No 27. Manner of Death 1 Sin Natural 5 Panding investigat	a. Gasho b	Dua to (or a Dua to (or a Due to (or a Due to (or a Due to (or a	as a consequence as a c	900 Rei	given in Part I. 26. Placa of Other: 4 Liviury at Work?	of Death	23b. Did t 1 1 1 24a. Was perior 1 1 Y (Check only one 5 Resid	obacco use co res 2 No an autopsy med? res 2 No ne) ence 6 Oth	ntribute to th 3 Probab 24b. Wera availa comploi dee 1 Y	e cause of death e cause of death e cause of death autopsy findings ble prior to letion of cause th? as 2 No	
al director, page 2 should be deteched for use es the bungl-transit	To Be Completed by Physician/Medical	Immediata Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last Part II. Other significant conditions 25. Was case referred to madical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Panding	a. Gasho b	Dua to (or a Dua to (or a Due to (or a Due to (or a Due to (or a	as a consequence as a c	900 Rei	given in Part I. 26. Placa of Other: 4 Liviury at Work?	of Death	23b. Did t 1 1 1 24a. Was perior 1 1 Y (Check only one 5 Resid	obacco use co fes 2 No an autopsy med? as 2 No ne) ence 6 Oth ow Injury occur itreet and Numb	ntribute to th 3 Probab 24b. Wera availa comploi dee 1 Y	e cause of deat in autopsy findings ble prior to letion of cause th?	
al director, page 2 should be deteched for use es the bungl-transit	Certification: To Be Completed by Physician/Medical	Immediata Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last Part II. Other significant conditions 25. Was case referred to madical examiner? 1 Yes 2 No 27. Manner of Death 1 Naturai 5 Panding Investigat Accidant 3 Suicida 6 Could not datamine 29a. Certifier 1 Certifying 29a. Certifier 2	a. Gasho b	Dua to (or a Dua to (or a Due to (or a) Due to (or a) Due to (or a) Due to (or a)	as a consequence as a c	900 Rei	given in Part I. 26. Piaca o Other: 4 Work? Yes 2 Nica	of Death sing Home	23b. Did t 1 1 1 24a. Was perior (Check only one 5 Reside 8d. Describe h	obacco use co fes 2 No an autopsy med? fas 2 No ne) ence 6 Oth ow Injury occur Street and Numb ause(s) and me	ntribute to th 3 Probab 24b. Wera availa comploi dee 1 V	e cause of death autopsy findings ble prior to letton of cause th? as 2 No	
al director, page 2 should be deteched for use es the bungl-transit	To Be Completed by Physician/Medical	Immediata Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last Part II. Other significant conditions 25. Was case referred to madical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Panding investigat 3 Suicida 6 Could not datamine 29a. Certifier (Check only 2 Medical Ex	a. Gasho b c d Hospital: 1 inpatition ion be ad 28a. Data of Injuiding, at 28b. Place of Injuiding, at Physician: To the best aminer: On the basis o	Dua to (or a Dua to (or a Due to (or a) Due to (or a) Due to (or a) Due to (or a)	as a consequence as a c	900 Rei	given in Part I. 26. Piaca o Other: 4 Work? Yes 2 Nica	of Death sing Home	23b. Did t 1 1 2 24a. Was performed to the control of the control	obacco use co fes 2 No an autopsy med? fas 2 No ne) ence 6 Oth ow Injury occur Street and Numb ause(s) and me	ntribute to th 3 Probab 24b. Wera availa complof dea 1 Y	e cause of death e cause of death e cause of death y 4 2 Onkno autopsy findings ble prior to letion of cause tth? as 2 2 No oute Number, d. e cause(s)	
director, pege 2 should be deteched for use es the bukal-transit	edical Certification: To Be Completed by Physician/Medical	Immediata Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last Part II. Other significant conditions 25. Was case referred to madical examiner? 1 Yes 2 No 27. Manner of Death 1 Naturai Naturai Naturai	a. Gasho b c d Hospital: 1 inpatition ion be ad 28a. Data of Injuiding, at 28b. Place of Injuiding, at Physician: To the best aminer: On the basis o	Dua to (or a Dua to (or a Due to (or a) Due to (or a) Due to (or a) Due to (or a)	as a consequence as a c	900 Rei	given in Part I. 26. Piaca c Other: 4 In Nurs njury at Vork? Yes 2 Ni ca	of Death sing Home	23b. Did t 1 1 2 24a. Was performed to the control of the control	obacco use co fes 2 No an autopsy med? fas 2 No ane) ence 6 Oth how injury occur fitnet and Numb m, Stata) causa(s) and ma data and placa,	ntribute to th 3 Probab 24b. Wera availa complof dea 1 Y	e cause of death e cause of death e cause of death guide autopsy findings ble prior to letion of cause tth? as 212 No oute Number, d. e cause(s)	

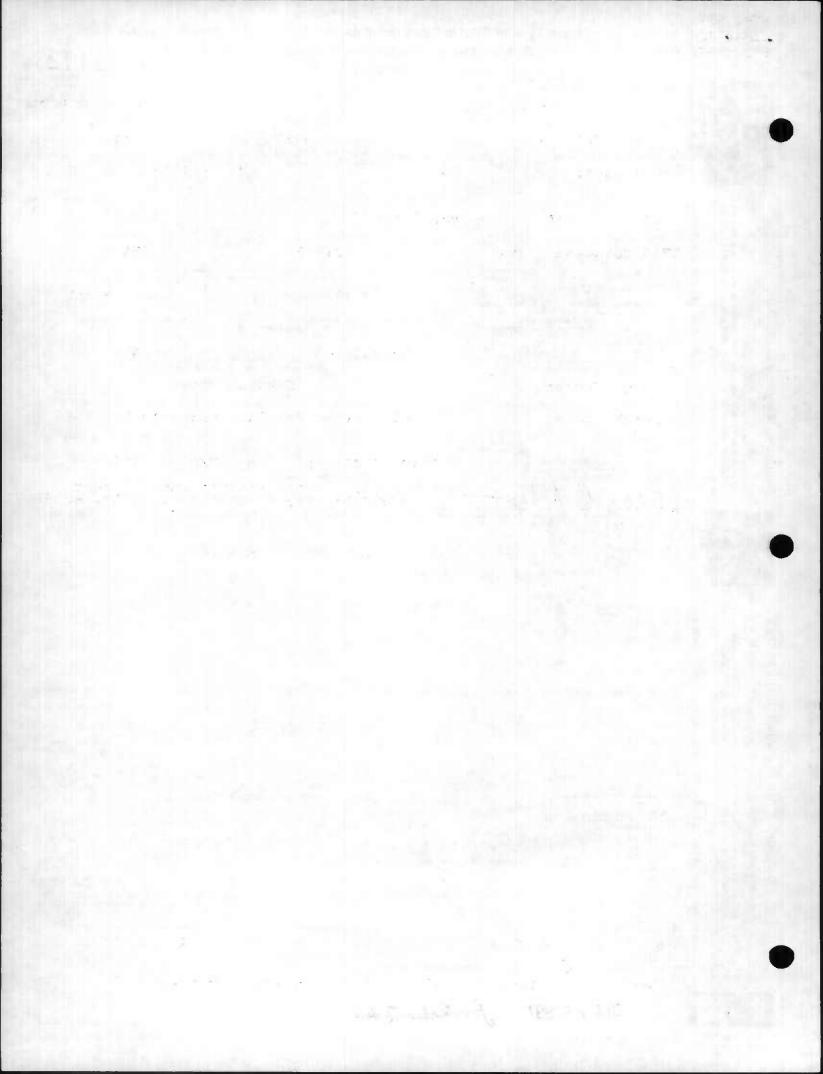


WKC 97-7362-510 UNY.97-273 DARRYL ROBERT TUCKER

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

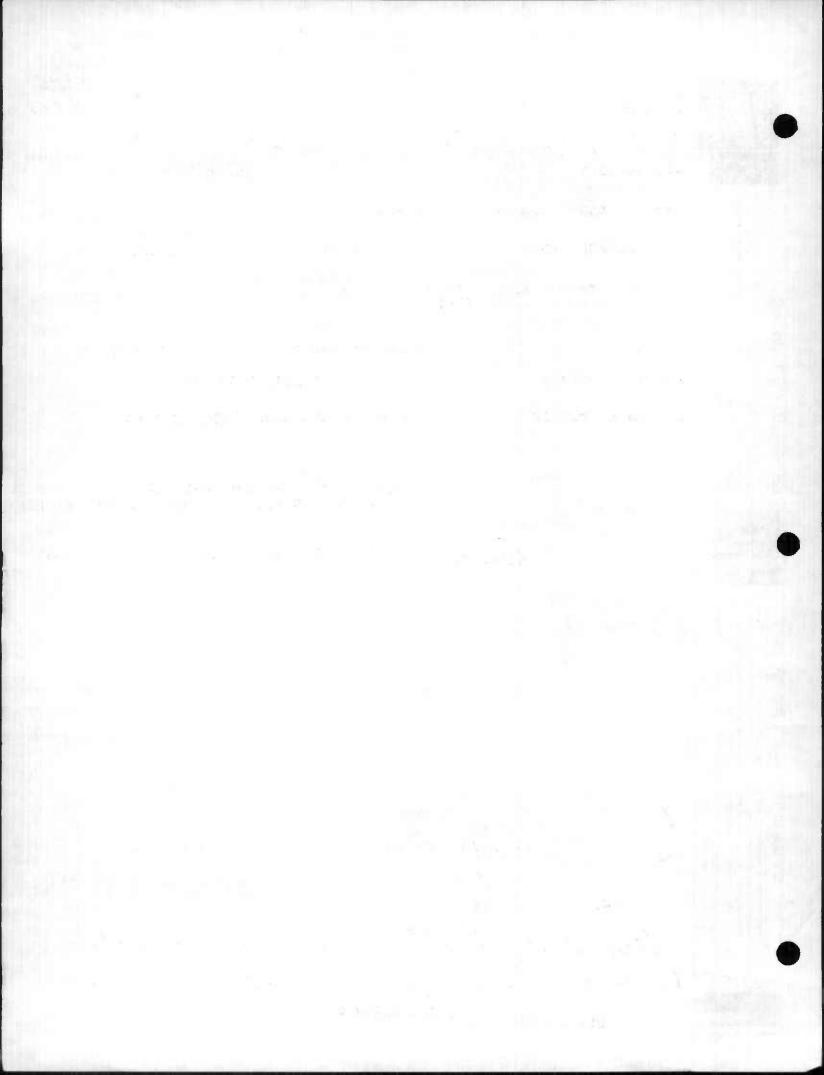
State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate	of L	Death		Reg. No.	3.	1112
Physician	Decedent's Name (First								2. Dete of De Month	Dev	Yeer	3. Time of Death
/Medical	Darryl H								DEC.		7	7:10 PM.
Examiner	4a Facility Name (If not in SINAI H			oer)			41	b. City, Town, or L BALTIMO			of Death	
Funeral Director	5. Social Sacurity Number 220-74-563	6. Se	X) M 2□ F	Age (In yrs.	last birthdey) Yrs.	If Undar 1 Y Months D	ear Pays	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, Di Feb 4			leca (Stete or Foreign try) MD
and w	Usuat Residence of Deced 10a. Stata 10b.	dent County		10c. Cit	ly, Town or Lo	cation					1	Od. Insida City Limits
the Marylan 28a-f show notified at	MD	N/A		Bal	ltimor	e		111		4.07		Yas 2□No
E 0 0	10e. Street and Number 3769 Colum	nbus I	rive			10f. Zip Co	12	15	10g. Citizen of		itry?	
or.	3 □ Widowed 4 □ D	Married	If Yes, Give			Was Decedent f Yas, specify 1 ☐ Yes 2 🗹		spanic Origin? (Sp n, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	Specif	ce - Americ ck, Whita, by: B1	
1 21215-0020 led within 72 hours af ygiene are than "naturel; or are than "naturel; or it me Medical Exam Completed by I	15. De (Specify only	ecedant's Edu highest grad	cation e <i>completed)</i>		16e. Deced	dent's Usual O kind of work d	ccupa fone d	ition uring most of work	king	16b. Kind of B	usiness/Ind	dustry
212 d withinglene.	Elementery/Secondary	Secondary (0-12) Col		or 5+)			nployed			N/2		
Be Worth	17. Father's Neme (First, I	ather's Neme (First, Middle, Last)							e (First, Middle	, Maiden Sumer	ne)	
should nd Men arke umarke	19a. Informent's Neme/Re		rpe, Print)		19b. Mailir	ng Address (S	treet e	and Number or Ru			, State, Zip	Code)
C 22 24 h	Deborah Bi							Fox La				
Baltimore, semil. Pages 1 a Apartment of Hea ring injury or other ing injury or other ance.	20a. Method of Disposition 1 Disposition	sation 3 DR	lemoval from St	MIE .	Place of Dispo cemetery, cren			1.5	Date	20c. Location	Acres 1	
altin	4 □ Conation 5 □ O 21. Signatury of Funeral S	011-011-012-	àp	Me	etro (. Name and A	ddres	s of Facility	2/29/		ltimo	
W Fallen	Join 1	1	crots	-	1.6	eroy C	be	yett ar	d Son	Funera Ave. Ba	al Ho	ome . Md 2120
	23s. Part1. Enterthe dise shock, or manifaliur	ase, or compl e. List only or	icetions that cau ne cause on eac	sed the deat h line.								Approximate Interval Between Onset and Death
Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death)		· Gun		+ wo	und	1	0 1	end			
D S				Due to (c	or as a conseq	quence of):						
and and share	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying											A DATE
Market Property of During	Cause (Disease or Injury that initiated events	3	0.	Due to lo	r as a conseq	uence of):	H				-	
A 68 x fing phi	resulting in death) Last	L	1									
Box	Part II. Other significant of			D but ent one	utting in the co	nderdring some	0.00	n in Part I	225 Did	fohacco usa co	antelbude to	the cause of death'
P.O. nat the de deby the deby the setsohed	Part II, Other algumeant C	onamons cor	strading to delic	IN EDUE PICE PIEU	oung in the u	nderlying caus	in Dive	et et Part C	2000	Yes ZIZI No		bably 4□ Unknow
Vital Records, P.O. Box siden: The law requires that the deam carl certificate has been signed by the attending rector, page 2 should be detached for uses a Be Completed by Physician/M									24s. Way	an autopsy ormed?	89	ere autopsy findings allable prior to repletion of cause
The law									199	Yes 2□No	15	death? BYes 2□ No
Vital I tcian: The certificate ector, par Be Co	25. Was case referred to r	nedical.						26. Place of Dea				
Vysici hysici direce	examiner? \$O\$Yes 2□ No	+	fospital: 1 ☐ Inp	atient 2 🛭	ERVOutpatien	AOD DE	Othe	r: 4 Nursing H	ome 5□Res	idence 6 🗆 Ot	her (Specif	y)
Sing P. Altac I funera		Pending		Day Year)	28b. Time of Injury	- Table 1	Injury Work		01	Pool S	1	
Division of se Hospital or Atlanding Physics At hours after destrict the Secretary Serveral Directors Atlant this pletary filled in by the funeral director Atlant this defical Certification: To edical Certification: To	2 Accident 3 Suicide 6 4	investigation Could not be determined	12 - 21 28e. Place of building.	Injury - At h	ome, farm, str	0	1.27/1	28f. Location (Street and Number or Rural of City or Town, State)		A Route Number, A		
To the Hospital within 24 hours at To the Funeral completely filted Medical Ce				e of examina	wledge, death			e, date end place, inion, death occur	end due to the			
To the comple	29b. Signature and title of	certifier		7,		29c. Li	icanse	number		29d. Date sign	ed (Month,	Day, Year)
7	•	4	1 4				0	.C.M.E.		DEC. 22	, 199	7
5	30. Neme and eddress of	1 /	ompteted cause of	The state of the s			et,	Baltimo	re, Mar	yland 2	1201	
State Registrar	31. Date filed (Month, Dey DEC	2 9 199	32. Reg	istrar's Signa	ridon-A	ndell						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physicial	n	1. Deddent's Neme (First, Middle, Le	ast)		ertificate (-	2. Deta of De Month	eth Day	3. Tim	e of Deett
/Medica	al .	Facility Neme (If not institution, give	John I	IPP	10	4h City	Town, or Logi	Dec.	24 4c. County	97 15	30
Examine	er	375 F/P	sale Ro	1			enB) (AA	
meral rector	No.	5. Social Sacurity Number 478-36-2001		yrs. last birthda 62 Yrs.	y) If Undar 1 Y Months De	ear if Under	ar 24 Hrs. Min. 1	B. Deta of Bir (Month, Da 0/28/	1935	9. Birthplece (Ste Country) IA	te or For
28a-f show notified at rector	tor	Usuel Residence of Decedent 10e. Stete 10b. County ANNE A		. City, Town or I						10d. Inside	e City Lin
23e or 28e	Funeral Director	10e. Street and Number 375 FLEAGLE R	ROAD		10f. Zip Coc 210				10g. Citizen of V		
, a	þ	11. Marital Status 1 Navar Merriad 3 Widowed 4 Divorced	12. Was Decedant Evar Armed Forces? XXYas 2 No 1 If Yes, Give Year or Detes: 19	953-	3. Was Decedent if Yes, specify			ify Yes or No icen, etc.)	- 14. Rac Bled Specify	ce - Americen Indier ck, White, etc. v: WHITE	ę
natur	Completed	15. Decedent's E (Specify only highest gre	ducetion eda completed)	16e. Dec	edent's Usuel Or va kind of work do DO NOT use re	ccupetion one during me	ost of working	7	16b. Kind of B	usiness/Industry	
The Me	dmo	Elementary/Secondery (0-12)	College (1-4or 5+)		LD ENG				WESTIN	GHOUSE	
marked other than matic event, the M	To Be Co	17. Fether's Neme (First, Middle, Last ROBERT W. TIPP					ther's Neme (Meiden Sumer		
9 2		19e. Intorment's Neme/Relationship ((Type, Print)		iling Address (St					Stete, Zip Code)	
y: If Item 27		20e. Method of Disposition 1 ↑ Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Spacia	Removal from State	b. Place of Disp	position (Neme of remetory or other LL CEM	of plece)	1	Data	20c. Location -	City or Town, State	
Important: If eny injury or once.	1	21. Signeture of Funaral Service Lice	- 0		22. Name end A						
E 5 8		1 Wild	Stin 1		AAYMOND					E URNIE,	WD?
		23e. Pert1. Enter the disease, or con- shock, or heart teilure. List only	one ceusa or each line	ath. Do not e	atautha mada at		** ** *	OHA!	OTITIO D	OKHIL	JUZ
sician					nter the mode of	dying, such e	es cerdiac or	respiratory a	rrest,	Approxi	nata Betwee
dical		Immediate Cause /Finel				dying, such e	es cerdiac or	respiratory a		Approxii Intervai Onset a	nata Betwee nd Deat
edical miner		Immediate Cause (Finel disease or condition resulting In deeth)	· Gunst	hot c	Wow	dying, such e	es cerdiac or	respiratory a		Approxi	nata Betweer nd Deat
miner	iner	disaase or condition	· Gunst		Wow	dying, such e	es cerdiac or	respiratory a		Approxii Intervai Onset a	nata Betweer nd Deat
miner -transit	xaminer	disease or condition resulting In deeth)	e. Gunsi	hot c	Coupequence of):	dying, such e	es cerdiac or	respiratory a		Approxii Intervai Onset a	nata Betwee nd Deat
miner -transit	cai Examiner	disease or condition resulting In deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events	e.	o (or as a consi	equence of):	dying, such e	es cerdiac or	respiratory a		Approxii Intervai Onset a	nata Betweer nd Deat
as the burial-transit	edical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate ceuse. Entar Underlying Ceuse (Disease or Injury	e.	of of as e cons	equence of):	dying, such e	es cerdiac or	respiratory a		Approxii Intervai Onset a	nata Betweer nd Deat
as the burial-transit	edical	disease or condition resulting In deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events	e.	o (or as a consi	equence of):	dying, such e	es cerdiac or	respiratory a		Approxii Intervai Onset a	nata Betweer nd Deat
for use as the bunal-transit	edical	disease or condition resulting In deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events	b. Due to	o (or as a conse	equence of): equence of):	aying, such e	es cerdiac or	to present the second	1	Approxii Intervai Onset a	mata Betweer and Deati
by the attending Physician and ached for use as the bunal-transit	Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Last	b. Due to	o (or as a conse	equence of): equence of):	aying, such e	es cerdiac or	to present the second	lobacco use co	Approxi	mata Betweend Death
igned by the attending stragician and be detached for use as the bunial-transit	by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Last	b. Due to	o (or as a conse	equence of): equence of):	aying, such e	es cerdiac or	23b. Did	tobacco use co	Approximation interval onset a second of the cause of the	mata Betweend Deat ed unk unk unk sy tindir or to
has been signed by the attending Pragician and has been signed by the attending Pragician and has 2 should be detached for use as the bunial-transit	by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Last	b. Due to	o (or as a conse	equence of): equence of):	aying, such e	es cerdiac or	23b. Did	Yes 20 No en eutopsy	ntributa to the cau 3 Probably 4 24b. Were autop aveilable pri completion of deeth?	mata Between and Death and
has been signed by the attending Pragician and has been signed by the attending Pragician and has 2 should be detached for use as the bunial-transit	Completed by Physician/Medical	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events rasulting in deeth) Last Pert II. Other significant conditions of the con	b. Due to	o (or as a conse	equence of): equence of):	e given in Per	es cerdiac or	23b. Did	tobacco use con Yes 20 No en eutopsy rmed?	Approximation interval onset a second of the cause of the	mata Botween Color Co
his certificate has been signed by the attending truggician and all director, page 2 should be detached for use as the burial-transit	to Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Last Pert il. Other significant conditions of the con	e. Our 5 Due to b. Due to d. Due to d. Hospitel: 1 Inpatient	to (or as a conse	equence of): equence of): underlying ceuse	e given in Per	es cerdiac or	23b. Did 1 24e. Wes perfo	tobacco use con Yes 20 No en eutopsy rmed?	Approximation interval onset a series of the cause of the	mata Between and Death and
his certificate has been signed by the attending truggician and all director, page 2 should be detached for use as the burial-transit	to Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Last Pert iii. Other significant conditions of the condition of the	e. Our 5 Due to C. Due to d	o (or as a conse	equence of): equence of): equence of): underlying ceuse ent 3 DOA of 28c.	e given in Per 26. Ple Other: 4 1 1	as cerdiac or	23b. Did 1 24e. Wes perfo	tobacco use con Yes 20 No en eutopsy rmed?	Approximation interval onset a series of the cause of the	mata Between and Death and
ector. After this certificate has been signed by the attending projection and by the funaral director, page 2 should be datached for use as the burial-transit to the funaral director. To Do Committee the Double of the statement	to Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Couse (Disease or Injury that initiated events rasulting in deeth) Last Pert il. Other significant conditions of the course of the conditions of the course	e. Our 5 Due to 6 C. Due to 6 Contributing to death but not 9 Hospitel: 1 Inpatient 1 28e. Dete of Injury (Month, Dey, Yea. 12, 94, 97) 28e. Plece of Injury - 4	thome, ferm, s	equence of): equence of): equence of): underlying ceuse ent 3 DOA of 28c.	e given in Per 26. Ple Other: 4 11 Injury et Work? 1 Yes 2 11	es cerdiac or	23b. Did 1 24e. Wes perfo	tobacco use converse 20 No en eutopsy rmed? Yes 20 No ene) dence 6 □Oth now injury occur.	Approximation interval onset a series of the cause of the	mata Between and Death
Irector: After this certificate has been signed by the attending thracician and in by the funaral director, page 2 should be datached for use as the bunal-transit by the funaral director.	To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Last Pert il. Other significant conditions of examiner? 1	b. Due to c. Due to d. Due	thome, ferm, s	equence of): equence of): equence of): underlying ceuse ent 3 DOA of 28c.	e given in Per 26. Ple Other: 4 11 Injury et Work? 1 Yes 2 11	es cerdiac or	23b. Did 1 24e. Wes perfo	tobacco use con Yes 20 No en eutopsy rmed? Yes 20 No ene) dence 6 Oth how injury occur Street end Numb vn, Stete)	Approximation interval conset a series of the cau of th	mata Between and Death
Irector: After this certificate has been signed by the attending thracician and in by the funaral director, page 2 should be datached for use as the bunal-transit by the funaral director.	Certification: 10 Be Completed by Physician/Medical	disease or condition resulting In deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Couse (Disease or Injury that initiated events rasulting in deeth) Last Pert il. Other significant conditions of the couse of the conditions of the couse of the cous	e. Out 5 Due to b. Due to c. Due to d Contributing to death but not Hospitel: 1 Inpatient (Month, Dey, Yea. 12 28e. Plece of Injury (Month, Dey, Yea. 28e. To the best of my	o (or as a consection of conse	equence of): equence of): equence of): underlying cause of 28c. A M ent 3 DOA of 28c.	e given in Per 26. Ple Other: 4 1 Injury et Work? 1 Yes 2 1	nt I. Nursing Homeon 26 No 28	23b. Did 1 24e. Wes performed to the control of th	en eutopsyrmed? Yes 2 No en eutopsyrmed? Yes 2 No one) dence 6 Oth now injury occur. Street end Number, Street end Number, Street est est end Number, Street est est est est est est est est est	Approximation interval onset a series of serie	Between and Death and Deat
Irector: After this certificate has been signed by the attending thracician and in by the funaral director, page 2 should be datached for use as the bunal-transit by the funaral director.	ledical Certification: 10 Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Couse (Disease or Injury that initiated events rasulting in deeth) Last Pert ii. Other significant conditions of the course of the conditions of the course	b. Due to c. Due to d. Due	o (or as a consection of conse	equence of): equence of): equence of): underlying ceuse of 28c. G M eth occurred et thinvestigation, in re-	e given in Per 26. Ple Other: 4 1 Injury et Work? 1 Yes 2 flice at time, date a my opinion, de	nt I. Nursing Home No 28 and place, energial occurred	23b. Did 1 24e. Wes perfc 24e. Wes perfc 25 A Reside Sd. Describe Sd. Location (sd. City or Too Ide at the time,	dobacco use con Yes 20 No en eutopsy rmed? Yes 20 No ence 6 Oth how injury occurry occurry occurry occurry, Street end Numbern, Steel	Approximation interval conset a strength of the cause of	Between and Death and Deat
The Funeral Director: After this certificate has been signed by the attending projection and pletely filled in by the funeral director, page 2 should be datached for use as the bunial-transit period for the action of the project of	ledical Certification: 10 Be Completed by Physician/Medical	disease or condition resulting In deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Couse (Disease or Injury that initiated events rasulting in deeth) Last Pert il. Other significant conditions of the couse of the conditions of the couse of the cous	e. Due to	o (or as a consection of conse	equence of): equence of): equence of): underlying ceuse ent 3 DOA of 28c. If M eth occurred et the investigation, in re- 29c. Lic.	26. Ple Other: 4 1 Injury et Work? 1 Yes 2 fice the time, date of my opinion, de canse number	nt I. Nursing Home No end place, en eeth occurred	23b. Did 1 24e. Wes perfo Check only of the state of th	tobacco use converted to the converted t	Approximation interval conset a second conset	Between and Death Between and D
Irector: After this certificate has been signed by the attending thracician and in by the funaral director, page 2 should be datached for use as the bunal-transit by the funaral director.	Medical Certification: 10 Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Couse (Disease or Injury that initiated events rasulting in deeth) Last Pert ii. Other significant conditions of the course of the conditions of the course	e. Due to b. Due to c. Due to d. Due	o (or as a consection of conse	equence of): equence of): equence of): underlying ceuse ent 3 DOA of 28c. If M eth occurred et the investigation, in re- 29c. Lic.	26. Ple Other: 4 1 Injury et Work? 1 Yes 2 fice the time, date of my opinion, de canse number	nt I. Nursing Home No end place, en eeth occurred	23b. Did 1 24e. Wes perfo Check only of the state of th	tobacco use converted to the converted t	Approximation interval conset a strength of the cause of	Betweend Death and De



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 3. Time of Death Tunstall - Harris Month DECEMBER 21, 1997 0310AM

MD

10d. Inside City Limits

Approximate Intervai Between Onset and Deeth

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐Yes 2 ☐ No

DECEMBER 21, 1997

1 Tes 2 No

Physician	
/Medical	
Examiner	

Funeral Director

the Maryland 28a-f show 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Madical Examinar must be notified at death

permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mental hygiene. Important: If item 27 is marked other than any injury or other transmission.

Physician /Medical Examiner

Division of Vital Records, P.O.

after death Director: To the Hospital within 24 hours a To the Funeral C Hospital 24 hours a

10a State mD Director 1109 Funeral à Completed 10th Exami

20a. Method of Disposition Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Physician/Medical by Completed Be 10 1⊠ Yes 2 No 27. Manner of Deeth

1. Decedent's Name (First, Middle, Last) Dominic 4a Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death ESSEX FRANKLIN SOUARE HOSPITAL E.R. BALTIMORE COUNTY If Under 24 Hrs. Dete of Birth (Month, Day, Year) 3-17-8 7. Age (In yrs. last birthday) If Under 1 Year Months Deys 9. Birthplece (State or Foreign Country) 6. Sex 1⊠M 2□ F 5. Social Security Number Hours Min. Yrs. 16 NIA Usual Residence of Decedent 10b. County 10c. City, Town or Location ESSEX 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U,SA Purchase Rd. 21221 Queens 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: Black 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) Coilege (1-4or 5+) Student grade 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Demetra Tunstall Anthony Harris 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Batto: , MD 21221 Queens Purchase Rd, Tunstall 1109 Demetra 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 1 Burial 2 Cremation 3 Removal from State Batton MO 24 Homore 4 ☐ Donetion 5 ☐ Other (Specify) CEM 21. Signatule of Funeral Service License 22. Name end Address of Fecility 1101 E. North Auc Batto. MD EAST 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List only one cause on each line. F. H. berry Due to (or es a consequence of)

23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 Yes 2 7No 3 Probably 4 Unknown

24a. Wes an autopsy 1₽ Yes 2□ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 SER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28b. Time of

28d. Describe how Injury occurred 28a. Dete of injury (Month, Day Year) 28c. Injury et Work? 1 SNetural 5 Pending investigation 1 Tes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) and menner es steted.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and manner stated. 29a. Certifier (Check only one)

29c. License number 29d. Dete signed (Month, Day, Year)

30. Name end eddress of person who completed ceuse of death (Item 23a) (Type, Print) will rowle

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

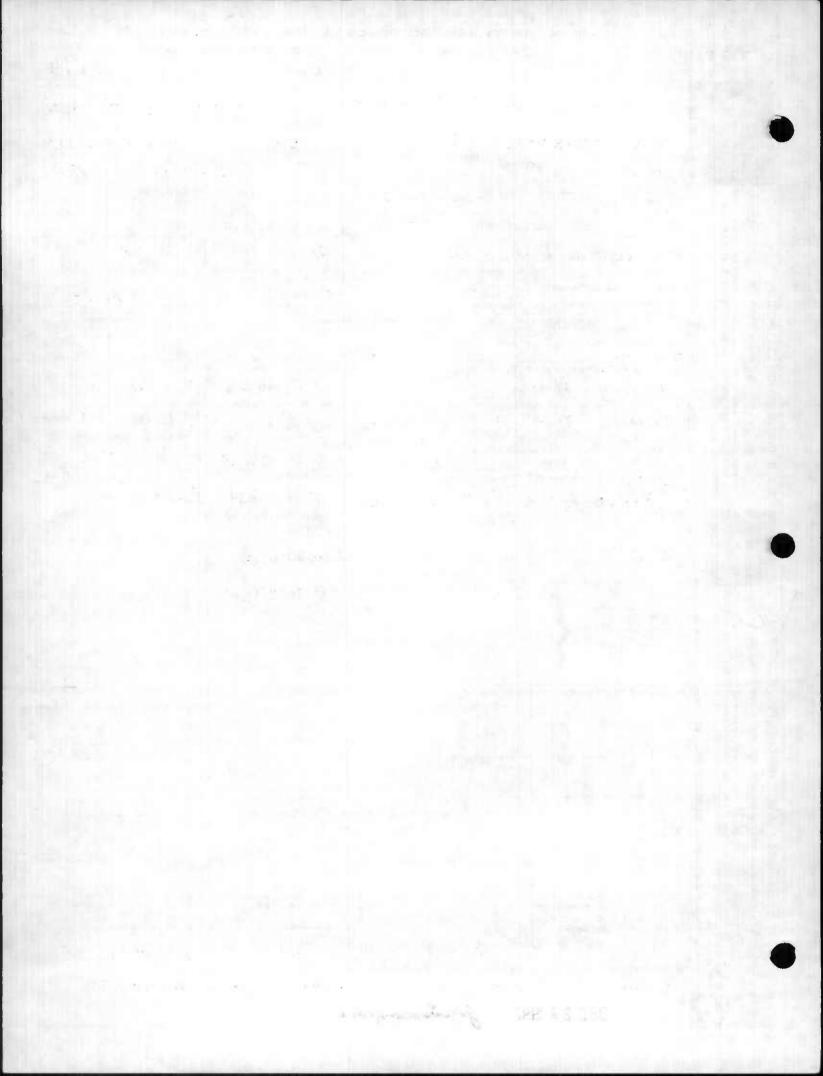
State Registrar

Medical

31. Date filed (Month, Day, Yeer) **DEC 29**

29b. Signature and title of certifier

32. Registrar's Signeture Julia Davidson-Mandaka



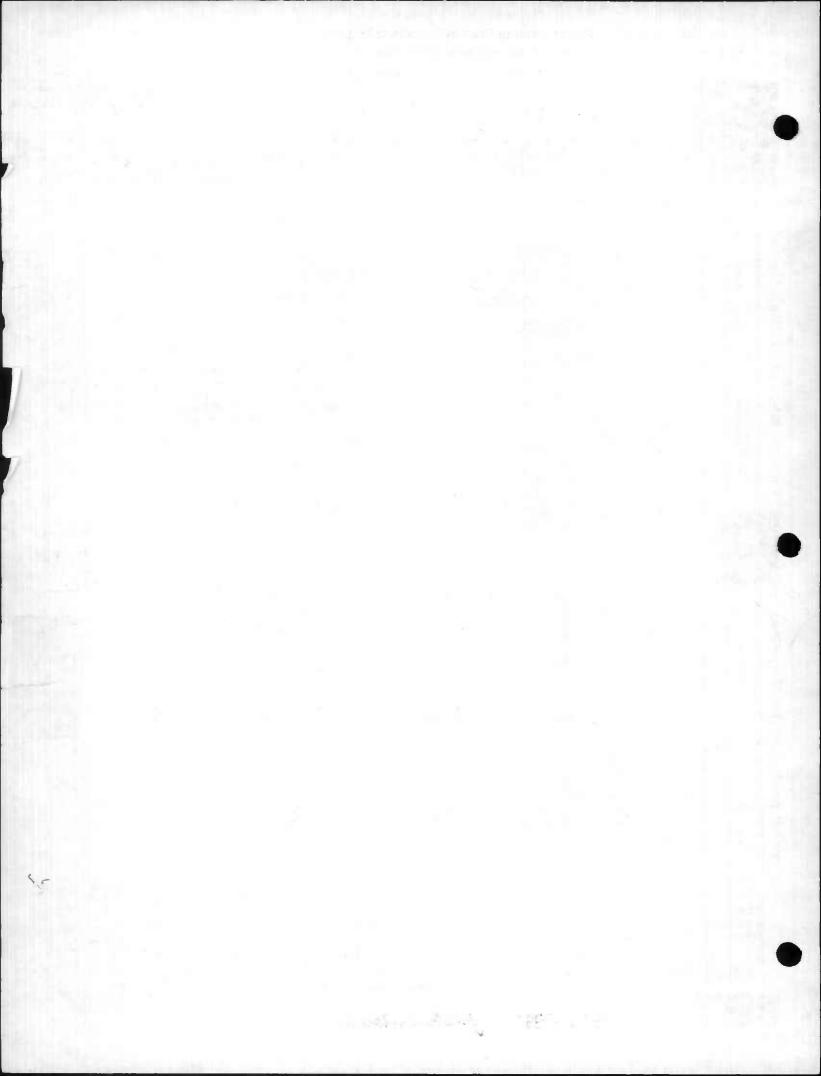
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month 12:30/1 5 17 /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Gerialvic 40 Bathmore H Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) If Under 1 Year Months Deys 5. Sociel Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 220-07-4792 10 M 20 F Vrs Director Usuel Residence of Decadent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore mo Director 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ital Hygiena. id other than "natural", or items 23a or overt, the Medical Examination for the than the control of the control Brod dway W.S.A 21231 201 Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever In U,S Armed Forces? 14. Race - American Indian, Black, White, etc. 11. Marital Stetus Pages 1 and 2 should be filed within 72 hours after of nent of Health and Mental thygiena.

ant: If Item 27 Is marked other than "natural", or iter ury or other traumatic event, "In Mental Examination. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Specify: Black Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Be Completed by 3 ₩idowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemake 19 Home 10th grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Boud Elizabeth Nelson John 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)
1400 E. Madison St. Apt 818, Balto, y MD 2/205 Ethel Boyd 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date Dundolk, MD permit. Page Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) MEM 21. Signature of Funeral Service Licenses 22. Name end Address of Facility 1101 E. North F. H EAST March 23a. Part1. Enter the disease, or complications that caused the ca Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence of): Box 68760. Physician/Medicai Due to (or as e consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, 24b. Were eutopsy findings available prior to completion of cause of deeth? Be Completed 24a. Wes en autopsy performed? 1 Yes 1 ☐ Yes 2 No certificate Division of Vital 25. Wes case referred to medical 26. Place of Death (Check only one) examiner? Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) No No Certification: To 1 Yes 1918 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred i or Attending P after death. I Director: After I 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 - Homicide To the Mospital within 24 hours a To the Funeral D completely filled Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certified 29c. License number Hopkins Geriatrie 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) (oreenous 31. Date filed (Month, Day, Year) 32. Registrary Signature

Julia Davidson Randall

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth December 18, 1997 Joseph J. Tereskie 1:22 PM 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death 618 S. Wolfe Street 2nd Floor Baltimore 5. Sociai Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) 11/27/1922 Birthplece (State or Foreign Country) XM 2□ F Months Days Hours 216-22-4396 75 Maryland Usual Residence of Decedent 10a State 10b County 10c, City, Town or Location 10d. Inside City Limits Yes 2□No Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 618 S. Wolfe Street 2nd Floor 21231 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. Never Married 2 Merried 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greds completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collage (1-4or 5+) Stock Clerk Retail Store 5th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meldan Surname) Walter Tereski Maryanna Stienkowski 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Kenneth R. Mincher / Nephew Rt. 2 Box 237 Berkley Springs, WV 25411 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2☐Cremation 3 ☐Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Greenmount Crematorium 12/20/97 Baltimore, Md. 21. Signature of Funeral Service Liberses 22. Name and Address of Fecility David J. Weber Funeral Home 401 S. Chester St. Baltimore, Maryland 21231 23a. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or hear failure. Approximate tritarval Between Onset and Death Immediata Cause (Final CONGESTIVE HEART FA1LUKE disease or condition resulting in death) Dua to (or as a consequence of) Due to (or as e consequence of): Due to (or as a consequence of): Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 35 Probably 4 Unknown CARDIOMYOVATHY 24b. Were autopsy findings evailable prior to completion of cause of death? CHRONIC ATRIAZ FIBRILLATION performed 24a. Was an autopsy 1 Yes 2 No

Physician /Medicai Examiner

and

physicien at s the buriel-t

the

peed 990

al or Attending Physician: T s after death. Il Director: After this certificat ed in by the funeral director, p

To the Hospital of within 24 hours at To the Funeral D completely filled

by

Completed

Be

9

Certification:

edical

the

the death certificete be executed

Box 68760.

P.O.

Division of Vital Records,

Physician

/Medicai

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

by

Completed

Be

the Marylend

deeth

72 hours after

Hygiene.

other

parmit. Peges 1 and 2 should be filk Depertment of Health and Mentel Hy Important: If teen 27 is marked oth any Injury or other traumatic event 2008:

Baltimore, Maryland 21215-0020

Examiner Sequentially list conditions, if any, leading to immadiate ceuse. Enter Undarlying Causa (Disease or Injury that initiated events resulting in deeth) Lest Physician/Medical

25. Was cesa raferred to medicel axaminer?

Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

26. Pieca of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 Tyes 2 □ No

1 Yas 2 No 27. Manner of Deeth 1 Natural 2 Accidant

3 ☐ Suicide

5 Pending Investigation 6 Could not be determined 28e. Date of Injury (Month, Dey Year)

28b. Time of Injury 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicida

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

29a, Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceusa(s) and manner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted.

29b. Signature end title of certifier

31. Date filed (Month, Day, Year)

ID

29c. License number

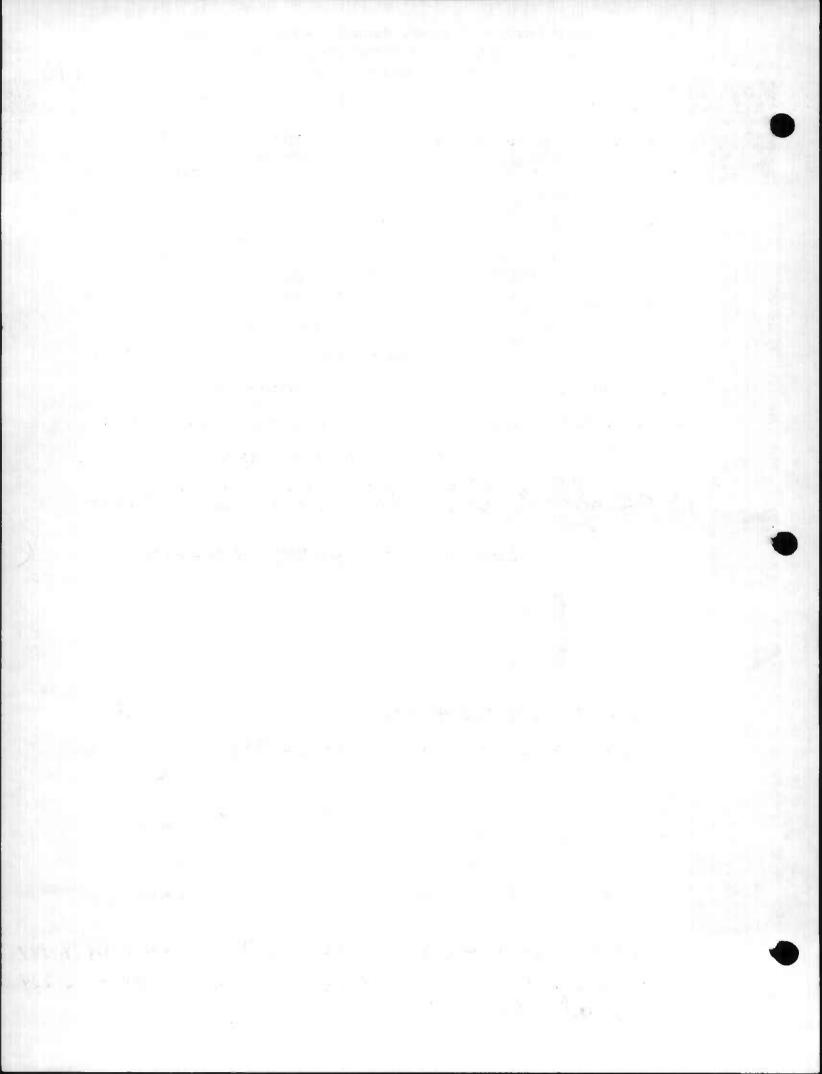
29d. Date signed (Month, Dey, Yeer)

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

3 MMK ST, BALTIMORE, MD 21224

State Registrar

SILVER DO 3411 38, Registral's Signature Hondald



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene) Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Date of Death Month **Physician** Nancy Mary Tubman December /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Ba /7 If Under 24 Hrs. Genesis t Ider care If Under 1 Year lomore 7. Age (In yrs. last birthday) 5. Social Security Number 8. Date of Birth (Month, Day, Year) 08 12 1916 Birthplace (State or Foreign Country) **Funeral** 10 M X F Months Days Hours 81 Yrs. Director 225-20-9282 Virginia 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-1 show traumatic event, the Medical Examiner main be mailfied as X Yes 2 No Director Maryland N/A Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4842 Trusdale Avenue 21206 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: Black þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housekeeping/Child Care Self Employed 6th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Charles JOhnson Roberta Johnson 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health e Joseph Tubman/Son 4842 Trusdale Avenue, Baltimore, Maryland 21206 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 6 1 Buriel 2 □ Cremation 3 □ Removal from State Department of important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 12/27/97 Western Star Baltimore, Maryland William C. Brown Community Funeral Home 21. Signature of Funeral Service License 1206 W. North Avenue, Baltimore, Maryland 21217 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** neumonia /Medical immediate Cause (Final disease or condition resulting In deeth) Examiner evelo Varcular Accelest Examiner uriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of) Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Was en autopsy performed? 2 X No 1 ☐ Yes 2 No 25. Was case referred to medical Be 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Jursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28e. Dete of Injury (Month, Day Year) 28c. fnjury et Work? 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

The law requires that the death certificate be executed and Records, P.O. Box 68760. Kian certificate Division of Vital Attending Physician: After To the Hospital or Attending within 24 hours efter death.

To the Funeral Director: After completely filled in by the fun

the Marylend

Hygiene.

Pages 1 and 2 should be nent of Health and Mental

Baltimore, Maryland

Vancy

C.V. CYRIAC. M.D State Registrar

Medicai

29a. Certifier (Check only one)

31. Date filed (Month, Day, Year) DEC 2. 9 1997

29b. Signature and title of cartifier

may M)

Docter Attending 30. Name and address of person who completed cause of death (flem 23a) (Type, Print)

8109 RITCHIR ANY

12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated.

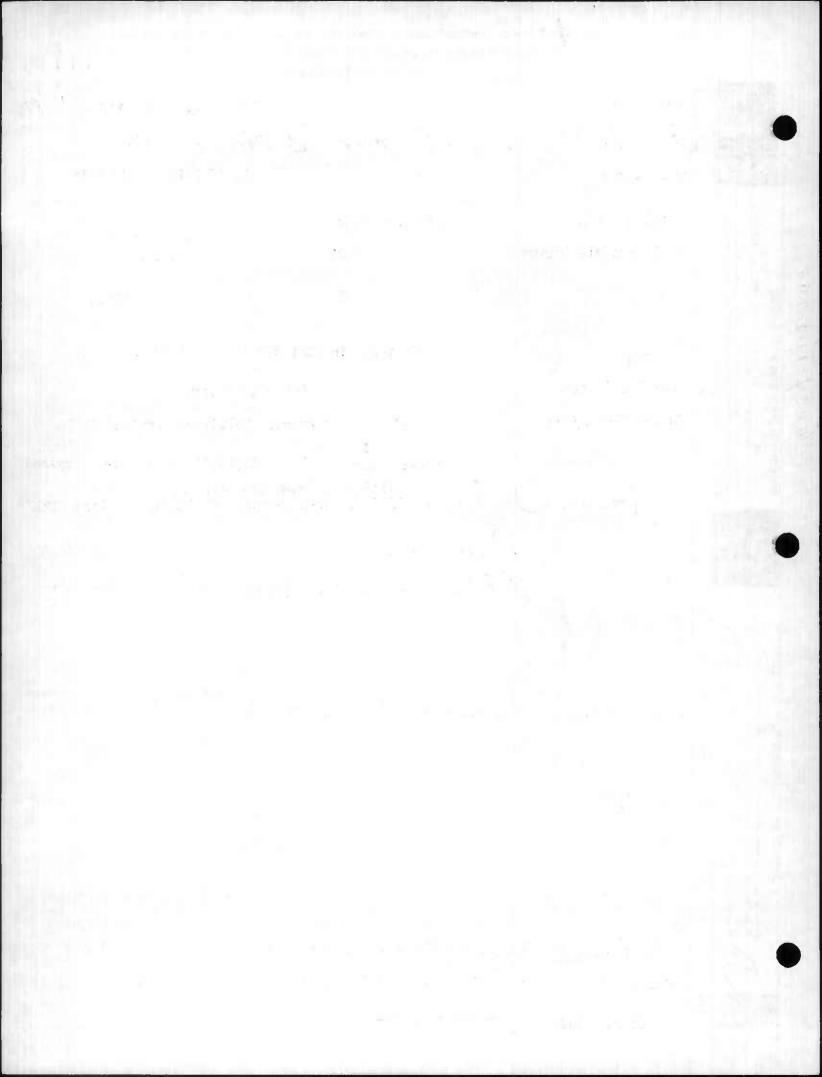
29c. License number

PASADENA, MD 21122

29d. Date signed (Month, Day, Year)

12.18.87

32, Registrar's Signature Die Davidson-Randalle



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth Month Annie, Elizabeth Tuder 21.50 December 24 1997 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Hospital Agnes Baltimore N/A 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) OCT 22, 1 5. Social Security Number Birthplece (State or Foreign Country) 1 □ M 2 X F 212-22-4326 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Baltimore Maryland Catonsville 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 619 Longview Drive 21228 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ YA If Yes, Give A Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 1 No Specify: Specify: White 3 ☐ Widowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elemantery/Secondary (0-12) Collaga (1-4or 5+) Homemaker Domestic 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Turner Poulson Coe Minnie Carlton Bowers 19a. Informent's Name/Reletionship (Type, Print) Dorothy E. Michael/daughter 619 Longview Drive Catonsville, MD 21228 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 20b. Pleca of Disposition (Neme of cemetery, crametory or other pleca) Dete 20c. Location - City or Town, Stete Loudon Park Cemetery 12/29/97 Baltimore, MD 4 Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Liper 22. Name end Address of Fecility augh McDonald McDonald MacNabb Funeral Home, P.A. Dawn F. McDonald 301 Frederick Road Baltimore, MD 21228 23e. Pert1. Enter the disease, or complications that caused the daeth. Do not entar the mode of dying, such as cardiac or respiretory errast, Approximate Approximate Approximata Interval Batween Onset end Death . Congestive Heart Failure caused by Myoundial Infanction Immediate Ceuse (Finel diseese or condition resulting in death) Due to (or es a consequence of) Sequentially list conditions, if eny, leeding to Immediate cause. Entar Underlying Cause (Disaese or Injury that initieled events rasulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other algorificent conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown acute 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Pleca of Death (Check only one) Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No

Physician /Medical Examiner

Examiner

þ

Be

Medical

27. Manner of Deeth

1 Natural

permit. Page Department of Important: If any Injury or once.

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

10e Stete

Funeral

Director

Pages 1 and 2 should be filed within 72 hours after death with the Marylan and releaft Hygiene.
and of health and Mental Hygiene.
mit: If them 23 a or 28e-f show than "natural", or items 23a or 28e-f show into or other traumatic event, the Medical Example mainter or interest.

Baltimore, Maryland 21215-0020

Physician/Medical ate has been sign, page 2 should be Completed Certification: To

P.O. Box 68760, Records, Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifice

To the Hospital of within 24 hours at To the Funeral D completely filled

State

á

2 Accident 6 Could not be determined 3 ☐ Suicide 4 Homicida 1 Certifying Physician: To the bast of my knowladge, deeth occurred et tha tima, data and plece, and due to the cause(s) end menner es steted.

2 Medical Examinar: On the basis of axamination end/or investigation, in my opinion, daath occurred et tha tima, data and place, and dua to the causa(s) end menner steted. 29a. Cartifiar (Check only one) 29b. Signetura end titla of certifier

5 Pending

Investigation

28a. Dete of Injury (Month, Dey Year)

-, M.D.

28b. Time of

28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Spacify)

29c. License number D0052479

1 Yes 2 No

28c. Injury et Work?

29d. Dete signed (Month, Dey, Year) December, 24, 1997

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

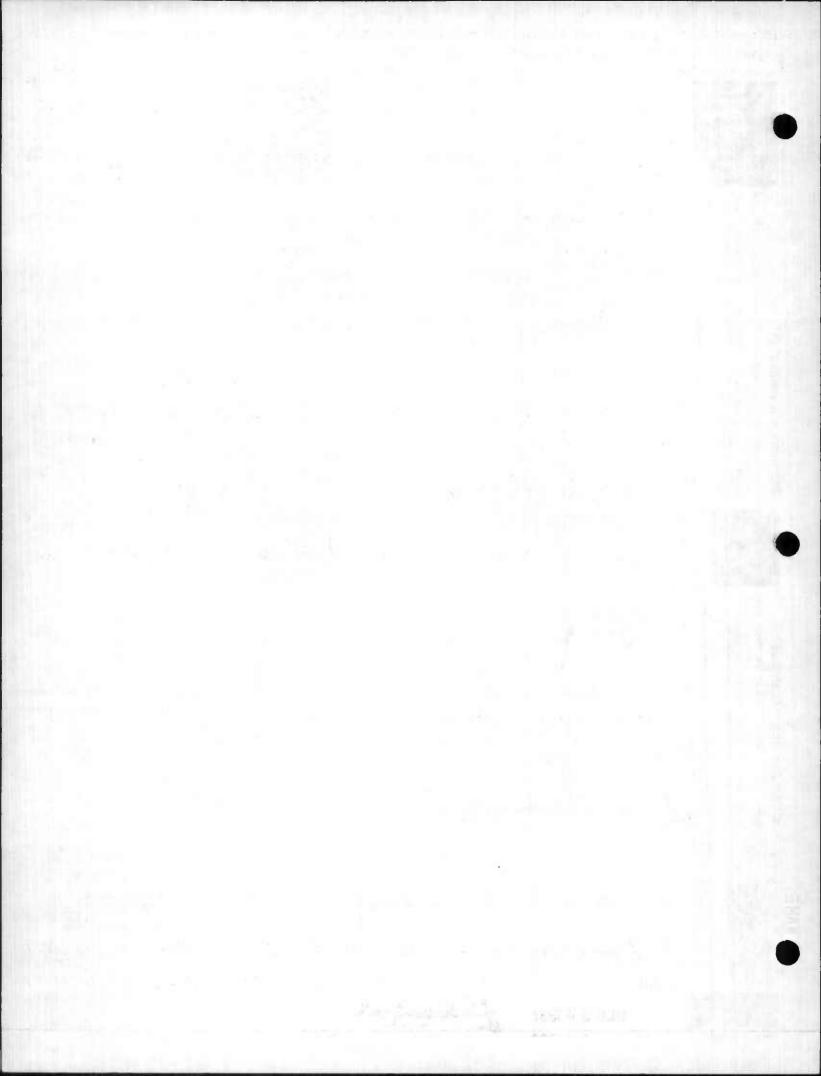
28d. Describe how Injury occurred

30. Neme end address of person who completed causa of death (Itam 23a) (Type, Print)

ST. Agnes Hospital 900 Caton Avenue, Batto, MD 2/229 M. KiM. 31. Dete filed (Month, Dey, Yaer)

Registrar

DEC 2 9 1997.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month Day **Physician** annoc 3:334 /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hopkins Hospital Baltimore Johns 7. Aga (In yrs. last birthday) 65 Yrs If Undar 1 Year If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 6. Sax Birthplace (State or Foreign Country) **Funeral** Months Days XXM 2 F N/A Director Bermuda Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Item 27 is marked other than "natural", or Items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified as N/A Warwick Parish 1 ¥Yas 2□No Bermuda Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? WK08 Bermuda 44 Dunscombe Road permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important: if item 27 is marked other than "netural", or Items 23s any Injury or other traumatic event Funeral 12. Was Dacedant Evar in U,S. Armed Forças? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 14. Rece - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Nevar Married 2 M Married Baltimore, Maryland 21215-0020 1□ Yas 2☐No Black. Specify þ 3 ☐ Widowad 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast greda complated) 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Collega (1-4or 5+) Elementery/Secondary (0-12) Construction Carpenter 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Malden Sumama) Be John David Tannock Alice Lucy White 2 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 44 Dunscombe Road Warwick Parish Bermuda, WK08 Marion H. Tannock/Wife 20b. Place of Disposition (Nama of cemetary, cramatory or other place)
Roman Catholic Cemetery 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 1-1-98 Devonshire, Bermuda 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licens Charles S. Zannino Licensed Mortician 2007 Eastern Avenue Baltimore, Maryland 21231 ann Part. Entar tha disaas shock, or haart feilura. m that caused tha daath. Do not anter tha moda of dying, such as cardiac or raspiratory arrest, **Physician** /Medical Immediata Causa (Final 5 minutes diseasa or condition rasulting in daath) Examiner Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Ceusa (Disaasa or Injury that inlitated avants rasulting in daath) Last Division of Vital Records, P.O. Box 68760 Completed by Physician/Medical certificate 2 Dua to (or as a consaquance of) 5 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 2 23b. Did tobacco use contribute to the cause of death? signed by 1 Yas 2 No 3 Probably 4 Unknown labete 5 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? been has **DBDB 2** 1 Yas 2 3 No 1 ☐ Yas 2 ☐ No certifica or Attending Physician: Be 25. Was casa refarred to medical axaminar? 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 1 Yas 2 No Medical Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After 5 Panding Investigation 1 Naturel 1 Yas 2 No 2 Accidant Director: 6 Could not be determined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straet, factory, offica bullding, atc. (Spacify) after 4 ☐ Homicida To the Hospital or Wilhin 24 hours at To the Funeral D 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and plece, end due to the cause(s) and menner as steled.

2 Madical Examiner: On the basts of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar (Check only one) 29b. Signatura and title of certified 29c. Licansa number 29d. Data signed (Month, Day, Year) Resident RES-000

Johns Hopkins Hospital Baltimore, MD 21287

30. Name and eddress of parson who completed cause of deeth (Item 23e) (Type, Print)

mo

DHMH 16 Ray 6/95

11/- 2.4 22 1.32 Vari

rir = 22 y

r fan Co a Rostr //

10. 11 1.00

John Pri Tonnocs -I re wick infin

on il Trance / 'e in sette .a. : the Paricultural

The man commenced linear greens officers and

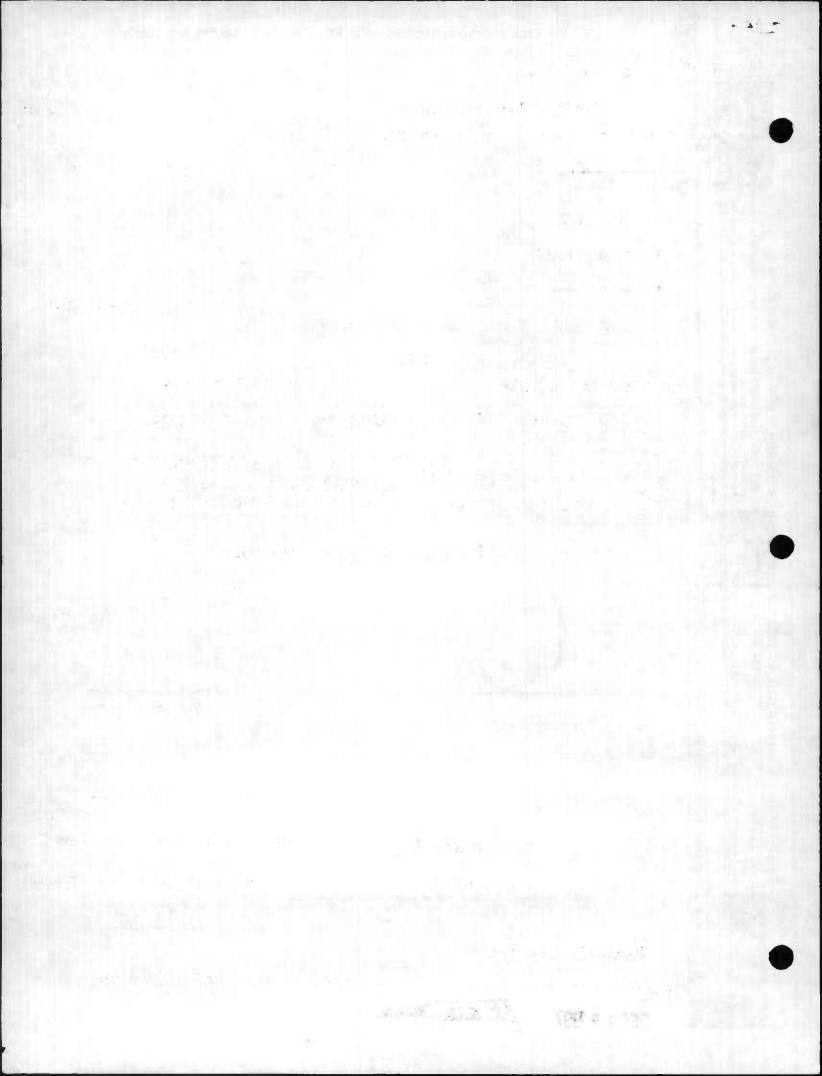
or the S. Mann no Algenne More elin Cutt onne na cronso bla ca ore, Mery n 2.23:

State Registrar 31. Date filed (Month, Day, Year)

DEC 2 9 1997

July David

July Davidson Randess



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month **Physician** 4015 DELEMBER 27, 1987 8:44 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner RANDALISTONN HOSP ITAL CENTER NORTHWEST BAUTIMOLE 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** Days 1 ☐ M 2X F Yrs Director 218-30-7289 62 April 18, 1935 Maryland Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show notified at 1 Yes 2 No Director Maryland Baltimore Granite 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 7 is marked other than "natural", or items 23a or traumatic event, the Medical Experient must be a 10825 Summit Avenue 21163 U.S.A. death Funeral 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 and 2 should be filed within 72 hours efter 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: P Specify. 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 12 Years Housewife Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) h end Mental h Walter LeRoy Dennis Bernice Harden 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zio Code) permit. Peges 1 end 2 Depertment of Health e Important: If Item 27 ls Mr. Lee M. Willey Husband 10825 Summit Avenue Granite, MD 21163 other Baltimore, 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 XCremetion 3 Removal from State Injury or 4 ☐ Donation 5 ☐ Other (Specify) Laurel, Balto. Washington Crem. 12/30 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Death **Physiclan** /Medicai Immediate Ceuse (Final DISEASE ATHEROSCLEROTIC CARDIOVAGINGE disease or condition resulting In death) **Examiner** Due to (or as a consequence of) Examiner CREOMC RENAL PAILURE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue buriel-tren Due to (or as a consequence of): physician Physician/Medicai the Due to (or as e consequença of) 80 USB Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. ate has been signed by the page 2 should be deteched 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably W Unknown Records, by Completed 24b. Were autopsy findings evaileble prior to 24a. Was en autopsy performed? completion of cause of death? certificate has 1 Yes Division of Vital 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 10 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 1 Natural 2 Accident 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 5 Pending investigation death. 1 Yes 2 No To the Hospital or Attendition within 24 hours after death.

To the Funeral Director: A completely filled in by the fi 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

Registrar

30. Neme end eddress of person

31. Date filed (Month, Day, Year)

MICHAGO ROTHKIN, MO

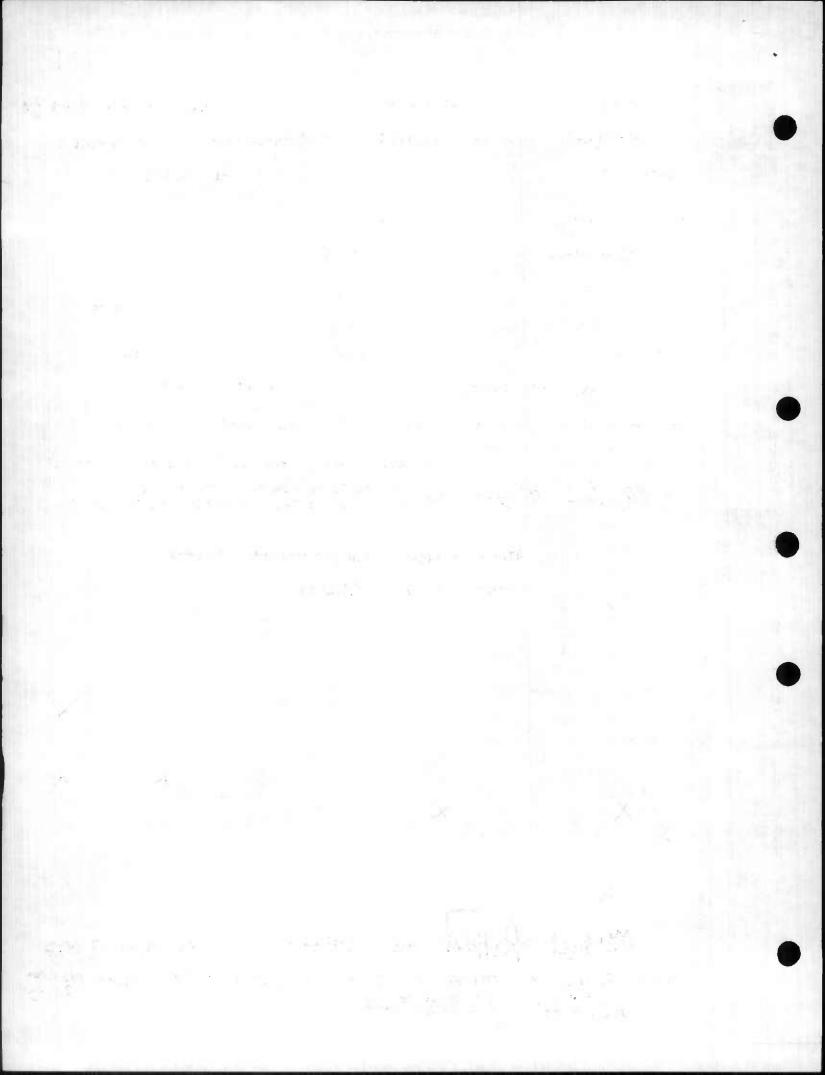
DEC 2 9 1997

NORTHWEST HOSPITAL 32. Registrar's agreture

who completed cause of death (Item 23e) (Type, Print)

DECEMBER 27 1497

Stol old wort Road RAMAGUSTOWN MAR



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) December 25, 1997 3:15 Williamson Hazel pm 4b. City, Town, or Location of Death 4c. County of Deeth 4e Facility Name (If not institution, give street end number) Baltimore Cherrywood Nursing Home Reisterstown If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Months Deys 1 M 28 F Yrs 214-01-3281 81 April 8, 1916 Maryland Usuel Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Woodmoor Baltimore Maryland 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street and Number 21207 3507 Keston Road U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11 Marital Status Black, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: 3 twidowed 4 □ Divorced White 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elemantery/Secondary (0-12) College (1-4or 5+) 7 Years Housewife Own Home 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Father's Neme (First, Middle, Last) Wheeler Ivy Heim Joseph 19a. Informent's Neme/Raletionship (Typa, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 201 E 17th Street Apt 31 F NY, NY 10003 Mrs. Ruth Williamson 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Mathod of Disposition 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 □ Donation 5 □ Other (Specify) 12/29 Baltimore, MD Loudon Park Cemetery 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Loring Byers Funeral Directors, Inc. eansus 8728 Liberty Road Randallstown, MD 21133 23a. Part1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such es cardiac or respiratory arrest, shock, or haert feilure. List only one cause on each line. Approximata Interval Batween Onset end Deeth Immediate Ceuse (Finel diseese or condition rasulting in daeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to 24a. Wes en eutopsy performed? completion of cause of death? 1 Yes 2 PNo 1 ☐ Yes 2 ☐ No 25. Wes case referrant to medical axaminer? 26. Placa of Death (Check only one) Other: 4 Surring Home 5 Rasidance 6 Other (Specify) 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

Physician /Medical Examiner

Physician

/Medical

Examiner

Directo

Funeral

þ

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after deeth v Department of Health end Mental Hygiena. Important: If Item 27 is marked other than "natural", or Items 23s eny Injury or other traumatic event, the Healtal Examiner man

Baltimore, Maryland 21215-0020

the Maryland

Examiner physician and the burial-transit 98 950 for signed by the a certificate has b lirector, page 2 s

the death certificate be axecuted Division of Vital Records, P.O. Box 68760, f or Attending Physician: effer death. Director: After this certifica funeral a 24 hours efter des Ne Funeral Director pletely filled in by th

Physician/Medicai þ Completed Be

27. Manne of Death

1 Naturel

2 Accident

3 Suicide

29a. Certifier

4 Homicida

Certification: To

edical To the Hosp within 24 ho To the Fune completely fi

Registrar

28a. Deta of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Panding 1 Yes Investigation 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) Certifying Physician: To tha bast of my knowledga, death occurred et the time, dete end place, and due to the ceuse(s) end mannar es steted.

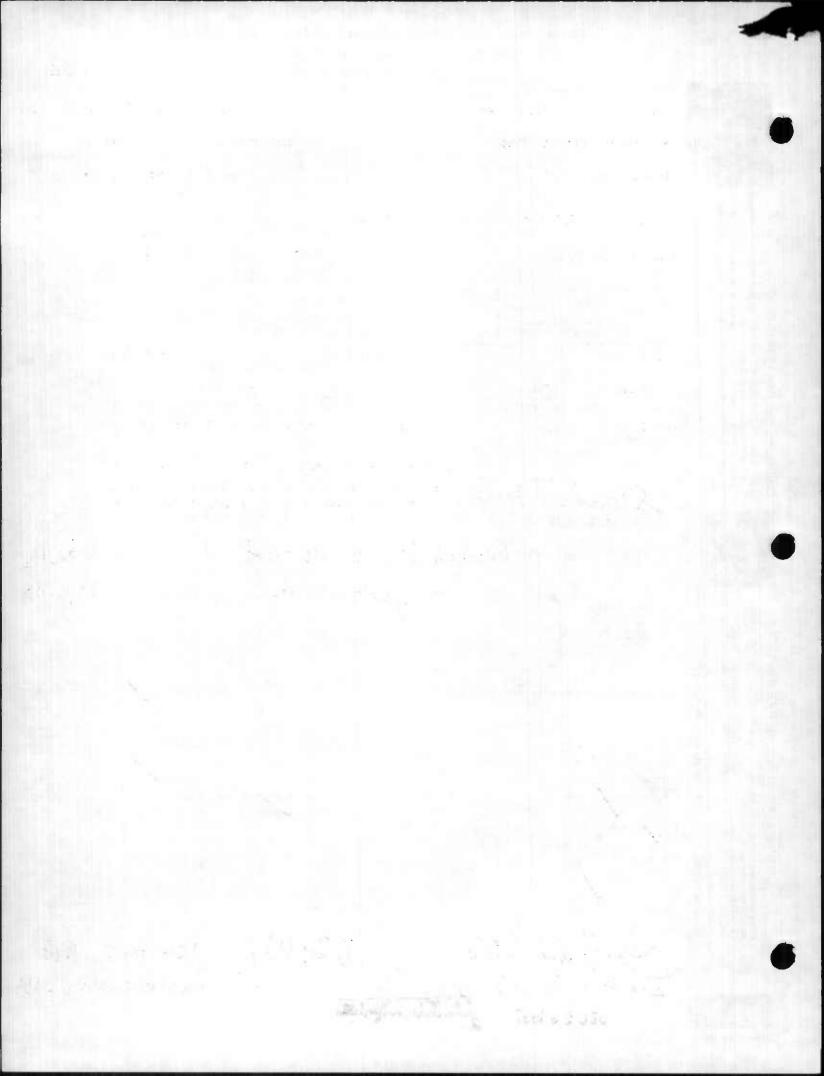
(Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred et the time, dete and place, and due to the ceuse(s) and menner stetad. 29c. License number 29b. Signetun end title

ho completed cause of death (Itam 23e) (Type, Print)

531

29d. Date signed (Month, Dey, Year)

30, Neme and eddress of



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.≈ 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Day Vaar **Physician** AGNESE WHITNEY 10:00 A.M. DEC. 23 1997 /Medical 4e. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** LUTHERVILLE BALTIMORE 1216 CHARMUTH ROAD If Undar 1 Yaar Months Deys If Under 24 Hrs. 8. Dete of Birth 9. Birthplece (State or Foreign Country)
NEW JERSEY 5. Sociel Security Number 7. Aga (In yrs. last birthday) Funeral Months Hours 1 M 25€F Yrs 220-07-5054 Director Usuel Residence of Decedent the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or Nems 23s or 28s-f show traumstic event, the Medical Examiner must be notified at LUTHERVILLE 1 Yes 2 No Director MD BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? death with 21093 1216 CHARMUTH RD. USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Bleck. Whita, atc. 1 Yes 2 No If Yes, Giva Year or Detes: 1 Never Merried 2 Married Baltlmore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify. by 3 Widowed 4 Divorced WHITE Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decadent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry e filed within 7 al Hygiana. Elementary/Secondary (0-12) Coilege (1-4or 5+) OWN HOME HOMEMAKER 12th GRADE permit. Pages 1 and 2 should be file Department of Health and Mantal Hy Important: if Item 27 is marked other any Injury or other traumatic event 17. Fethar's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be AGNESE J. DuVAL CLARENCE H. TALIAFERRO 2 19e. informent's Neme/Reletionship (Typa, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 18 PFEASANT RUN DR. CHATAM, ILL. JOHN F. WHITNEY, JR. SON 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify) DULANEY VALLEY MEM. GARD 12/29/97 COCKEYSVILLE, 21. Signeture of Funerel Service Licanse 22. Name end Addrass of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. 23a. Part 1. Enter the diseasa, or complications thet causad tha death. Do not enter tha mode of dying, such es cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Causa (Final diseese or condition resulting in death) VENTRILLIAM FIBRILLATION MIN. Examiner Due to (or as e consequence of): Examiner Tears ARTERIOSCUEROTIC CARDIOUNGURAR DISEME. sician and burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequança of): physician the burial Box 68760 Physician/Medical Due to (or as a consequenca of): 98 attending Por P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by 1 Yes 2 No 3 Probably 4 Unknown LIHONIL ATRINE FIRRILLATION' Records, by 24b. Wara autopsy findings evelleble prior to complation of causa of deeth? 24e. Wes en eutopsy performed? Completed peen paga 2 has 1 Yes 2 No 1 Yes 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours effar death.

To the Funeral Director: After this certific completely filled in by the funeral director. 25. Wes case refarred to medical Be 26. Place of Deeth (Check only one) examiner? 1 ☐ Yes 2 ☑ No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4□ Nursing Home 5□ Residence 8□Other (Specify) 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturei 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and menner stated. 29a, Certifler Medical 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 1200391 12/23/47 General F. aurace 12 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

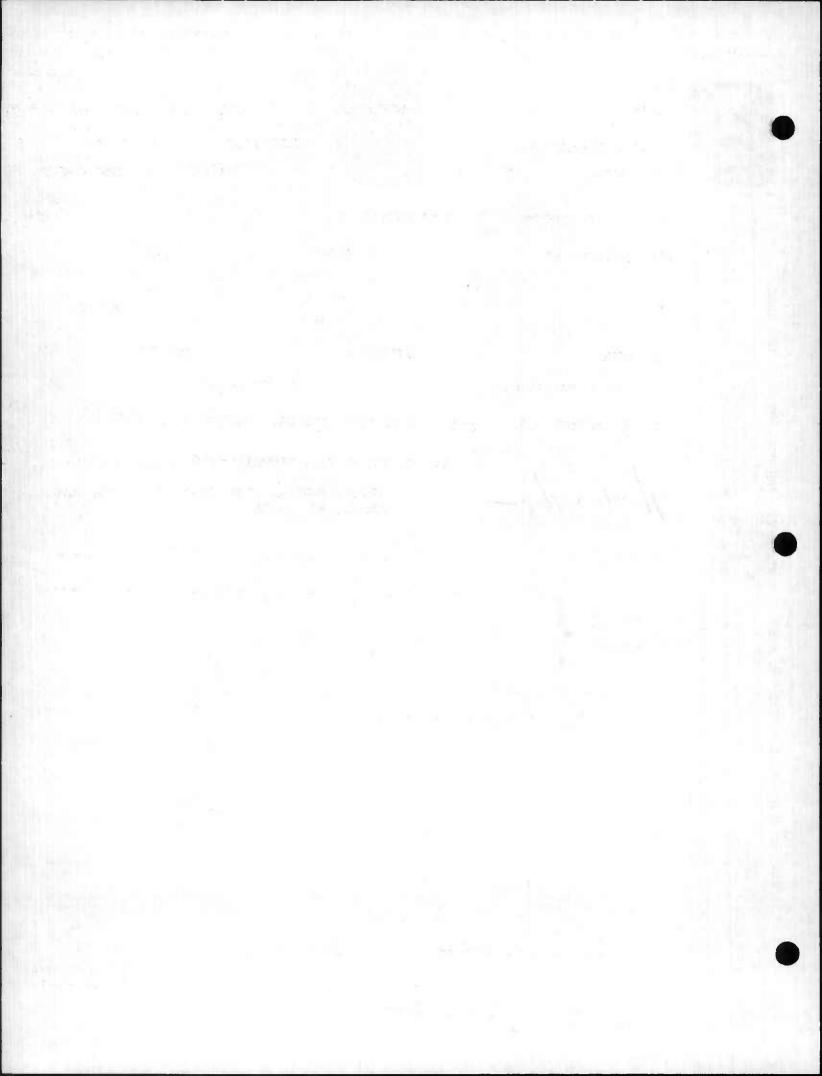
31. Data filad (Month, Day, Year)

DEC 2 9 1997

AWALT. no 39. Registrar's Signeture

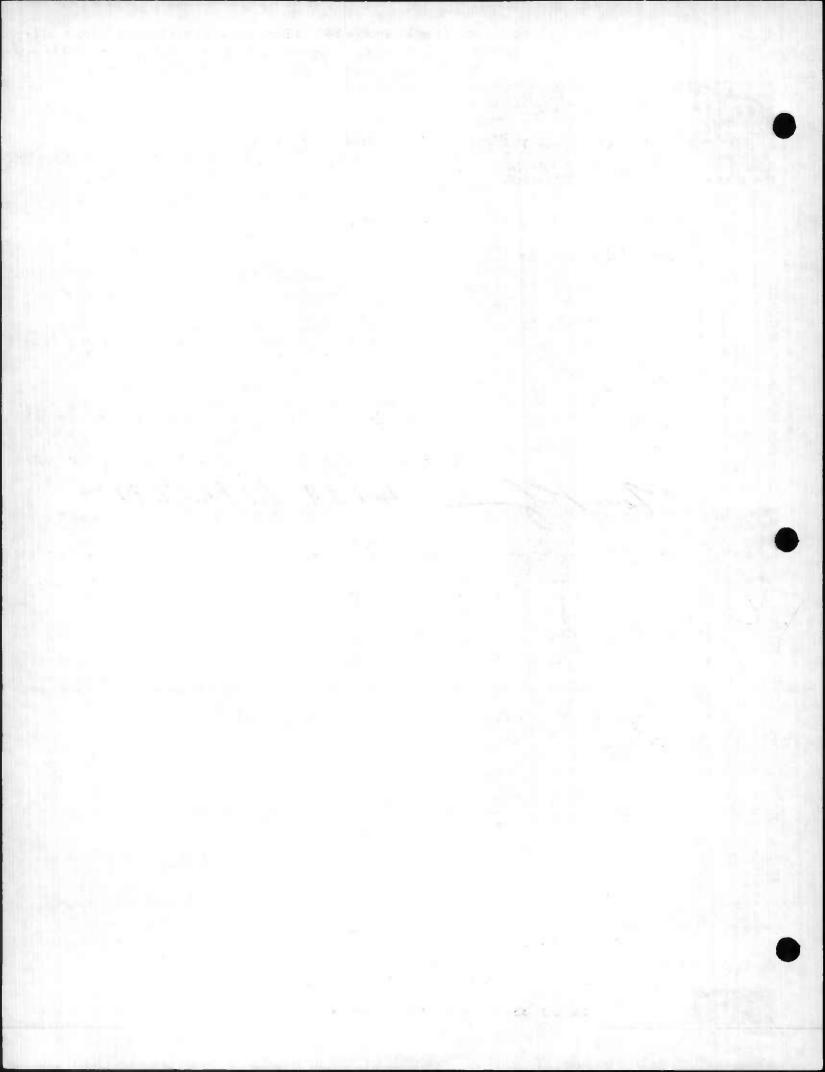
120 Sisper PIERRE DR.

Touson, mos)



Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 7 3 9 | 8 4

1. Decodent's Name (First, Middle, Last) 1. Decodent
Medical Examiner A. Facility Name (Inc. Institution, give street and number) A. Facility Name (Inc. Institution, give street and number) A. Facility Name (Inc. Institution, give street and number) A. Facility Name (Inc. Institution, give street and number) A. Facility Name (Inc. Institution, give street and number) A. Facility Number A. Facility Nu
Facility Name (If not institution, give street and number) ## Funeral Director Application
137-32-79/4 1 M 2 E 58 Yrs. Months Days Hours Min. (Month, Day, Year) Country Va.
10a. State 10b. County 10c. City, Town or Location 10d. Inside 10d. Inside 10d. Inside 10d. Street and Number 10d. Inside 10d. Zip Code 10g. Citizen of What Country? 10d. Inside 10d. Zip Code 10d. Zip Code 10d. Zip Code 10d. City of What Country? 10d. Inside 10d. Zip Code 10d. Zip
20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 4 Donetion 5 Other (Specify) 20b. Placa of Disposition (Name of cemetery, crematory or other place) Blue. Ridge Mem Courden 12-31-97 Prosperity. W.
Walter Woodson 211 Colorado St., 2 11th. Hope, W. Under State 20a. Melhod of Disposition 3 Removal from State 4 Donetion 5 Other (Specify) 20b. Piaca of Disposition (Name of cemetery, crematory or other place) Blue Rudge men Garden 12-31-97 Prosperity, W.
15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 16c. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surmeme) 19a. Informant's Name/Relationship (Type, Print) 19a. Informant's Name/Relationship (Type, Print) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Method of Disposition 20a. Method of Disposition 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 19b. Radge mem Garden 12-31-97 Prosperity W.
Elementery/Secondary (0-12) College (1-4or 5+) Port Authority State of N. Y & Port Authorit
Elementery/Secondary (0-12) College (1-4or 5+) Port Authority State of N. Y & Port Authority State of N. Y & Port Authority Port Authority State of N. Y & Port Authority Port Authority State of N. Y & Port Authority State of N. Y & Port Authority Port Authority State of N. Y & Port Authority Port Authorit
17. Fetner's Name (First, Middle, Last) Charles A. Scott 19a. Informant's Name/Relationship (Type, Print) 19a. Informant's Name/Relationship (Type, Print) Walter Woodson 20a. Method of Disposition 10 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 18. Mother's Name (First, Middle, Maiden Surneme) Priscilla Turpin 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 211 Colorado St., 3 Mt. Hope, W. Va & Cometery, crematory or other place) Page 18. Mother's Name (First, Middle, Maiden Surneme) Priscilla Turpin 20b. Placa of Disposition (Name of cemetery, crematory or other place) Page 20c. Location - City or Town, State Cometery, crematory or other place) Bue Ruge Mem Garden 12-31-97 Prosperity, W.
20a. Melhod of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State
20a. Melhod of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State
1 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Blue Ridge mem Garden 12-31-97 Prosperity, W.
4 Donotion 5 Other (Specify) Blue Ridge mem Garden 12-31-97 Prosperity, W.
BEES March J. H 1101 ENTINATO
23a. Ped1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximation of the disease or condition resulting in death) Due to (or as a consequence of):
Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of):
E N
political for the second secon
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause
Torgestives Ident Parlines
24e. Wes an eutopsy performed? 24b. Wera autopsy aveileble prior completion or of death?
1 Yes 2 No 1 Yes 2
25. Was case referred to medical examiner?
P 1 Yes 2 No Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other. 4 Nursing Home 5 Residence 6 Other (Specify)
27. Manner of Death 28a. Date of Injury 28b. Time of Injury at Work? 28d. Describe how Injury occurred Work? 28d. Describe how Injury occurred
27. Manner of Death Natural 2 Accident 3 Suicide 4 Homicide 4 Homicide Accident Acciden
29a. Certifier (Check only 29a. Certifier (Check only 20 Medical Examinar: On the basts of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.
and manner stated. 29b. Signature and tile of certifier 29c. License number 29d. Date signed (Month, Day, Year,
RES 000 12/28/97
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)
Free WELLORS Johns Hephins Hoggime
State 31. Date filed (Month, Day, Yeer) 32. Registrar's Signature



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

							Cer	uncate c	וו ע	ealli			Reg. I	٧٥.			
	ysician ledical	Decedent's Nama (First, Mid	dle, Las		cis A	A. Wrig	ght	Sr.				2. Date of De Month DECEM	-	Day 25,	Yaar 1997		of Death
	aminer	4a Facility Name (If not institut CARROLL COUN				οτπατ.				City, To		cation of Deal		4c. County			
Fund Direct		5. Social Security Number 217 16 2204	6. Se		7. Age (/	n yrs. last bin	thday) Yrs.	If Undar 1 Ye Months Da		If Undar Hours	24 Hrs. Min.	8. Data of Bi (Month, Di June 1	rth by, Yea	er)	9. Birthpla Country	ce (Star y) vlar	e or Foreign
P		Usual Rasidance of Decedent															
death with the Maryland	tor	Maryland N	iy I/A		10	Oc. City, Tow Bal	n or Loc .tim								100		City Limits
or 284	Director	10e. Street and Number						10f. Zip Cod	la			11.2	10g.	Citizen of V	Vhat Countr	y?	
th with	4 C	1925 Christia	an S	treet				21	223	3				U.S			
deat	Funeral	11. Marital Status		12. Was Dec	edant Eve	er in U,S.	13. V	Vas Decedent Yes, specify C	of His	panic Ori	gin? (Spe	cify Yes or N)-		a - Amarica		
0020 hours after urel', or he	by	1 Nevar Marriad 2 Mi 3 X Widowed 4 Divorce	-	Armed For 1 X Yes If Yes, Gir Year or D	2 No	W. II		Yes 22		Specify:	, Puerto	Alcan, etc.)		Specify	k, White, et Wh	ite	
5-00 72 hours	3	15. Deced	ent's Edi	ucation		16e.	Deced	ent's Usual Oc	cupa	tion	af warki	ina	16b	Kind of Bu	isiness/Indu	istry	
nd 2121; e filed within 7 il Hygiene.	Completed	(Specify only high Elementery/Secondery (0-12 8th		Coilege (life. C	penter	tired)	iring mosi	OF WOFKE	ng		Carp	entry		
Hygie Hygie	Be C	17. Fathar's Name (First, Middl	e, Last)					•	18. Mother's Name (First, Middle, Maiden Sumame)								
Vlanuld be Wentel	2 D = m	william w. wright Estella M. Falvel										r					
Aar 2 sho and is m	Lacu	19a. Informant's Name/Relatio Dena Cadogan			r			g Address (Str							State, Zip C		797
0 80=	ry or other	20a. Method of Disposition 1 XBuriai 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other				cemeter	y, crem	sition (Name of hatory or other ark Cem	place		1	Date 2/29/9			City or Tow	,	
Balti. Departm Importa	any injury once.	21. Signature of Funeral Service			ul	1		Name and Ad				Gonce v Bal					
-		234 Part1. Entar tha disease, shock, or heart failure. LI	or comp	dications that	nausad the	a death Do	+							020,		Approxim	
ox 68760, certificate he experied m	je l	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that inflieled events resulting in death) Last	{	b	Du	e to (or es a de to (consequ	uence of):	asc	cular	Dis	sease					
OX (nse a		L	d											i		
O. Bonath	sicle	Part II. Other eignificant condi	lions co	ntributing to d	eath but n	ot resulting Ir	n the un	derlying cause	give	n in Part I		23b. Dlo	tobac	co uae co	ntribute to 1	the caus	se of death?
P.O.	y Physicle			E L		E						1	Yes	2 🗆 No	3 Probe	ably 4	[XUnknown
Records, Para law requires that	page 2 should be deteched for Completed by Physicial											24a. War peri	ormed	?	avai	lable pri	sy findings or to of causa
	Com												Yes	2)(2) No	10	Yes 2	No No
Vital Follows: The contificate	Be C	25. Was case referred to medic	ai							26 Place	of Death	h (Check only		-W-110			. 47
of Vital Physician: The contificate	To Be	examiner? 1 X Yes 2 □ No		Hospital:	inpatient	2 XX PR/Ou	tnation	3□ DOA	Othe			me 5 Res		6 □Oth	er (Snecity)		
Hing Affect	<u> </u>	27. Manner of Deeth 1 XNatural 5 Pend	ling	28a. Date (Mon		28b. 7	Fime of njury	28c. I				28d. Describe					
Division I or Attending after death. Director: After	Certification:	3 ☐ Suicide 6 ☐ Coul	d not be mined	286. PIECE	of Injury ing, etc. (3	- At home, fa Specify)	rm, stre	eet, factory, off	ice			28f. Location City or To	(Street wn, St	and Numb	er or Rural	Route N	lumber,
Division To the Hospital or Attend within 24 hours after deatt To the Funeral Director.	edical			Iner: On tha b		amination an		occurred at the estigation, in n									se(s)
To the	W	290. Signature and title of certif	iog	0 1	N /			29c. Lic	ense	number			29d.	Date signa	d (Month, D	ay, Yea	r)
0	/	1 dia	Luz	@ M) (0	2/1	nk	•	C.N	1.E.			DE	CEMBE	R 27,	199	7
0)	THEODORE M. K		ompleted caus				reet,	Ra'	ltimo	me	Marrela	ha	21201			
	State	31. Date filed (Month, Day, Yea			gictrar's	Signature	1-01	Tech.	ud.	-LAHIC	u.G,	HOTATO	III.	21201	-		

Registrar

DEC 2 9 1997

The second of th

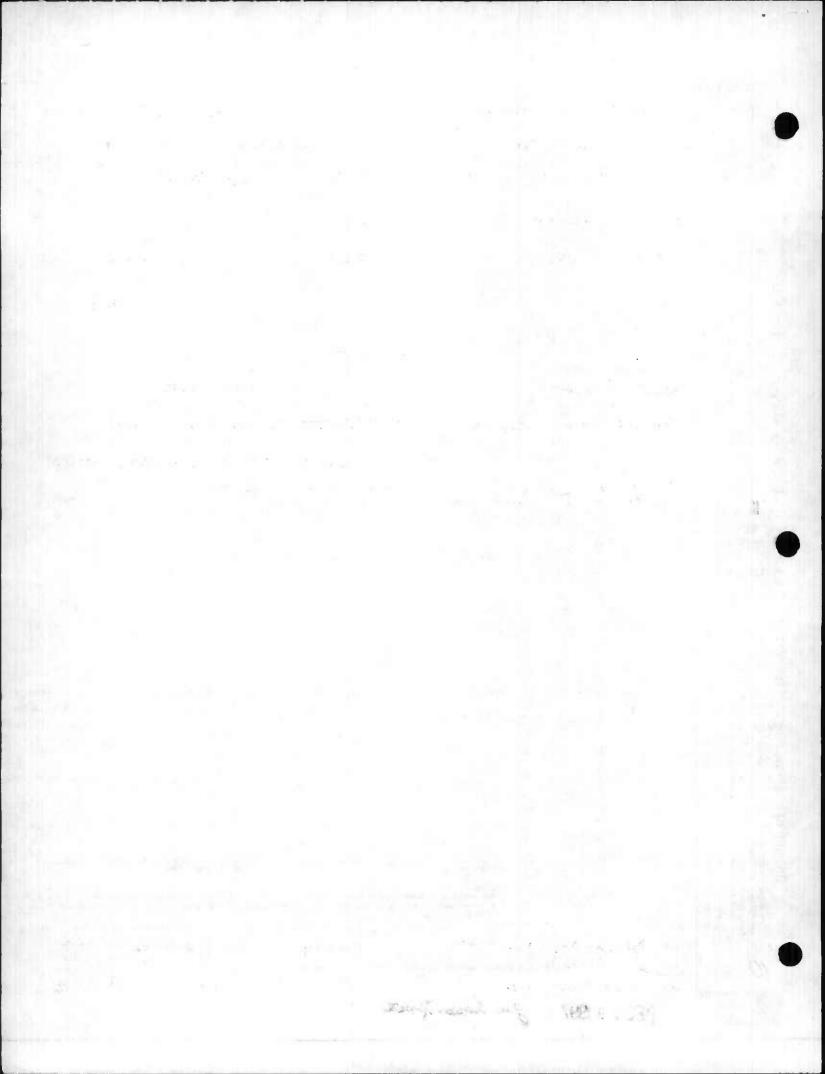
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Rea No. 9 7 3 9 | 8 6

						C	ertifica	ate of	Death		Reg	. No. 9 /	3	910	0
D1 1		1. Decadent's Name (Firs	, Middle, Las	t)							e of Deeth		V	3. Tlme	of Deeth
Physician /Modica		Gordon	W.	Weave	er, S	r.					^{inth} ember	26, 1	Yeer	9:4	Sam
/Medica Examine	-11	4e. Fecility Neme (If not in							4b. City, Town,			4c. County		2.5	Jail
		Cherrywood N	lurgin	T Home					Reister	stown		Balti	more		
uneral		5. Sociel Security Number	6. Se	9x 7	. Age (In yrs.	lest birthda		der 1 Yeer	if Under 24 I	Hrs. 8 Dat	e of Birth			lece (Stete	or Fore
irector		213-03-8849	1,	M 2 F	90	Yrs.	Month	ns Deys	Hours A		nth, Dey, Y	, 1907			
		Usuel Residence of Dece								Ap.	L . 2.7.	1207	EIL) •		
mon !		10e. Stete 10b.	County		10c. Ci	ty, Town or	Location						10	0d. Inside	City Llm
5	ō S	MD. Ba	altimo	re		Cat	consv	ille						1 ☐ Ye	s 2X
or 28	Director	10e. Street end Number					10f.	Zip Code			10g	. Citizan of \	Whet Coun	try?	
238	<u> </u>	719 Edmonds	on Av	enue				21228	3			U.S.A.			
Examiner must be notified at	Funeral	11. Marital Status	JO11 11V	12. Wes Deced	lent Ever in L	I,S. 13			Hispanic Origin? en, Mexican, Po	(Specify Ye	s or No-	14. Rac	e - Americ		-
other than "neturel", or items yent, the Medical Examiner in Na Commission by Ermos		1 Never Married 2	Married	Armed Ford	₹₩ No		_			uerto Hican,	etc.)		ck, White,	etc.	
Fra S	2	3 ₩ Widowed 4 □ D	vorced	If Yes, Give Year or Dat	e <i>s</i> :		1 LI Yes	2 No	Specify:			Specify	whi	te	
	Completed	15. D	cedent's Ed	ucation		16e. Dec	edent's U	suel Occu	petion		16	16b. Kind of Business/Industry			
p di	E	Elamentery/Secondary		de completed) College (1-4	for 54)	life	DO NOT	work done usa ratire	during most of d)	working					
4 4	0	8	0 12/	Conege (1	101 317	auto	mec	hanio	,		automobile				
d othe		17. Fether's Neme (First, I	Aiddle, Last)						18. Mother's I	Name (First,	Middle, Me	iden Sumen	ne)		
numetic event, in	0	William V	Veaver				Emma Jane Pickering								
am I	-	19e. Informent's Neme/Re		ype, Print)		19b. Ma	iling Addre	ess (Stree	end Number of	Rurel Route	Number, C	City or Town.	State. Zip	Code)	
27 Is m r traum		Cordon W	Joaver	.Tr o	con						rel Route Number, City or Town, State, Zip Code) Parkton, Md. 21120				
other tr										c. Location -		wn. Stete			
Important: if flem 27 is marked other than "natur any injury or other traumatic event, the Medical once. To Be Completed					ate					10/00					- 7
nin	Injury	4 Donetion 5 0			Lo	udon I				12/29	/9/ Ba	altimo	ore, M	dary	and
any Ir		21. Signeture of Funeral S	ervice Licens	0					ess of Fecility neral HO	moc	Tnc				
		Standa	- 3	Lam	mer) !	1630	Edmor	ndson Av	7e . C	atons	ville.	Md.	2122	8
s the burial-transit		Due to (or es e consequence of): Sequentially list conditions, if eny, laeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initialed events Due to (or es e consequence of):													
Se S	MIEG	resulting in deeth) Lest	ι	d	Due to (d	r es e cons	equence o	f):							
etached for u	3	Pert II. Other significent c	onditions co	ntributing to deel	th but not res	ulting in the	underlying	cause gi	/an in Pert I.	23	b. Did toba	ICCO USE CO	ntribute to	the cause	of deg
o detached of Physical		Arrive E		ARTON (CHron	. 1					1 Yes	2□ No	3 Prob	ably 4	Unkn
9 9 A		IN IOUR	usuu	HION	· con wa	(2)				-					
page 2 should I	3									24	a. Was en e			re autopsy	
has be ye 2 sh mole	2												con	eveileble prior to completion of cause of deeth?	
page page	5										1□ Yas	2 3 No	10	Yes 2	T No.
# 5 a	0	25. Wes case referred to n	nedicai						26. Plece of I	Deeth (Chec					
O Gire)	exeminer?		lospitel:	nationt 2	ER/Outpeti	ent 3□1	Ott	ner.	g Home 5[a e DOth	or (Specific		
2 -		27. Manner of Deeth		28e. Dete of	Injury	28b. Time		28c. Inju Wo				Injury occur		,	
fune			Pending nvestigation	(Month,	Day Year)	Injury	М								
ol Director: After the doin by the funeral Certification:		3 ☐ Suicide 6 ☐	Could not be detarmined	tition M 1 Yes 2 No					28f. Loc City	ation (Stree or Town, S	et end Numb Stata)	er or Rurai	Route Nu	nber,	
completely filled in							od et the ti	ma, date end ple pinion, deeth o	ece, end dua	to the ceus	e(s) end ma and place,	nner es ste end due to	eted. the cause	(s)	
Mec Mec				end menner	stated.										
- 8	230, 2100130 11011									Dete signed			2.		
	Jacobs Milliam M D48189							0	ECONBE	x 27	tte				
		30. Name and address of p	erson who be	impleted cause	of death (Item	1	e, Print)	~		1					
		JACOB IN	SULVE	MD	114	Busi.	ness	Cen	TER DR	. Rei	STEES	70W1	MD	211=	3/-
State		31. Dete filed (Month, Day,	Yeer)	July Dec	isker's Signe		282								Acr.



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1 Decedent's Name (First Middle Lest) 2. Date of Death 3. Time of Death Roman Ziatin December 21, 1997 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Fallston General Hospital Fallston Harford 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 6. Sax 8. Data of Birth (Month, Day, Year) Birthpiaca (Stata or Foreign Country) ₩ 2 F Days Min. Yrs 215-03-8933 86 11/14/1911 Russia Usual Residence of Decedent 10a Stata 10b. Count 10c. City, Town or Location 10d. Inside City Limits N/A MD Baltimore 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3706 Mary Avenue 21206 U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 XYes 2 No If Yes, Give Year or Datas: Never Married 2 Marriad 1 ☐ Yes 2 ☐ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Sales Person Department Store 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surname) Jacob Ziatin Wasia Surma 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Michael Mickel 4042 Stansbury Mill Road Monkton, Maryland 21011 20b. Place of Disposition (Name of cematery, crematory or other place) HOLY Irinity Cemetery 20c. Location - City or Town, Stata 20a. Method of Disposition 1 ₺ Burial 2 □ Cremation 3 □ Removal from State 12/27/97 Elkridge, Maryland 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility Dippel Funeral Home Inc. 21. Signature of Funeral Service Licensee martin 7110 Belair Road Baltimore, Maryland 21206 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximate Interval Between Onset and Death Immadiata Causa (Final PNEU MONIA BILATERAL 2 WEEKS disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CEREBRAL VASCULAR ACCIDENT 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? CHRONK RENAL FAILURE ANEMIA 1 Yas 2 No 1 ☐ Yes 2 ☐ No 28. Place of Death (Check only one) Hospital: 1- Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Othar (Specify) 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of 1 Yes 2 No

Box 68780 Physician/Medical 940 P.O. Records, Completed of Vital Be Certification: To # Division after death Director:

Physician

/Medical

Examiner

Director

by Funeral

Completed

Funeral

Director

7 is marked other than "natural", or hems 23a or 28a-f show traumatic event, the Modical Examinal must be notified at

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any injury or other traumatic event.

Physician /Medical

Examiner

ictiv, Roman

25. Was cese referred to medical examiner? 1 Yes 22 No

27. Manner of Death 5 Pending Investigation 1 Matural 2 Accident 3 ☐ Suicide

6 Could not be determined 4 Homicide

28e. Place of Injury - At home, farm, street, factory, office building, atc. (Spacify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifiar

29a. Certifier

Andrew Nowshously mo

29c. License number
D096

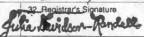
29d. Data signed (Month, Day, Year) DECOMPER 22,1997

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) ANDROW NOWAKOWIEL M.D.

125 N. MAIN ST. BEL AIR, MD 26014

31. Date filed (Month, Day, Year) State Registrar

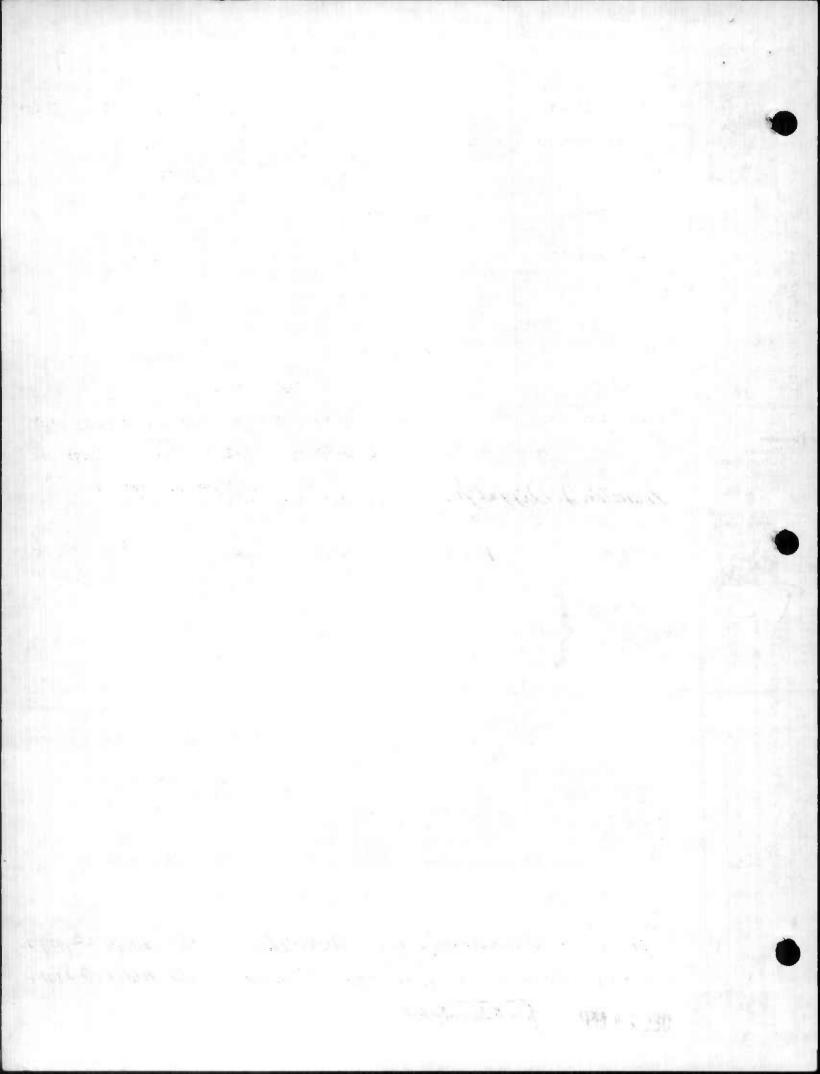
Medical



DHMH 16 Rev 6/95

24 hours a Funeral C

To the P within 2 To the P



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene. Certificate of Death Reg. No." 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth Dey **Physician** Zalar Mary DECEMBER 19 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4h. City. Town, or Location of Death 4c. County of Deeth **Examiner** Caton Manor Baltimore

7. Aga (In yrs. lest birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Days Hours Min. (Month, Day, Year) Genesis Elder care N/A 5. Sociel Security Number Birthplece (State or Foreign Country) **Funerai** 1□ M 2X F 217 74 8272 Yrs Director 96 May 26, 1901 Yuqoslavia Usuel Residence of Decedent the Maryland 10e Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or hems 23a or 28a-f show traumatic event, the Medical Examinar must be notified at Baltimore 1 TYPYes 2 □ No. Director N/A Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21229 U.S. 3330 Wilkins Avenue Funeral 12. Was Decedant Evar in U.S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after. Department of Healith and Mental Hygiene. Important: If flem 27 is marked other than "natural", or the eny injury or other traumatic event, The Medical Examina 1 Navar Married 2 Married 1 Yes 2 No If Yes, Give Yaer or Detes: 1 ☐ Yes 2 No þ Specify: White 3X Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Zalar, mary Elementary/Secondary (0-12) 5th College (1-4or 5+) Home Maker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Alice (not available) Joseph Sernell 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Karen Danaitis 1501 Cypress Street Baltimore, Maryland 20b. Placa of Disposition (Name of cametery, cremetory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1X Burlel 2 ☐ Cremetion 3 ☐ Removal from State 12/23/97 Baltimore, Maryland Cedar Hill Cemetery 4 □ Donetion 5 □ Othar (Specify) 21. Signature of Funeral Service License 22. Name end Address of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 ications that caused the ne cause on each line. Bunot enter the mode of dylng, such es cardiac or respiretory errast, Approximete Intervel Between Onset end Deeth Enter the diseas **Physician** /Medical Immediate Cause (Final arrhythymia diseesa or condition resulting in deeth) Examine Sevene Coronary arkey disease years and Il-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest Box 68760 Physician/Medical Due to (or es a consaquence ot): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown senile dementia Records, þ 24e. Wes en eutopsy performed? 24b. Were autopsy tindings eveileble prior to completion of cause of deeth? Completed peed has page 2 certificata 1 ☐ Yes 2 X No 1 ☐ Yes 2 ☐ No Division of Vital i or Attending Physician: after death. Director: Attar this certific 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Yeer) 28c. Injury et Work? 28d. Describe how injury occurred Certification: 28b. Time of 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, tectory, office building, etc. (Specify) 4 Homleide To the Hospital o within 24 hours aft To the Funeral DI completely filled in 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end menner es steted.

2 Madical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and dua to the cause(s) end manner stated. 29a, Certifiar Medicai 29c. License number 29d. Dete signed (Month, Dey, Year) 29b. Signature and title of certifiar Sparlek, m.O.

State Registrar

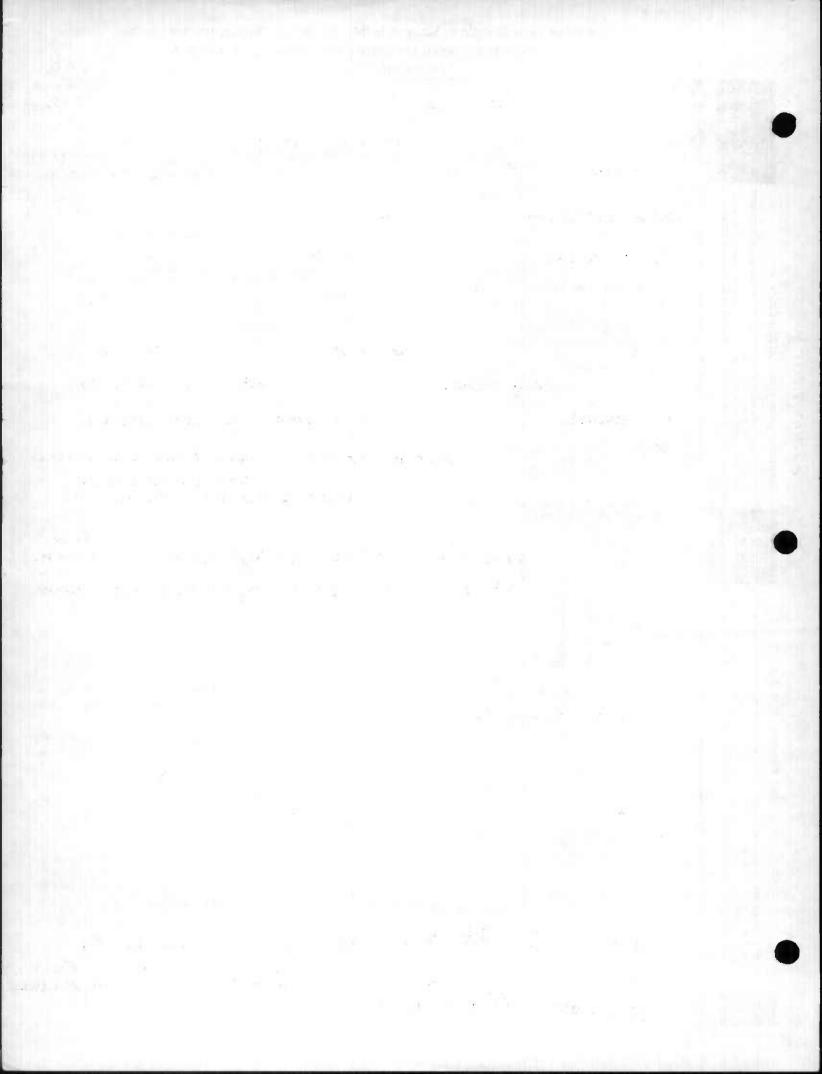
31. Dete filed (Month, Dey, Yeer)

DEC 2 9 1997

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) he handon Rondoll

12-20-97

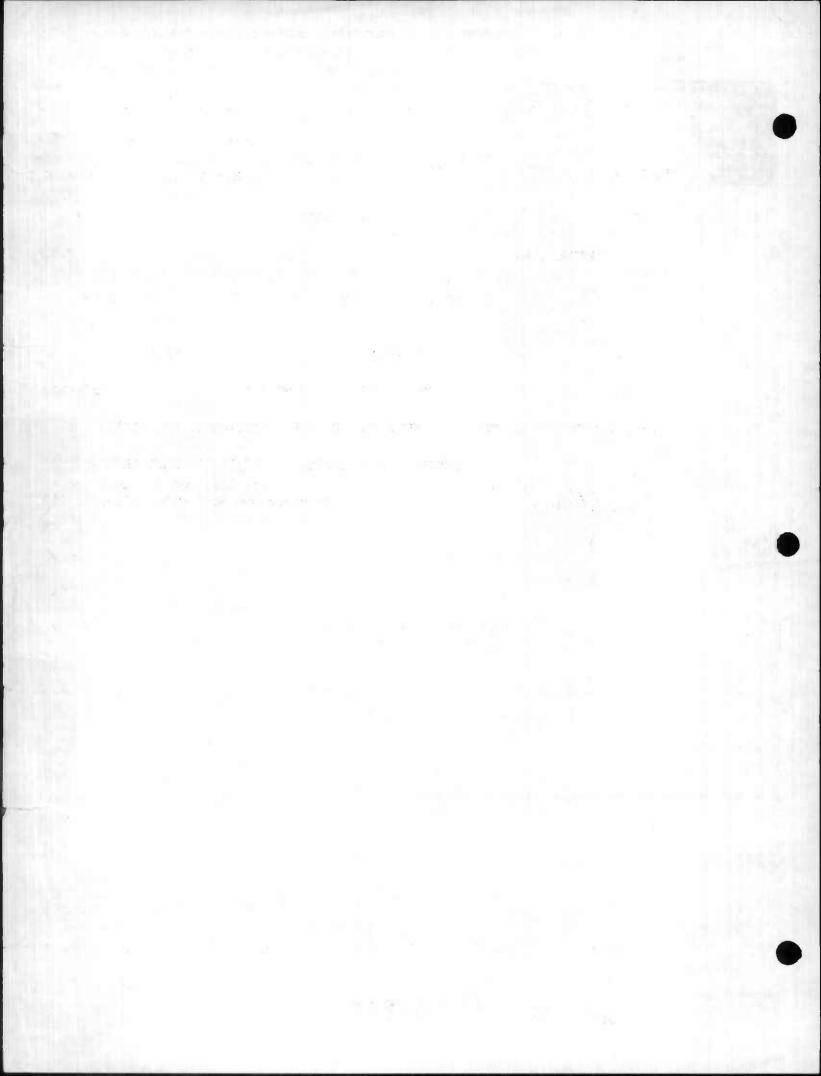
Baltimore-Annapolis Blue Md 21122



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 39 | 8

						(Certifica	ate of	Death	Re	ig. No.	33	109
Р	hysicl	an	1. Decedant's Nama (First, Middla, La	st)			(-		77.16	2. Data of Daati Month		Year	3. Time of Deeth
	/Medic	al	Richard			na	orter			Decemb	ner 22.	1997	9:05 PM
E	xamir	ner	4e. Facility Nama (If not institution, giv Singi Hospita.	/					Baltin		8 Bala		e city
100	neral ector		5. Social Sacurity Number 6. S 214–14–9550 Usual Rasidence of Decedant	ax 7 X M 2 □ F	Aga (In yrs	lest birth	Month	der 1 Year ns Days				9. Birthpl Count	aca (Stata or Foreign try) GERMANYÑ
yland	M W		10a. Stata 10b. County		10c. C	ity, Town	or Location					10	Od. Insida City Limits
e Mar	P P	ctor	MD N/	A			B	ALTIM	ORE				1 ¥ Yas 2 □ No
ith with th	23a or 2	ral Director	10e. Street and Number 6971 BLANCHE	ROAD			10f.	Zip Coda	21215	10	g. Citizan of V	What Count	U.S.A.
5-0020 72 hours effer death with the Maryland	r than "natural", or frems 23a or 28a-f show the Medical Exempler must be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Widowad 4 Divorced	12. Was Deceda Armad Forca 1 2 Yas 2 If Yas, Giva Yaar or Data	S? WW	II		cedant of pecify Cut		Specify Yas or No- rto Rican, atc.)		e - Amarice ck, Whita, a	
72 h	ration	Completed	15. Decedant's Ed (Specify only highest gre	ducetion da complatad)		16a. [Decedent's U. Giva kind of	sual Occu work done	pation during most of wo	orking	16b. Kind of Business/Indu		ustry
2121 d within giene.	Tre Me	ompi	Elamentary/Secondary (0-12)	Collaga (1-4c	or 5+)		lifa. DO NOT NTER	usa retire	ed)				
8 2	a marked other aumatic event, I	Be Co	17. Fathar's Nama (First, Middla, Last)			FILL	TIATIEN		18. Mothar's Na	me (First, Middle, N			
Maryland 12 should be file h end Mental Hy	tic ev	To B	HUGO			ZURN	DORFE	R	MARGER	ET		SSERMAN	
lang 2 sho	traumatic		19a. Informant's Name/Ralationship (Type, Print)		19b. l	Mailing Addre	ass (Stree	t and Number or F	lural Routa Number,	City or Town,	Stata, Zip	Coda)
en end	other tr		HANNAH ZURNDORF	ER / WIFE	-	69	71 BL	ANCHE	ROAD B	ALTIMORE,		1215	
0 8 5 3	5 =		20a. Mathod of Disposition 1 Surial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specification 1)	Ramoval from Sta		cematary.	, cramatory o	r othar pla	aca)	Data 2	Oc. Location -	City or Tov	vn, Stata
	any injury		4 L Donation 5 L Other (Specifical Signature of Auneral Service Licer		CHI	EVRA	AHAVA:		ass of English	12/23/97			WN, MD
Balt permit Depart	due due due		> Jay alan	Le"			89	900 F	S Reisterst	ol Levins own Road	Pikesv:		
Phys			23a. Party. Enter the disease, or com- shock or high failure. List only	mions that ceus causa on each	ad tha daa i line.	th. Do no	t antar tha m	oda of dy	Ing, such as cerdia	c or raspiratory arra	st,		Approximata Intarvel Between Onsat and Death
/Me Exan	dical niner		Immadiata Causa (Final disease or condition rasulting in death)	a. pneu	mor	nia						1	week
		er	,	,		or as a co	nsaquanca d	of):					100
peta,	ansit	Examine	Commentative that are property	b. sepsi			nsequance o					- 1/	week
o 1)	buriel-transit		Sequantially list conditions, if any, leading to Immadiate causa. Entar Underlying Cause (Diseasa or injury	conge		,		ailu	11				year
	the bu	edicai	Cause (Diseasa or injury that initiated avants rasulting in deeth) Last	c. co. ige			nsequence o						gear
A of the entitle	98	2		d									
	for us	Slan		<u> </u>									
at the death	be detached	Physician/	Part II. Other algnificant conditions of						van in Part I.				the ceuse of death?
S, F	a deta	by Pt	hypertension, c	coronan	1 art	tery	disco	250		1 TY	8 2□ No	3 Prob	ably 4 Tunknown
oro	should	ompleted b								24a. Was ar perform		ava	re autopsy findings ilabla prior to applation of ceuse
The law		ошо								1 □ Ya	s 2 No		laeth?
VITAI I	ractor, p	O	25. Was cesa rafarred to medicel						26 Place of De	ath (Check only ons			TES ZEE NO
OT VITE Physician:	0 0	ToB	axaminar? 1 ☐ Yas 2 ☑ No	Hospital: 1 Inpa	tiant 2	ER/Outp	atient 3 :	DOA Ot	har			er (Specify)
C g .	uner		27. Manner of Deeth 1 ☑ Natural 5 ☐ Panding 2 ☐ Accidant invastigation				ma of ury M	28c. Inju		Homa 5 Rasidance 8 Oct			
5 6 6	d in by the	Certification:	3 Sulcida 4 Homicida 6 Could not be datarminad 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)						281. Location (Straat and Number or Ru City or Town, Stata)			Routa Number,	
e Hospital	completaly filled	edicai C	29a. Cartifier 1 Certifying Ph. (Check only one)	yelclan: To the bes itnar: On the basis and mannar	of axamine	owledge, o	death occurre or investigation	ed et the ti on, in my	me, deta and plac opinion, deeth occ	e, end due to the ce urred at tha tima, da	use(s) and ma te and place, o	nner as ste and dua to	ited. tha causa(s)
To the Ho within 24 I	comp	Me	29b. Signatura and titla of certifiar			hous	2	29c. Lican	sa number	29	d. Data signa	d (Month, E	Jay, Year)
	/		Deather Kall	mon	MSU (PAC	er	240	2321-41	B-9019 Z	ecem	berö	22,1997
10	0		30. Name end addrass of person who a Heather Boxerme		daath (Itar	m 23a) (T				nore, m			
	Sta	te	31. Dete filad (Month, Day, Year)	32. Regis	Are Sign		Josp	7/01	Bulli	110.6, 111	i ylul	10	
R	eaistr:		DEC 291	997 15	tota D	Widson	-Mande	0					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decadent's Nama (First, Middle, Last) 3. Time of Death 2. Data of Death Month 00 Yaar **Physician** Laura Edith Ambrose 23 /Medicai 4e. Fecility Nema (If not Institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 501 Ninth Avenue Brunswick Frederick If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sax 7. Age (In yrs. last birthday) Birthplace (Stete or Foraign Country) Funeral 1 M 2 DE 220-34-0125 87 Yrs. 10 1910 West Virginia **Qirector** Usual Rasidance of Dacedant 10a. Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Frederick XXYas 2 No Director Brunswick 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 5 "naturel", or Items 23a 501 Ninth Avenue 21716 USA Funeral 12. Was Decedant Evar In U,S. Armad Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedent of Hispenic Origin? (Spacify Yes or No-If Yas, spacify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status filed within 72 hours aftar 1 ☐ Naver Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: White by Specify: 3 ₩ Widowed 4 Divorced Completed 16a. Dacedant's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Hygiena. Elamantary/Secondary (0-12) Collaga (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health and Mantal Hyglens Important: if item 27 is marked other tha eny Injury or other traumatic event, the ponce. Housewife Homemaker 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) George H. Bohnen Bertha A. Michael Bohren 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) "F" Street, Brunswick, MD 21716 902 East Ralph 1. Ambrose 20a. Method of Disposition 20b. Plece of Disposition (Nama of cematary, crematory or other place) Data 20c. Location - City or Town, Stete 1 € Burlai 2 Cramation 3 Removal from Stata Park Heights Cemetery 11/25 Brunswick, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signapora of Funaçai Sarvice Licansee Owner 100 Petersville Rd Brunswick MD William Mara Banbana A. Williams, 21716 23a. Part1. Entar the disaasa, or complications that causad the deeth. Do not anter the mode of dying, such as cardiac or raspiretory arrast, shock, or haart failure. List only one cause on each line. Approximeta Intarval Batween Onset and Death **Physician** /Medical Immadiata Causa (Final MYOCARDIA MMEDIATE INFMRe non disaase or condition rasulting in death) Examiner Dua to (or as a consequance of): Physician/Medical Examiner HETERUOSCUENO TIC CARDLOUA3 CULM DISENSE MINY YEARLY The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or injury that initiated avants rasulting in deeth) Last physician and s the bunal-tran Dua to (or as a consaquance of): P.O. Box 68760, Dua to (or as a consaquance of): USB Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ paga 2 should by 24b. Wara autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? 1 ☐ Yas 2 12(No 1 ☐ Yes 2 ☐ No certificata Division of Vital To the Hospital or Attending Physician: "within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, p. 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Jo 1 Yas 2 No Other: 4 Nursing Homa Rasidance 8 Other (Specify) 27. Manaar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how injury occurred Natural 5 Panding invastigation 1 Yes 2 No 2 Accident 6 Could not ba 3 Suicida 28e. Placa of Injury - At homa, farm, streat, fectory, offica building, etc. (Specify) 28f. Location (Streat end Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homleida The Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

The Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner stated.

The Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a Cartifiar Medical (Check only one) 29b. Signatura and title of certifian 29c. Licanse number 29d. Dete signad (Month, Day, Yaar) M.D 1316675

State Registrar

DEC 0 3 1997

MYNE

31. Data filed (Month, Day, Yaar)

30. Nama and address of parson who complated causa of death (Itam 23a) (Type, Print)

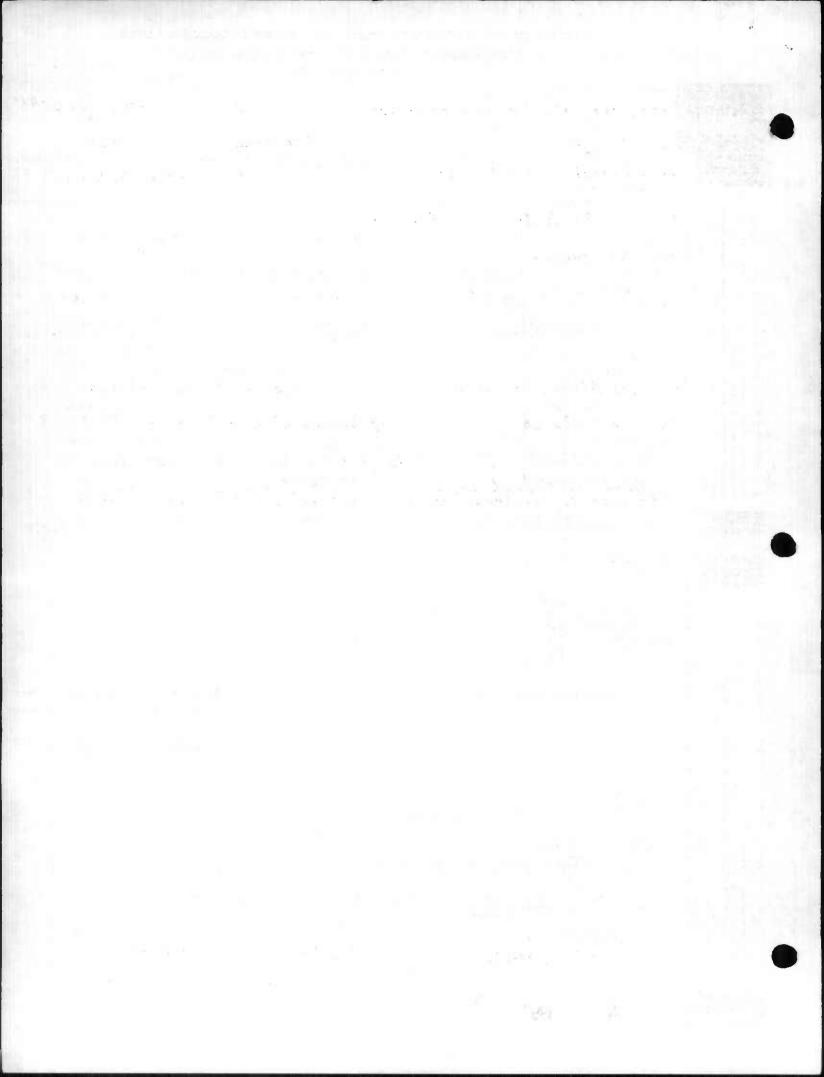
Mismor

32. Ragistrar's Signatura

3 punswick



						-	artment of tificate of			Reg. No.	39	191	
Physic	ian		ma (First, Middla, L		4	,			2. Data of D	Day	Yaar	3. Tima of Deeth 9: 00 の	
/Medi	ical			a Rober		derso	on	4b. City, Town, or	Nov Location of Dea			1.00	
Exami	ner		nd Aven		5617			Brunsw		1,000	deric	b	
Funeral		5. Social Security	Number 6.	Sex 7	. Aga (In yrs. last	birthdey)	If Under 1 Year Months Day	if Under 24 Hrs				a (Stata or Forei	
Director		214-48	,	1□M 2\ F	77	Yrs.	MOTOR Day	Tiodis Will.	Aug 1	1997	Brun	swick 1	
ž ==		Usuai Rasidance 10a. Stata	10b. County		10c. City, To	own or Loc	cation				10d.	inside City Limi	
f show	jo	MD	Fred	erick	Bn	runsu	vick					1 Ves 2□N	
or items 23a or 28a-f ahov miner must be notified at	Director	10e. Street and N	umber				10f. Zip Code			10g. Citizen of V	What Country	7	
23a o		1011 2	nd Aven	ue			2171	16		USi	A		
E B	Funeral	11. Maritei Stetus		12. Wes Deced	lant Ever in U,S.	13. V	Ves Decedant of Yes, specify Cu	Hispanic Origin? (Suben, Maxican, Puar	Specify Yes or N		4. Raca - American Indien,		
or H	by Fu		rried 2 Married	If Yas, Giva		1	□Yes 2□N	o Specify:			Specify: White		
"natural", or		3€1 AAIGOMEG	15. Decedant's i	Yeer or Det		6a Deced	ant's Usuai Occ	unation		16b. Kind of Bu	ucinace/Induc	tne	
	plet	(Spe	ecify only highest g			(Give I	kind of work don OO NOT usa retii	e during most of wo	rking	Nation	al Ge		
or than	Completed	7	O10019 (0-12)	College (1-4	401 54)					Socie			
end menter hygrens. a marked other than aumatic event, the M	Be	-	(First, Middla, Las							a, Maidan Suman			
7 is marked traumatic or	2							- 0	Hazel Dell D				
5 - 5		19e. Informent's Name/Ralationship (Type, Print) Barbara Kelbaugh				19b. Malling Addrass (Street and Number or Rura 19813 Brownsville							
2 5					20b. Place		sition (Neme of natory or other p		Deta	20c. Location -			
= 5	113		Cramation 3 5 Other (Spec		(e)a _			Cemetery	12/1	Brunn	wick.	MD	
Department important: It any injury o		21. Signatur of F	une al Sarvice Lice	William.	ian	37	Nama end Add	rass of Facility	as Fune	ral Hoi	me		
_		200100000000000000000000000000000000000				=10 / (10 rete	ONAVIIIO	Kd Dn	unawic	me k MD 21716		
ysician		snock, or na			used the deeth. L	Do not enta	ar tha moda of d	ying, such as cardia	c or raspiratory	arrest,	Ar	pproximata	
			art railure. List Ori	y ona cause on aad	ch lina.	Do not enta	ar tha moda of d	ying, such as cardia	c or raspiratory	Brrest,	Ar	oproximata tarvai Between	
ledicai	П	immediete Ceuse diseasa or conditi	(Fine)				infar	ying, such as cardia	c or raspiratory	arrest,	Ar Int Or	oproximata tarvai Between	
ledicai	76	immediete Ceuse	(Fine)		Due to (or as	al	infar	ying, such as cardia	c or raspiratory	arrest,	Ar Int Or	pproximata tarvai Between nset and Deeth	
ledicai aminer	miner	immediete Ceuse diseasa or conditi rasulting in death	(Finel on		Due to (or as	a consequ	Infaruance of):	ying, such as cardia	c or raspiratory	arrest,	Ar Int Or	oproximata tarvai Between nset and Deeth	
ledicai aminer	Examiner	immediete Ceuse diseasa or conditi rasulting in death	(Finel on		pocardi	a consequ	Infaruance of):	ying, such as cardia	c or raspiratory	arrest,	Ar Int Or	pproximata tarvai Between nset and Deeth	
Aedicai aminer	Exa	immediete Ceuse diseasa or conditor rasulting in death, Sequentially list of any, leading to I causa. Enter Unc Cause (Diseasa other initiated even	onditions, mmadiata larlying r Injury		Due to (or as	a conseque	uance of):	ying, such as cardia	c or raspiratory	arrest,	Ar Int Or	pproximata tarvai Between nset and Deeth	
d bhysician and se the buriel-transit	edical Exa	immediate Cause disease or condition resulting in death, Sequentially list of any, leading to icause. Enter Unc	onditions, mmadiata larlying r Injury		Due to (or as	a conseque	uance of):	ying, such as cardia	c or raspiratory	arrest,	Ar Int Or	oproximata tarvai Between nset and Deeth	
ding physician and see es the buriel-transit	edical Exa	immediete Ceuse diseasa or conditor rasulting in death, Sequentially list of any, leading to I causa. Enter Unc Cause (Diseasa other initiated even	onditions, mmadiata larlying r Injury		Due to (or as	a conseque	uance of):	ying, such as cardia	c or raspiratory	arrest,	Ar Int Or	oproximata tarvai Between nset and Deeth	
led for use as the burle-transit and the burle-transit and for use as the burle-transit and for use as the burle-transit and for use as the burle-transit and for use	edical Exa	immediete Ceuse diseasa or conditi rasulting in death Sequentially list of any, leading to cause. Enter Unc Cause (Diseasa of the Initiated even resulting in death) Part II. Other sign	onditions, mmadiate larlying r injury is Last	a	Due to (or as	a consequence consequence	uance of):	ving, such as cardia	c or raspiratory	I tobacco use co	Arino	oproximata larval Between nset and Deeth	
and publication and section and section and section and section are earlier and section an	Physician/Medical Exa	immediete Ceuse diseasa or conditi rasulting in death Sequentially list of any, leading to cause. Enter Unc Cause (Diseasa of the Initiated even resulting in death) Part II. Other sign	onditions, mmadiate larlying r injury is Last	a	Due to (or as	a consequence consequence	uance of):	ving, such as cardia	c or raspiratory	I tobacco use co	ntribute to th	oproximate larval Between neet and Deeth	
ghed by the ettending physician and mid-transit up of person of the principle of the princi	by Physician/Medical Exa	immediete Ceuse diseasa or conditi rasulting in death Sequentially list of any, leading to cause. Enter Unc Cause (Diseasa of the Initiated even resulting in death) Part II. Other sign	onditions, mmadiate larlying r injury is Last	a	Due to (or as Dua to (or as Dua to (or as	a consequence consequence	uance of):	ving, such as cardia	23b. Did	I tobacco use co	ntribute to th	proximata larval Between neet and Deeth	
been signed by the estending physician and in positions and in positions and in position and i	by Physician/Medical Exa	immediete Ceuse diseasa or conditi rasulting in death Sequentially list of any, leading to cause. Enter Unc Cause (Diseasa of the Initiated even resulting in death) Part II. Other sign	onditions, mmadiata artying f injury is	a	Due to (or as	a consequence consequence	uance of):	ving, such as cardia	23b. Did	I tobacco use co	ntribute to th	proximate larval Between neet and Deeth	
hes been signed by the ettending physician and in order to should be deteched for use as the buriel-transit in order.	by Physician/Medical Exa	immediete Ceuse diseasa or conditi rasulting in death Sequentially list of any, leading to cause. Enter Unc Cause (Diseasa of the Initiated even resulting in death) Part II. Other sign	onditions, mmadiate larlying r injury is Last	a	Due to (or as Dua to (or as Dua to (or as	a consequence consequence	uance of):	ving, such as cardia	23b. Did	I tobacco use co I Yes 20 No s an autopsy ormed?	ntribute to th 3 Probab	proximate larval Between neset and Deeth larval Between neset and Deeth larval Between neset and Deeth larval Between larval Between larval la	
ate has been signed by the ettending physician and page 2 should be deteched for use as the buriel-transit	e Completed by Physician/Medical Exa	immediete Ceuse diseasa or conditi rasulting in death Sequentially list of any, leading to cause. Enter Uncause (Diseasa othet initiated even resulting in death) Part II. Other sign Seve	onditions, madiata larlying rinjury is Last	a	Due to (or as Dua to (or as Dua to (or as	a consequence consequence	uance of):	ying, such as cardia	23b. Did	I tobacco use co I Yes 20 No s an autopsy ormed?	ntribute to th 3 Probab	proximate larval Between neet and Deeth larval Between neet and Deeth larval Between larval Betw	
is certificate has been signed by the ettending physician and director, page 2 should be detached for use as the buriel-transit of page 2.	Completed by Physician/Medical Exa	immediate Cause disease or condition resulting in death of any, leading to cause. Enter Uncause. Enter Uncause. Enter Uncause (Disease of the Initiated even resulting in death) Part II. Other sign. Seve	onditions, mmadiata lariying to last last last last last last last last	a. My c. Contributing to deal hosis Colon C	Due to (or as Due to (or as Due to (or as Due to (or as	a consequence consequence	uance of): uance of): uance of):	givan in Part I. 26. Piace of De	23b. Did 1 24a. Wa perl	I tobacco use co I Yes 20 No s an autopsy ormed?	ntribute to the 3 Probab	proximate larval Between need and Deeth larval Between need and Deeth larval Between larval Betw	
is certificate has been signed by the ettending physician and director, page 2 should be detached for use as the buriel-transit of page 2.	To Be Completed by Physician/Medical Exal	immediate Cause disease or condition resulting in death. Sequentially list of any, leading to locause. Enter Uncause (Disease of the Initiated even resulting in death) Part II. Other sign Seve	onditions, mandiata lartying ratelying ratelying rately to the second formation of the second formatio	a. My b	Due to (or as Due to (or as Due to (or as Due to (or as	a consequence of a cons	uance of): uence of): uence of): uence of): uence of): 28c. Inj	givan in Part I. 26. Piace of De Other: 4 □ Nursing H	23b. Did 1 24a. Wa perl 1 10eth (Check only)	I tobacco use cod Yes 2 No No san autopsy ormed?	ntribute to the 3 Probable 24b. Ware svalia comport of daa 1 Y	proximate larval Between need and Deeth larval Between need and Deeth larval Between larval Betw	
or: After this certificate has been signed by the ettending physician and in process. The funeral director, page 2 should be deteched for use as the buriel-transit or in process.	To Be Completed by Physician/Medical Exal	immediete Ceuse diseasa or condition rasulting in death. Sequentially list of any, leading to 1 causa. Enter Unc Cause (Diseasa or thei nitiated even resulting in death) Part II. Other sign Seve 11 15 to 25. Was case rafa axaminar? 1 27. Mannar of Dea	onditions, mandiata larlying rinjury is Last Ifficant conditions CC V 2 F orred to medical No oth 5 Pending invastigetic 6 Could not	a. My c. Contributing to deal hosis Colon C Hospital: 1 Inp 28a. Dete of (Month, on the color on the col	Due to (or as Due to (or as Due to (or as Due to (or as th but not resulting COCCC patient 20 ERV Injury, Day Year) 281	a consequence of a consequence consequence of a consequen	uance of): uence of):	givan in Part I. 26. Piace of De Other: 4 Nursing Higher ork?	23b. Did 1 24a. Wa perl 1 eth (Check only Homa 5 B Ras 28d. Dascribe	I tobacco use cool Yes 2 No	ntribute to the solution of das 1 year (Specify) and solution of the solution	proximate larval Between neset and Deeth I S	
or: After this certificate has been signed by the ettending physician and in orther funeral director, page 2 should be deteched for use as the buriel-transit in orther funeral director, page 2 should be deteched for use as the buriel-transit in orther funeral director.	To Be Completed by Physician/Medical Exal	immediete Ceuse diseasa or conditi rasulting in death Sequentially list of any, leading to 1 cause. Enter Unc Cause (Diseasa of their initiated even resulting in death) Part II. Other sign 25. Was case rafa axaminar? 1 Yas 22 27. Mannar of Death Sequence 1 Sequence 1 Sequence 2 Accidant	onditions, maddiata larlying alraying in Injury is last ifficant conditions If Cant c	a. My c	Due to (or as Due to (or as Due to (or as Due to (or as	a consequence of a consequence consequence of a consequen	uance of): uence of):	givan in Part I. 26. Piace of De Other: 4 Nursing Higher ork?	23b. Did 1 24a. Wa perl 1 ceth (Check only loma 5 Ras 28d. Dascribe	I tobacco use cod I Yes 2 No s an autopsy ormed? Yas 2 No one)	ntribute to the solution of das 1 year (Specify) and solution of the solution	proximata larval Between neset and Deeth Cause of dear e cause of dear autopsy finding ble prior to letion of cause th? es 2 No	
Function area of the this certificate has been signed by the ettending physician and included in by the funeral director, page 2 should be deteched for use as the build-transit of by the funeral director, page 2 should be deteched for use as the build-transit of by the funeral director, page 2 should be deteched for use as the build-transit of by the funeral director, page 2 should be deteched for use as the build-transit of by the funeral director, page 2 should be deteched for use as the build-transit of by the funeral director.	Certification: To Be Completed by Physician/Medical Exal	immediete Ceuse diseasa or conditi rasulting in death Sequentially list of any, leading to 1 cause. Enter Unc Cause (Diseasa of the Initiated even resulting in death) Part II. Other sign 25. Was case rafa axaminar? 1 Yas 22 27. Mannar of Death Sequential Sequen	onditions, mandiata larlying rinjury to Last Ificant conditions Per V 2 f Imred to medical invastigetic for Could not datarmine	a. My c. Contributing to deal h OSIS Colon Hospital: 1 Inp 28a. Dete of (Month, on be 28e. Place of building or hystolean: To tha be similarer: On the besimilarer: On the besimilarer.	Due to (or as Experiment to the patient to the pat	a consequence of a cons	uance of): odarlying causa of a 3 □ DOA □ 28c. Inj W M occurred at tha	givan in Part I. 26. Piace of De Other: 4 Nursing Higher ork?	23b. Did 1 24a. Wa perl 24a. Wa perl 25 Ras 28d. Dascribe 28f. Location City or To	I tobacco use cool Yes 2 No s an autopsy ormed? Yas 2 No one) sidance 8 Oth how Injury occur (Street and Numb	ntribute to the sound of the so	proximate larval Between neet and Deeth larval larva	
Function area of the this certificate has been signed by the ettending physician and included in by the funeral director, page 2 should be deteched for use as the build-transit of by the funeral director, page 2 should be deteched for use as the build-transit of by the funeral director, page 2 should be deteched for use as the build-transit of by the funeral director, page 2 should be deteched for use as the build-transit of by the funeral director, page 2 should be deteched for use as the build-transit of by the funeral director.	To Be Completed by Physician/Medical Exal	immediete Ceuse diseasa or conditi rasulting in death. Sequentially list of any, leading to 1 causa. Enter Unc Cause (Diseasa o thei initiated even resulting in daath) Part II. Other sign Seve 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	onditions, mandiata lartying re injury ts. Last ifficant conditions If Continue invastigation datarmine Could not datarmine	a. Mospital: 1 Ing. 28a. Dete of (Month, on be 28e. Place of building	Due to (or as Experiment to the patient to the pat	a consequence of a cons	uance of): uence of): uence of): uence of): uence of): darlying causa (28c. In W M If act, fectory, office occurred at the astigation, in my	givan in Part I. 26. Piace of De Other: 4 Nursing Horr? Yas 2 No	23b. Did 1 24a. Wa perl 24a. Wa perl 25 Ras 28d. Dascribe 28f. Location City or To	I tobacco use cool Yes 2 No s an autopsy ormed? Yas 2 No one) sidance 8 Oth how Injury occur (Street and Numb	ntribute to the svalial composition of das a composition of the state and dua to the state an	proximate larval between need and Deeth larval set and Deeth larval set and Deeth larval set and Deeth larval larv	
s certificate has been signed by the ettending physician and in placetor, page 2 should be detected for use as the burletransit as a placetor.	edical Certification: To Be Completed by Physician/Medical Exal	immediete Ceuse diseasa or conditi rasulting in death of the case of the cause. Enter Unc Cause (Disease of the initiated even resulting in death) Part il. Other sign Seve Ceuse of the case of the cause of the c	onditions, mandiata lartying re injury ts. Last ifficant conditions If Continue invastigation datarmine Could not datarmine	a. My c. Contributing to deal h OSIS Colon Hospital: 1 Inp 28a. Dete of (Month, on be 28e. Place of building or hystolean: To tha be similarer: On the besimilarer: On the besimilarer.	Due to (or as Experiment to the patient to the pat	a consequence of a cons	uance of): uance	givan in Part I. 26. Piace of De Other: 4 □ Nursing Higher ork? □ Yas 2 □ No	23b. Did 1 24a. Wa perl 24a. Wa perl 25b. Did 1 25c. Did 26b. Check only 1 28c. Dascribe 28f. Location City or To	I tobacco use cool Yes 2 No s an autopsy ormed? Yas 2 No one) idance 8 Oth how Injury occur (Street and Numburn, Stata) a cause(s) end ma, data and place, 29d. Date signe	ntribute to the svalial composition of das a composition of the state and dua to the state an	proximate larval between need and Deeth larval set and Deeth larval set and Deeth larval set and Deeth larval larv	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** KATHLEEN MARIE ASHBY December 13, 1997 4:00 AM /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 3000 Bramblewood Court Waldorf Charles 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
July 20, 1946

8. Birthplace (State or Foreign Country)
New York 7. Age (In yrs. last birthday) **Funeral** 1 M 2 KF Hours Yrs. Director 219-48-2954 Usuai Residence of Decedent the Maryland r 28a-f show 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Charles Waldorf 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or items 23s or the Medical Examiner must be 3000 Bramblewood Court 20603 USA 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes ※XXNo if Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. filed within 72 hours efter. Hygiene. other than "natural", or he 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White þ Specify 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed wit Department of Health and Mental Hygiens Important: If Itam 27 is merked other tha any Injury or other traumetic event, Ital. Assistant VP Claims Insurance Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be William M. Benton Mary Catherine Purdy 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert M. Ashby, Jr.-Husband 3000 Bramblewood Ct., Waldorf, MD 20603 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Surial 2 ☐ Cremetion 3 ☐ Removel from State Trinity Memorial Gardens 12-17 4 ☐ Donetion 5 ☐ Other (Specify) Waldorf, MD 21. Signature of Funerel Service Licansee 22. Name end Address of Fecility Huntt Funeral Home, Inc. Shannon W. Ramirez M00798 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in death) **Examiner** The lew requires that the death certificate be executed **buriel-transit** Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Lest and Due to (or es e consequence of): physician s the buriel Box 68760, Physician/Medical Due to (or es e consequence of): attending I P.0. ed by the a Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, by certificate has been si irector, page 2 should 24b. Were eutopsy findings aveilable prior to Completed 24e. Wes en eutopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director. Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 10 1 | Yes 2 | N6 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 5 Pending Investigetion 1 Neturei 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) end menner steted. Medical 29e. Certifier

Dr. Daniel M. Howell, 11345 Pembrooke Sq. #104, Waldorf, MD 20601

29c. License number

29d. Date signed (Month, Day, Year)

State Registrar 29b. Signeture end title of continue

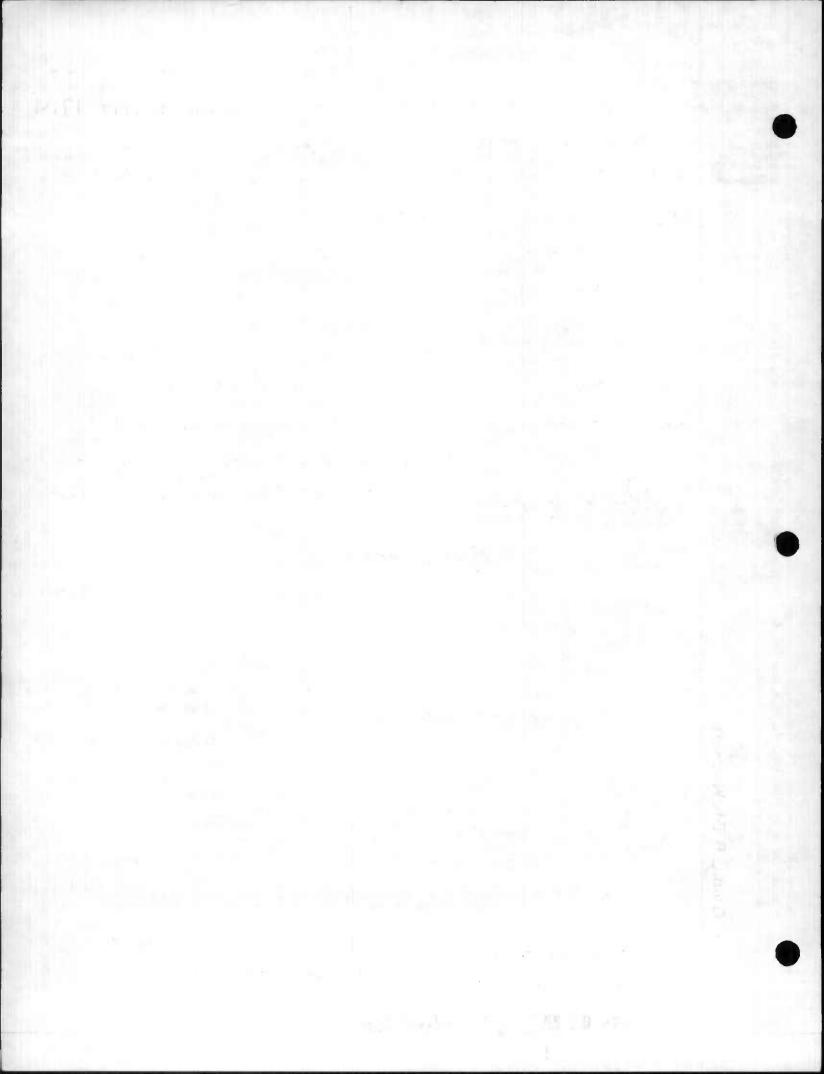
31. Dete filed (Month, PECal 6

30. Name end a ress of person who completed cause of deeth (Item 23e) (Type, Print)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene.

		Decedent's Name (First, Middle, La.		y raina r		cate of	Death	2. Dete of De	Reg. No.	391	9 3
Physici			Adell Bli	ckenst	aff			Month	Dey	Yeer	7 1 L 1
/Medic		4e. Fecility Neme (If not Institution, give		ckenst	arr		4b. City, Town, or	Location of Deet		1997 1	114
Examir	ıer										
-		Washington Count 5. Social Security Number 6. S		a (In yrs. lest)	hirthday) If L	Inder 1 Year	Hagerst If Under 24 Hrs			hington	
Funeral Director			OM 2₽F	92		nths Deys		(Month, Di		9. Birthpiace (Ste Country) Maryland	
yland Mow		10e. Stete 10b. County		10c. City, To	own or Location	1				10d. insid	e City Limits
Mar	tor	Maryland Frederi	ck	Myer	sville					1 🗆 `	Yes 30 No
with the	I Direc	10e. Street end Number 12328 Harp Hill R	nad		10	f. Zip Code	3		10g. Citizen of U.S.		
within 72 hours efter death with the Maryland ene. than "natural", or itams 23a or 28a-f show to Monical Examinal must be notified.	by Funeral Director	11. Meritel Stetus 1 Never Married Married 3 Widowed 4 Divorced	12. Was Decadent E Armed Forces? 1 Tyes 2 N If Yes, Give Yeer or Detes:				Hispenic Orlgin? (S en, Mexican, Puer	specify Yes or No to Ricen, etc.)	- 14. Rad	e - Americen Indier ck, White, etc.	n,
within ane. than	Completed	15. Decedent's Ed (Specify only highest gre Elementery/Secondery (0-12)	ucation de completed) College (1-4or 5-	+)	6e. Decedent's (Give kind of life. DO No	of work done OT use retire	pation during most of wo d)	rking	16b. Kind of Business/Industry Own Home		
other other		17. Fether's Name (First, Middle, Last)		п	omemake	er	18 Mother's Na	ne (First Middle	Maiden Sumen		
od all o	Be C	Asbury E. Hoover									
d 2 should th and Mer 7 is marks traumatic	10						Mary Virginia Valentine (Street and Number or Aural Route Number, City or Town, Stete, Zip Code)				
12 sho h and ls me traum		19e. Informent's Name/Reletionship (1									
deal deal m 2		Harry G. Blickens	taff, Jr.	20h Bloss	12328 H	Harp H	ill Road				
		20e. Method of Disposition 1 □XBurial 2 □ Cremetion 3 □	Removal from State		of Disposition tery, cremetory			Date	20c. Location -	City or Town, Stete	θ
tant:		4 □ Donetion 5 □ Other (Specif))	St.Ma	rk's Lu	ıthera	n Cemt 1			lle, Mary	land
permit. Pages Depertment of Important: If it any injury or o		21. Signeture of Funerel Service Licen	bitte				ess of Fecility uneral Ho		Main s	treet , MD 2177	3
Physician /Medicai		23a. Pert1. Enter the disease, or companies shock, or heer/failure. List only of immediate Cause (Finel	-				ng, such es cardie	or respiretory e	rrest,		mete Between and Deeth
Examiner	er	disease or condition resulting in deeth)		Due to (or es	e consequence	25+ of):					
tificate be executed g physician end es the buriel-trensit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Discesse or injury that initiated events	0.	Due to (or es	e consequence	05.5 of):				10)	124-5
	Physician/Medical	Ceuse (Dissess or Injury that initiated events resulting In death) Lest	d	Due to (or es	e consequenca	of):					
eath cer ettendir I for use	ciar										
thet the death cer ed by the ettendir deteched for use		Pert II. Other eignificant conditions of					ven in Pert I.		tobacco uee co	ntribute to the cau 3 ☐ Probably	
The lew requires thet the death certained in the been signed by the ettendir page 2 should be deteched for use	leted by	Demer	ire Hea						en eutopsy ormed?	24b. Were eutop eveileble pr completion	ior to
certificate hes rector, page 2	Completed							10	Yes 2 No	of deeth?	2 No
Sertific sector,	Be	25. Wes case referred to medical exeminer?						oth (Check only	one)		
Sal di	tion: To	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DO/		28c. Inju	ry et		me 5 Residence 6 Other (Spe 28d. Describe how injury occurred				
To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer CT LCD LCD P	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injubuilding, etc.	ry - At home, (Specify)			100 22.10	28f. Location (City or To	Street end Numb wn, Stete)	er or Rural Route N	Vum <i>ber,</i>
To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	sicien: To the best of iner: On the basis of end manner stat	examinetion e	ge, deeth occur and/or investiga	rred et the ti	me, dete end plece opinion, death occu	e, end due to the rred et the time,	ceuse(s) end me dete end placa,	enner es steted. end due to the caus	se(s)
Nithir To th	M	29b. Signeture end title of certifier				29c. Licens	se number		29d. Date signe	d (Month, Dey, Yea	ır)
- > - 0		· M3K	ern	md			8471		12/:	2/97	
	30. Name and address of person who completed cause of death (Item 23e) (Type, Print) William B. Kerns, M.D. md										
Sta Registra	_	31. Dete filed (Month, Day, Year)		r's Signature	2						



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 39194

					Certificate o	t Death	F	Reg. No.	46160
huciai	22	1. Decedant's Neme (First, Middle, La	est)				2. Deta of Dea		3. Time of Deeth
hysici: Medic/	- 4	George	DRI	VER	Bl	RAGAW J	r Novembe	er 24, 1	.997 6:12pm
xamin		4a. Facility Neme (If not institution, gir				4b. City, Town, o	r Location of Death	4c. County	of Death
		21 West Third S				Frede			ederick
eral tor		578-36-9593	Sax 7. Aga	(In yrs. lest birtl	Months Dey			, Year) 1930	9. Birthplece (State or Foreign Country) Maryland
		Usual Rasidence of Decedent 10a. State 10b. County		10c. City, Town	or Location				10d. Insida City Limits
	ctor	Maryland Freder:	ick	Frede					1 □XYes 2 □ No
	Funeral Director	10e. Street end Number 21 West Third S	treet		10f. Zip Coda	701		10g. Citizen of V	· ·
	by	11. Marital Status 1 ☐ Nevar Marrled 2 ☑ Merrlad 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedant E Armed Forces? 1 X Yas 2 N If Yes, Give Yeer or Datas:	0	13. Was Dacedent of If Yes, specify Co		(Specify Yes or No- erto Rican, etc.)	14. Rac Blac Specify	e - American Indian, ck, White, etc. c: White
	Completed	15. Decedent's E (Specify only highast grant properties) (Specify only highast grant properties) (Specifical Properties) (Spec	ducation ade com <i>pletad)</i> Collega (1-4or 5-		Decedent's Usuel Occ Giva kind of work dor lifa. DO NOT use reti blic Infor	ne du <i>ring</i> most of w ired)			HHS Government
	Be C	17. Fether's Name (First, Middla, Last				18. Mother's N	ame (First, Middle,	Meiden Surnem	e)
	ToB	George Drive				Marg	aret	Louise	BUTLER
		19e. Informent's Neme/Relationship of Mary Storm Braga	**		Mailing Address (Stre 1 West Thi				Steta, Zip Code) aryland 21701
		20e. Method of Disposition 1 □ Burlel 2 ☑ Cremation 3 □ 4 □ Donetion 5 □ Other (Specia		20b. Plece of I	Disposition (Nema of cremetory or other p	laca)	Dete	20c. Location -	City or Town, State
once.		21. Signature of Funaral Service Lice 23e. Pent. Enter the disease, or com-	Bes plications that caused	M00706	106 East	& Basfor Church S	d P.A. Fu	rick, Ma	ryland 21701
an al		shock, or heert faffure. List only Immediate Causa (Finel disaasa or condition rasulting in death)	one ceuse on each lin	Э.					Intarvel Between Onset end Death
	liner	Table in the state of the state	CANO	ER C	FAILU Insequence of): OF THE	ESOP	HAGUS	2	6 mos.
	edical Examiner	Saquentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury		Due to (or es e co					
	lcal	Cause (Diseesa or Injury thet initiated events rasulting In deeth) Last	C	ue to (or es e co	nsequence of):				
	3		d						
	Physician	Pert II. Other algnificant conditions of	contributing to death but	not resulting in	ha underlying ceuse	given In Pert I.	23b. Did to	obacco use co	ntribute to the cause of death?
							1 🗆 Y	/es 2 No	3 Probably 4 Unknown
2 2							24a. Wes e	en eutopsy med?	24b. Were eutopsy findings avalleble prior to completion of cause of death?
	plet								de demonstrat
	Complet						1 □ Y	es 2XI No	1 ☐ Yas 2 ☐ No
	Be Completed	25. Wes case referred to medical exeminer?				26. Plece of D	1 □ Y	•	
diector, page k	To Be	exeminer? 1 Yes 2 No	Hospitel: 1 ☐ Inpatier	t 2 🗆 ER/Outp	Glialit 3L DOA	Othar: 4 ☐ Nursing	aath (Check only or	•	1 ☐ Yas 2 ☐ No
	To Be	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending 2 Accident investigatio	28e. Deta of Injury (Month, Dey	28b. Ti	me of 28c. in	Othar: 4 ☐ Nursing	aath (Check only or	ne) ence 6 🗆 Oth	1 ☐ Yas 2 ☐ No
	To Be	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending	28e. Deta of Injury (Month, Dey	Yeer) 28b. Tii	me of 28c. in	Othar: 4 Nursing jury at fork?	Home 5X Resid	ence 6 Othown ow Injury occurrent	1 ☐ Yas 2 ☐ No
	Be	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending investigatio 3 Suicida 6 Could not b determinad 29a. Certifier M Certifying Ph	28e. Plece of Injury 28e. Plece of Injury building, atc.	y - At homa, farr (Spacify) my knowledge, exemination and/	me of ury M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other: 4 Nursing	Home 5 Resid 28d. Dascribe h 28f. Location (S City or Tow	ence 6 Othorow Injury occurrent and Number, Stata)	1 ☐ Yas 2 ☐ No er (Specify) red er or Rural Routa Number,

DEC 1 2 1997 Jahi Davidson Rarlelly

DHMH 16 Rev 6/95

Registrar

Date of the state
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7

	ion	1. Decedent's Name (First, Middle,	Last)					2. Date of De Month		Vaa-	3. Time of Dea	
Physici Medio/		CATHERINE		KER				Novembe	r 25, 19	Year 997	7:45 p.	
Examir	ner	4e. Facility Nama (If not institution,	give street and number)				4b. City, Town, or					
	-	4218 Coxey Brown 5. Social Security Number		e (In yrs. last bi	rthday) If Under	r 1 Year	Myersvil If Under 24 Hrs		Frede			
uneral irector	_	215-18-1906 Usual Rasidence of Decedent	1DM ODE	79	Yrs. Months			. (Month, De	y, Year) 18, 191	9. Birth Cour 8 Ma	place (State or Fontry) aryland	
how		10a. State 10b. County		10c. City, Tow						1	10d. Inside City L	
a filled	ctor	Maryland Freder	ick	Myers	ville						1 ☐ Yes 21	
23a or 21	ai Director	10e. Street and Number 4218 Coxey Brown	Road		10f. Zip	Code 2177	3		10g. Citizen of V	What Cour	ntry?	
en "natural", or items 23a or 28a-f show Modical Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 N If Yes, Give X Yeer or Dates:				Hispanic Origin? (an, Mexicen, Puer Specify:	Specify Yes or No rto Rican, etc.)		14. Race - Americen Indian, Black, White, etc. Specify: White		
Direi	etec	15. Decedent's (Specify only highest	Education grade completed)	16a	Decedent's Usu (Give kind of wo	el Occup	pation during most of we	orkina	16b. Kind of Bi	usiness/In	dustry	
r than	Completed	Elementary/Secondary (0-12)	College (1-4or 5-				during most of wo d)					
-		7 17. Father's Name (First, Middle, La	(st)	I	Homemake	r	18 Mother's N-	ma (First Adiabat)	Own Home			
D à	o Be	Roy H. Dutrow					18. Mothar's Name (First, Middle, Malden Surname) Anna Cline					
7 is marked traumatic ev	70		(Type Print)	406	Mailing Address	100000				Chair w	Code	
7 is trau												
EZ	njury or othe	20a. Method of Disposition	19a. Informant's Name/Relationship (Type, Print) Ruth Ann Hartsock 20a. Method of Disposition ☆□ Burial 2 □ Cremation 3 □ Removal from State 19b. Mailing Addrass 4207A Coxe 4207 A Coxe 420b. Place of Disposition (Nancemetery, crematory or or						20c. Location -	City or To	own, Stete	
orten Injur		21. Signature of Funeral Service Lice	7.	Harmon	W		thren Ce		Harmony	-	yland	
any lr		Sall L	Lu Beele	,			uneral H		ain Stro sville,		1773	
sician		23a. Part1. Enter the disease, or of shock, or heart failura. List on	in plications that caused in one cause on each line	tha death. Do	not enter the mod	le of dylr	ng, such as cardie	c or respiratory a	rrest,	1	Approximate	
cuivai	dical niner	Immediate Cause (Final							Onset and Dear			
miner	Examiner	disease or condition resulting in death)	b	Due to (or as a							Onset and Dea	
g physiclan end as tha bunal-transit	an/Medical Examiner	disease or condition	b	Due to (or as a	2LAST C						Onset and Dea	
g physiclan end as tha bunal-transit	fedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	6	Due to (or as a doue to (or a) doue	consequence of):	ANC	eR			ntribute to	VRS	
by the ettending physician end is tached for use as the buriel-transit	Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions	b	Due to (or as a couple to (or a couple to	consequence of):	ANC	eR	23b. Did			Onset and Dea	
been signed by the ettending physician end should be datached for use as the bunel-transit	by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b	Due to (or as a couple to (or a couple to	consequence of):	ANC	eR	23b. Did	lobacco use coi	3 ☐ Prot	o the cause of debably 4 Unk	
is been signed by the ettending physiclan end 2 should be datached for use as tha bunal-transit	by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions	b	Due to (or as a couple to (or a couple to	consequence of):	ANC	eR	23b. Did	tobacco use con Yes 2□ No an autopsy rmed?	3 Prot	o the cause of debably 4 University of the cause of debably 4 University of the cause of death?	
is been signed by the ettending physiclan end 2 should be datached for use as tha bunal-transit	Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions Flus Syndum. Cerebrova successions.	b	Due to (or as a couple to (or a couple to	consequence of):	ANC	er In Pert I.	23b. Did 1	tobacco use coi Yes 2□ No an autopsy med?	3 Prot	o the cause of debably 4 Unk	
certificate has been signed by the ettending physiclan end inector, page 2 should be datached for use as the bunal-transit	Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions	b	Due to (or as a complete to complete to the co	consequence of): consequence of): n the underlying c	ANCI	ven In Pert I. 26. Place of De	23b. Did 1 □ 24a. Was perfo	obacco use coi Yes 2□ No an autopsy med?	3 Prot	o the cause of debably 4 Unkers autopsy finding elieble prior to implation of causideath?	
After this certificate has been signed by the ettending physician end inneral director, paga 2 should be datached for use as the bunel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions Flus Syndumu Cerebrova successions.	b	Due to (or as a doue to (or a))))))))))))))))))))))))))))))))))))	consequence of): consequence of): the underlying consequence of th	euse giv	eR yen in Pert I. 26. Place of De. har: 4□ Nursing H	23b. Did 1 □ 24a. Was perfo	obacco use coi Yes 2□ No an autopsy med?	3 Prot	o the cause of debably 4 Unkers autopsy finding elieble prior to implation of causideath?	
After this certificate has been signed by the ettending physician end inneral director, paga 2 should be datached for use as the bunel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other algnificant conditions Flus Syndumus Cerebrova successions 25. Was case referred to medical examinar? 1 Yes 2 No 27. Manner of Death Natural 5 Pending	b	Due to (or as a compute to	consequence of): consequence of): the underlying consequence of th	euse giv	26. Place of Delar: 4 □ Nursing H	23b. Did 1	iobacco use col Yes 2 No an autopsy med? Yes 2 No Iona) Jence 6 Otherwow Injury occurr	3 Prot	o the cause of debably 4 Unkers autopsy finding elieble prior to mplatton of cause death?	
After this certificate has been signed by the ettending physician end inneral director, paga 2 should be datached for use as the bunel-transit	edical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other algnificant conditions FUI SYNDUM Cerebrova SU 25. Was case referred to medical examinar? 1 Yes 2 No 27. Manner of Paath Natural 5 Pending investigat 2 Accident 3 Suicide 6 Could not determine 29a. Certifier 1 Certifying F	b	Due to (or as a doue to	consequence of): consequence of): consequence of): the underlying consequence of the underlying	euse giv	26. Place of Denar: 4 Nursing Hyat K? Yas 2 No	23b. Did 1	iobacco use con Yes 2 No an autopsy med? Yes 2 No Yes 3 No Yes 3 No Yes 3 No Yes 4 No Yes 4 No Yes 4 No Yes 5 No Yes 5 No Yes 6 No Yes 6 No Yes 6 No Yes 6 No Yes 7 No Yes 7 No Yes 8	3 Protein 24b. We ever con of a 1 C Protein Specify red	bebly 4 Unk are autopsy findir elieble prior to mplation of cause death? Yes 2 No	
he Funeral Director: After this certificate has been signed by the ettending physician end pletely filled in by the funeral director, paga 2 should be datached for use as tha bunal-transit	Medical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions FW SYNDWWW Cerebrova SW 25. Was case referred to medical examinar? 1 Yes 2 No 27. Manger of Daath Natural S Pending investigat S Suicide Could not determine Check only one) 29a. Certifier (Check only one) 29b. Signature end title of certifier	B. C. C. D. C.	Due to (or as a complete to (or a complete to (or a complete to (or a complete to (or a compl	consequence of): consequence of): consequence of): the underlying consequence of):	euse give euse euse give euse euse give euse euse euse euse euse euse euse eu	26. Place of Denar: 4 Nursing Hyat k? Yas 2 No	23b. Did 1 24a. Was perfo 1 24b. Check only of the control of th	iobacco use con Yes 2 No an autopsy med? Yes 2 No Yes 3 No Yes 3 No Yes 3 No Yes 4 No Yes 4 No Yes 4 No Yes 5 No Yes 5 No Yes 6 No Yes 6 No Yes 6 No Yes 6 No Yes 7 No Yes 7 No Yes 8	3 Protest Prot	othe cause of debably 4 Unk are autopsy findirelleble prior to implation of cause death? Yes 2 No Wes 2	
After this certificate has been signed by the ettending physician end inneral director, paga 2 should be datached for use as the bunel-transit	Medical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificant conditions FUI SYNDUM Cerebrova SU 25. Was case referred to medical examinar? 1 Yes 2 No 27. Manner of Death 20 Accident investigat 3 Suicide 6 Could not determined 29a. Certifier (Check only one) 29b. Signature end title of certifier 30. Name of address of person who	B. C. C. D. C.	Due to (or as a doue to	consequence of): consequence of): consequence of): the underlying consequence of): the underly	euse give eus euse giver eus euse giver eus	26. Place of Denar: 4 Nursing Hyat k? Yas 2 No	23b. Did 1 24a. Was performent of the performant of the performan	iobacco use coi Yes 2 No an autopsy med? Yes 2 No Iona) Idence 6 Other Iow Injury occurr Street and Numb ause(s) and ma data and place, (1) 29d. Date signed	3 Protest Prot	othe cause of debebly 4 University of the cause of debebly 4 University of the cause of debebly 4 University of the cause	

DHMH 16 Ray 6/95

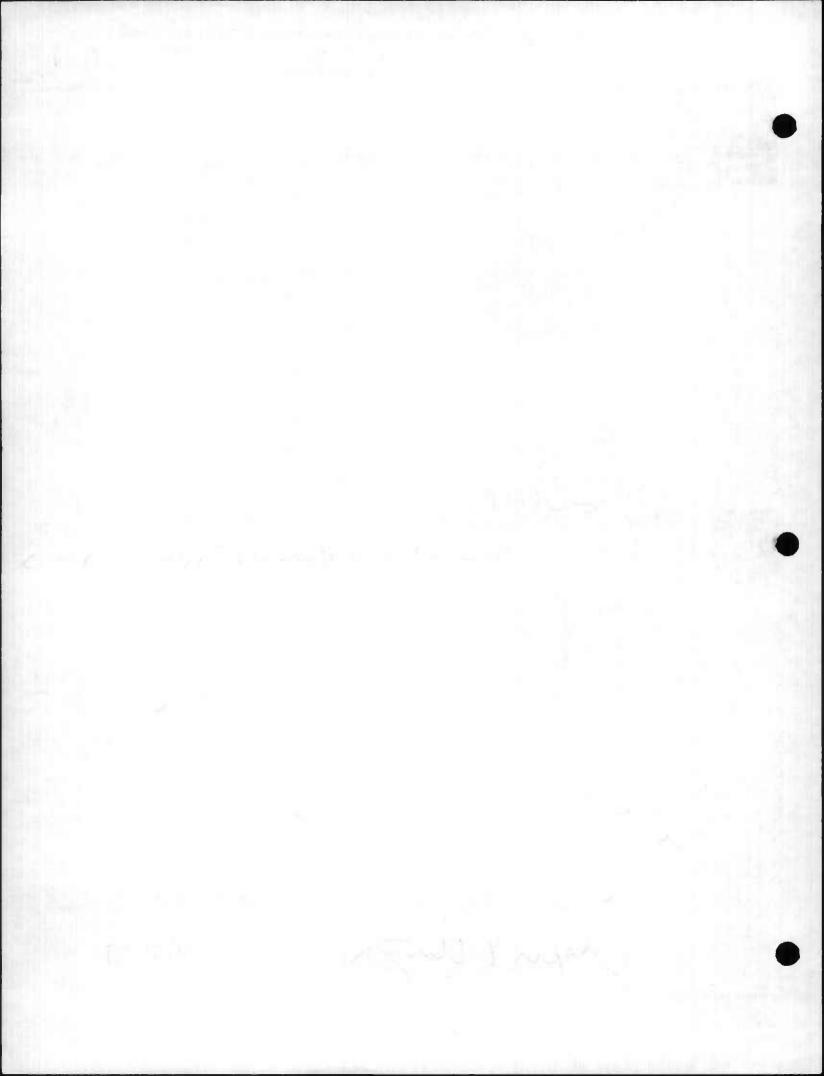
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physicia				Oel		Death	-	Reg. No.		
		Decedent's Name (First, Middle, Last Ne11i		nia	BLANK		2. Date of De Month November	er ^D 23, 1	997	3. Time of Dea 6:15 PM
/Medic Examin	_	4a. Facility Name (If not institution, given College View Ce	e street and number)			4b. City, Town, or Frederic	Location of Deat	h 4c. County		
uneral irector		5. Sociel Security Number 6. S 213–16–0731 Usual Residenca of Decedent	ex 7. Age (In 79	yrs. last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da Feb. 1	th, Year) 918	9. Birthpl Mary	ace (State or For Pland
28a-f ahow	ctor	10a. State 10b. County Maryland Frederi		c. City, Town or Lo Fredericl					10	Od. Inside City Li
23a or wat be	Funeral Director	10e. Street and Number 712 ½ North Ma	rket Street		10f. Zip Code	21701		10g. Citizen of V		try?
er, or items Examiner m	by Fune	11. Marital Status 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ▼No If Yes, Give Year or Detes;		Was Decedent of H f Yes, specify Cub 1 ☐ Yes 2 ☐ No	dispanic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	14. Race - American India Black, White, etc. Specify: White		etc.
then "neturel", the Medical Ex	Be Completed by	15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12)	lucetion de completed) College (1-4or 5+)	(Give	dent's Usual Occup kind of work done DO NOT use retire OMEMAKET	pation during most of world)	king	16b. Kind of Bu		lustry
arke	To Be C	17. Father's Name (First, Middle, Last) Louis Nicolas				Elsi	е	dle, Maiden Sumame) CRUMMI		
m 27 is me her treum									or Town, State, Zip Code) .ck, Md. 21701	
Important: If Iter eny injury or oth once.		20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ 4 □ Donetlon 5 □ Other (Specify	Removel from State	Ob. Place of Dispo cemetery, crea Mount Oliv	sition (Name of natory or other pla et Ceneter	y, Nov. 26,		Frederi		
impor eny in		21. Igniture of Funerai Service Licen 23a. Part1. Enter the disease, or compshook, or heart failure. List only	asford MOO	021 Ke	06 East 0	l Basford Church St	Fred	erick. M	id. 2	21701 Approximate Interval Betwee
sician edical miner	Immediate Cause (Final disease or condition resulting in deeth) Due to (or as a consequence of): attyosclerosis Due to (or as a consequence of): Due to (or as a consequence of):									Onset end Dea
ng physician end es the burial-transit Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	to (or as a conseq						
r use ex	an/Me		d							щ
by the attendir ached for use	Physician/	Part II. Other significant conditions of Severe		_	nderlying ceuse gi	ven in Part I.		tobacco uae cor Yes 2□ No	ntribute to	
s been signed by the attendion 2 should be detached for use	by Physician/		ontributing to death but no	_	nderlying ceuse giv	ven in Part I.	1 □ 24a. Was		3 ☐ Prob	nebly 4 Unk
certificate has been signed by the attendir rector, page 2 should be detached for use	Be Completed by Physician/	Severe 25. Was cese referred to medical examiner?	portributing to death but not dement a		Ott	26. Plece of Dec	1 □ 24a. Was perfo	Yes 2□ No an autopsyomed? Yes 2□ No one)	24b. We eva	pably 4 Dunk are autopsy findir aliable prior to appletion of cause death? Yes 2 No
certificate has been signed by the attendir rector, page 2 should be detached for use	To Be Completed by Physician/	25. Was cese referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Yea	2 ER/Outpatier 28b. Time of Injury	at 3 DOA Ott	26. Plece of Dea her: 4 ⊠ Nursing H	24a. Was performent of the control o	Yes 2 No Yes 2 No Yes 2 No One) dence 6 Oth how injury occur	3 Prob 24b. We ever of the set o	pebly 4 Dunk ore autopsy findir iliable prior to mpietion of cause death? Tyes 2 No
certificate has been signed by the attendir rector, page 2 should be detached for use	Certification: To Be Completed by Physician/	25. Was cese referred to medical examiner? 1	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Yea 28e. Place of Injury building, etc. (Sc	2 ER/Outpatier ar) 28b. Time of Injury At home, farm, str	at 3 DOA Office	26. Plece of Dea ner: 4⊠ Nursing H ry at rk? Yes 2 □ No	24a. Was performent of the control o	Yes 2 No yes 3 No yes 3 No yes 4 No yes 4 No yes 5 No yes 5 No yes 6 Oth how injury occur	3 Prob 24b. We eve eve cor of c 1 C er (Specify red	pably 4 Dunk are autopsy findir hilable prior to mpietion of cause death? The second of the second
certificate has been signed by the attendir rector, page 2 should be detached for use	ledical Certification: To Be Completed by Physician/	25. Was cese referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural S Pending Investigation Suicide Could not be determined 29a. Certifier (Check only one)	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Yea)	2 ER/Outpatier ar) 28b. Time of Injury At home, farm, str	at 3 DOA Oth Wo 1 Deet, factory, office	26. Plece of Dea her: 4 ☑ Nursing H ry at rk? I Yes 2 ☐ No me, date and place opinion, death occu	24a. Was performent of the control o	Yes 2 No an autopsyomed? Yes 2 No one) dence 6 Oth how injury occur Street and Numb wn, State) cause(s) and ma date and place,	3 Prob 24b. Wee eva cor of c 1 C er (Specify red anner as st and due to	pebly 4 Junk are autopsy findir aliable prior to repletion of cause death? Jes 2 No Route Number, ated. the ceuse(s)
he Funeral Director: Atter this certificate has been signed by the attendir pletely filled in by the funeral director, page 2 should be detached for use	Medical Certification: To Be Completed by Physician/	25. Was cese referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. Certifier 1 Certifying Physical Examiner 1 Certifying Physical Examiner 1	Hospital: 28a. Date of Injury (Month, Day Yea 28e. Place of Injury building, etc. (Sp.	2 ER/Outpatier ar) 28b. Time of Injury At home, farm, stroecify) r knowledge, death mination and/or in	at 3 DOA Office 28c. Inju Wo 1 DOA 1 DOA 28c. Inju Wo 1 DOA 29c. Licent 29c. Licent 29c. Licent	26. Plece of Dea her: 4 ☑ Nursing H ry at rk? I Yes 2 ☐ No me, date and place opinion, death occu	24a. Was performent of the control o	Yes 2 No an autopsyormed? Yes 2 No one) dence 6 Oth how injury occur Street and Numb wn, State)	3 Prob 24b. We eve eve cor of c 1 C er (Specify red anner as st and due to d (Month, I	pably 4 Junk are autopsy findin allable prior to mpietion of cause death? Jes 2 No Route Number, ated. the ceuse(s) Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 39 | 97

				C	ertifica	te of	Death	111	Reg. N		JJ	131	
Physi	cian	Decedent's Name (First, Middle, Las.						2. Date of Do		ay Ye		3. Time of Death	
/Med		Lucretia K.	Bowlus						11,			1:40 PH	
Exam	niner	4a. Facility Name (If not institution, give				4	4b. City, Town, or L	ocation of Deer	th 4	c. County of D	eath		
		Homewood Retiremen					Frederic			rederi	ck		
Funera Directo	_	210-44-3/91	7. Age (III	n yrs. last birthdi Yrs	Months	Days	If Under 24 Hrs. Hours Min.	8. Date of Bi (Month, D Apr. 1	rth ey. Yea 7,19	9. 904 0	Birthplac Country	e (Stete or Foreig)	
p k		Usual Residence of Decadent 10a. State 10b. County	46	Oc. City, Town or	Landing								
e Maryla	ctor	Id. St. Mar		Herrory								Inside City Limits 1 ☐ Yes 2 ☑ No	
th with th	ai Director	10e. Street and Number (F1 C 10W1)				0664			-	itizen of What	Country	?	
72 hours effer death with the Maryland natural; or Items 23a or 28a-f show aleal Examiner must be notified at	by Funeral	11. Maritei Status 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Wes Decedent Eve Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:	or in U,S. 1	3. Was Dece If Yes, spe 1 \(\superscript{\text{Yes}}\)		ispanic Origin? (Sp en, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	No- 14. Race - An Black, Wi Specify: Ty		/hite, etc		
within 72 hours liene. r than "natural",	Completed	15. Decedent's Edu (Specify only highest grad		16a. De	cedent's Usu	al Occup	ation	cina	16b.	16b. Kind of Business/Industry		try	
Ba e Bin	- de	Elementary/Secondary (0-12)	College (1-4or 5+)	life	DO NOT	ise retired	during most of work 1)	ang					
filed within Hygiene. ther than	ő		2		teach	er			pu	ablic s	choo	ls	
be filed tal Hyg d othe	e e	17. Father's Name (First, Middle, Last)					18. Mother's Nam	e (First, Middle	, Maide	n Sumeme)			
should by and Menta	2	Charles W. Bo	owlus				Sallie	lie Shafer					
d 2 should be the end Mental I		19a. Informent's Name/Relationship (T)			19b. Mailing Address (Street en				oer, City	or Town, Stet	e, Zip Co	ide)	
1 end 2 Health am 27 i		Donald Linton (PO	1)	6 W	. 2nd	St.,	Frederic	k, Md.	2.1	701			
Semit. Pages 1 and 2 should be filed within 72 hours of Department of Health and Mental Hygiens in moortant: If flam 27 is marked other than "natural", or my injury or other traumatic event, it a Medical Evanna	rtment of rtant: If it ijury or o	20a. Method of Disposition 1 Burlal 2 Cremation 3 F 4 Donation Dother (Specify)		cemetery, c	Place of Disposition (Neme of cometery, cremetery or other place) eformed Cemetery				Dete 20c. Location - City or Tow 1/14 Middletown,				
permit. Departm Importa any Inju		21. Signature of Funeral Service Licens	Track		22. Name at DOUA!	nd Addres	ss of Facility Thompson n St., Mi	Funera	a.l. H	Ione and	1769		
Physiciar /Medica Examine	r	Immediate Ceuse (Finel disease or condition resulting in death)	a. Du	e to (or as a con	A - A	4(21	(ner-o)	15 1	E 12.	e		Y CA (
death certificate be executed attending physician and of for use as the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that inhitated events resulting in deeth) Last											
that the death cert ad by the attending deteched for use	Physician/M	Part II. Other significant conditions con	d.	at requiting to the			an la Part I	225 DIA	400000		1	e cause of death	
d by th	by Phys	arti. Ottor agrinicant conditions con	minuting to death out he	ot resulting in the	underlying o	ause givi	en in Parti.			(Probab		
aw requ	Completed b								24a. Was an autopsy performed?		lb. Were autopsy findin available prior to completion of cause of death?		
The I	ပ္ပြဲ							10	Yes :	No	1 🗆 Y	es 2 No	
ysician: The s certificate director, pag	Be	25. Was case referred to medical examiner?	lospitel:				26. Place of Deat	h (Check only	one)				
ding Physician: h. After this certific funeral director,	tion: To	1 Yes ZHNo 27. Menner of Death 1 Shetural 5 Pending Investigation	at k?	g Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred									
To the Hospital or Attanding is within 24 hours effer death. To the Funeral Director: Affer completely filled in by the funer	Certification:	3 Suicide 6 Could not be determined	Yes 2 □ No 28f. Location (Street end Number City or Town, State)			and Number or te)	Rural R	oute Number,					
To the Hospital of within 24 hours of To the Funeral D completely filled I	edicai	29a. Certifier Check only 2 Medical Examin	ne, date and piece, pinion, death occur	end due to the red at the time,	cause(s) and manner nd place, and o	es stete due to the	d. e cause(s)					
Within To the Comp	ž	29b. Signature and Meyof certifier 29c. License numb									onth, Dej	(, Year)	
		30. Name and address of person who co	17/1	DI6428 11/21/97				7					
		300 WES	mpleted cause of death H N1 N	th S	+	re	derick	, Mar	YI	and	21	701	
S Regis	tate trar	31. Date filed (Month, Dey, Yeer)	32. Registrar's	aunte on R	. 9 11				1				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7 Certificate of Death Item: 2 per MD G-755 1/26/98 dh Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 12/6/97 Day Year 3. Time of Death Carl E. Bartholow, Month December 6, 1996 3:46 PM 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Prince Georges County Hospital Center Cl. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year Cheverly If Under 24 Hrs Prince Georges County 9. Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) 1₹M 2□ F Days Hours Months 68 218-24-9219 Dec. 26, 1928 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 X No Maryland Frederick Thurmont 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7413 Lewistown Road 21788 USA 11. Merital Stetus 12. Was Decedent Ever in U.S. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. Armed Forces? 1 Yes 2 No No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Maintenance Worker City Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Carl Ellsworth Bartholow, Sr. Laura Francis McCauley Runkles 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donald Runkle, Step-father 7413 Lewistown Rd., Thurmont, Maryland 21788 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 12/ 4 Donation 5 Other (Specify) Resthaven Memorial Gardens 1997 Frederick, Maryland 22. Name and Address of Facility Stauffer Funeral Homes, PA 21. Signeture of Funeral Service License 1621 Opossumtown Pike, Frederick, MD 23a. Part1. Enter the disease, or comptications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or healt failure. List only one cause on each im Approximate Intervat Between Onset and Death Due to (or as a consequence of): Chronic Obstructive Selenonery "years Due to (or as a consequence of): Disease Immediate Cause (Finat i umedia ta disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? Hyper teurion 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy

Physician /Medical Examiner

pe a

page 2

this

After

after death.

24 hours a Hospital

within 2 To the the th

filled in by

completely

Certification: To

Medical

Physician

/Medical

Examiner

Funeral

Director

world

Director

Funeral

by

Completed

Be

0

r than "natural", or items 23s or 28s-f ehor the Medical Examiner must be notified at

death with the Maryland

filed within 72 hours after

al Hygiene.

27 is marked or traumatic even

Pages 1 and 2 should be fill ment of Health and Mental Hant: If item 27 is marked out

permit. Page Department Important: It any injury o

the death certificate be executed

Box 68760,

P.O.

Records,

Division of Vital or Attending Physician:

nt of Health a I: If Item 27 is

Baltimore, Maryland 21215-0020

Examine Physician/Medicai by Completed 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☑ No Be

27. Manner of Death

1 Natural

2 Accident

3 Suicide

29a. Certifier

4 Homleide

(Check only one)

Pert it. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.

28a. Date of tnjury (Month, Day Year)

1 Yes 2 No

1 ☐ Yes 2 ☐ No

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year) 29c. License number

29b. Signeture end title of certifier sante ou

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

115Cen terway greenett no 2000 gravite MD 31. Date filed (Month, Day, Year) 32. Registrar's Signature

28c. Injury at Work?

1 Yes 2 No

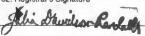
State Registrar

DEC 0 9 1997

5 Pending

investigation

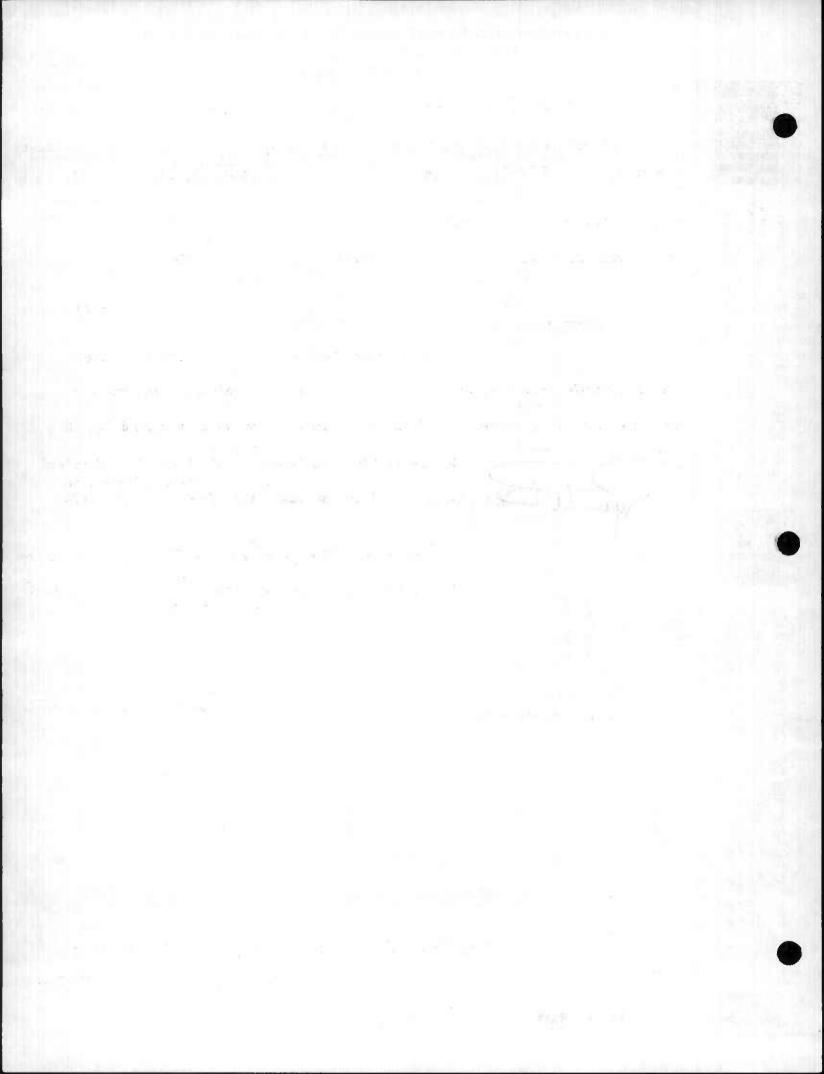
6 Could not be determined



Hospital: 1 ☑Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

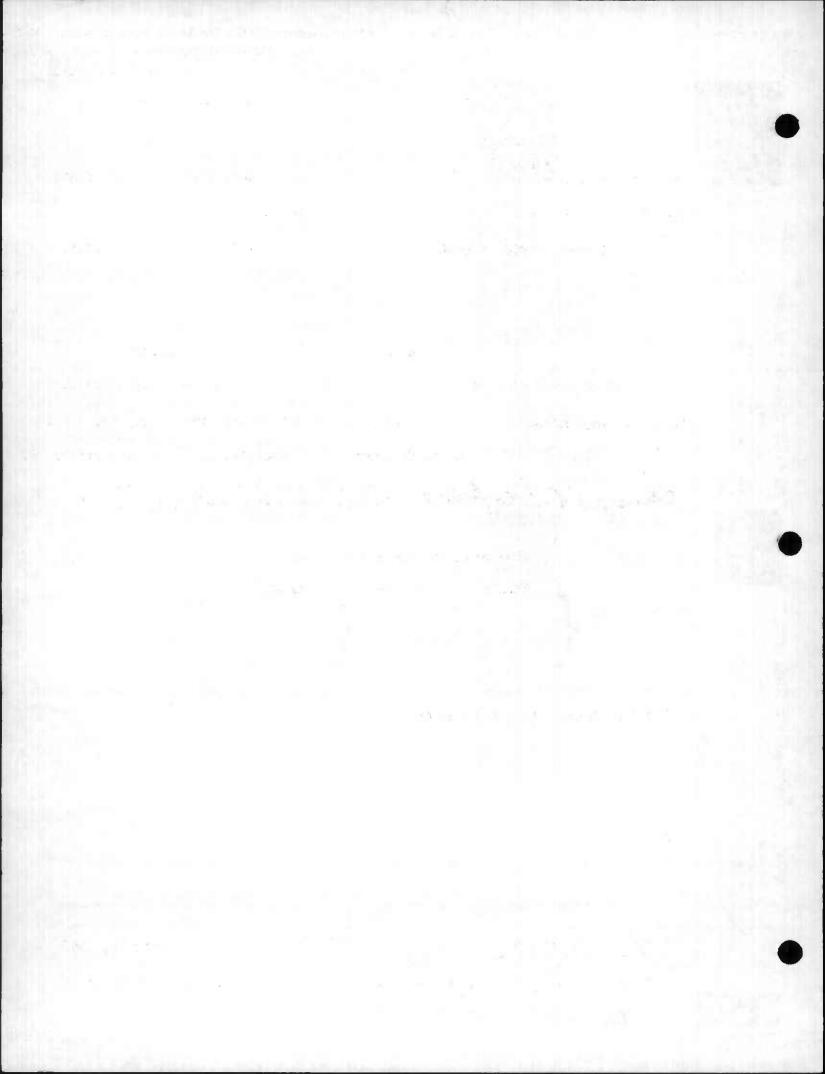
28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of



State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Neme (First, Middle, Last			ertificate	. 01	Dodin	2. Dete of Dec		V.	3. Time of Deet	
ysicia Medica	_	James Ro	scoe BINGHAM	1				December	10, 1997	Yeer	5:40 A	
amine		4a. Fecility Neme (If not institution, give					4b. Clty, Town, or					
		504 East Patri		4	. Milledon	1 Voor	Freder			deric		
eral ctor		5. Sociel Security Number 220-05-6234 Usuel Residence of Decedent	7. Age (In yrs. 80	Yrs.	Months	Days	If Under 24 Hrs Hours Min				lece (State or Form try) ryland	
fied at		10e. Stete 10b. County Maryland Freder		y, Town or	Location	F	rederick			1	0d. Inside City Lin	
St De not	ol Direc	10e. Street end Number 504 East F	atrick Street	;	10f. Zlp	Coda		21701	21701 10g. Citizen of What Country? U.S.A.			
any injury or other traumatic event, the Medical Examiner must be notified at once.	by Funeral Director	11. Maritel Status 1 Navar Marriad ZXMArried 3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes:	,S. 13	3. Wes Decede If Yes, speci		Ilspanic Origin? (Sen, Mexicen, Puer Specify:	Specify Yas or No- to Ricen, atc.)	Specify	e - Americ ck, White,		
		15. Decedent's Edu	cetion	16a. Dec	cedent's Usue	Occup	petion	. dela a	16b. Kind of Bu	usinass/inc	dustry	
	Completed	(Specify only highast gred	College (1-4or 5+)			Ba. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) Brakeman Ra					ailroad	
	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's Na	me (First, Middle,				
	0	Abner Broo	k Bingham	1				Ann	ie Robo	son I	Laurie	
		19a. Informent's Neme/Reletionship (Ty					and Number or R			HI. III.		
	-	James E. Bingham/S					atrick S	Date Date	rederic			
		20b. Method of Disposition 1		her pla		. 12, 19						
	cian/Med	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	Due to (c	or es e cons 1 Va or es e cons or es e cons	sequence of): scular sequence of): sequence of):	r D	Disease Yea					
	۾	Chronic Renal	Insufficie	ncy				24e. Wes	Yes 20 No en eutopsy	24b. We	bably 4 Unkr	
	Completed								rmed?	of	eileble prior to mpletion of ceuse deeth?	
		25. Wes cese referred to medical					26 Plece of De	eth (Check only o		1	☐Yes 2☐ No	
	To Be	exeminer?	lospital: 1 Inpatient 2	ER/Outpet	tient 3 DO	A Oth	nor:			ar (Specifi	v)	
		27. Menner of Deeth 1 XNeturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Injury (Month, Dey Yeer)	28b. Time Injun	of 28	Bc. Injui		T	ma 5XI Rasidance 6 □ Other (Specify) 28d. Describe how injury occurred			
	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At h building, etc. (Special	ome, farm,	street, fectory,	office		28f. Location (S City or Tov		er or Rure	I Route Number,	
	edical (29e. Certifier 1 Certifyfng Physical Check only one) 1 Madicel Exami	ifcfan: To the best of my kno ner: On the basis of exemine end menner stated.	wledge, de tion end/or	eth occurred e investigation,	t the ti	me, dete end plec opinion, deeth occ	e, end due to the urred at the time,	ceuse(s) end me date and place,	enner es st end due to	teted. the ceuse(s)	
:		29b. Signeture and title of certifiar					sa number		29d. Data signe	d (Month,	Day, Year)	
		1. J. J. J.	til)47	679		Decembe	r 10,	, 1997	
		Name end eddress of person who co	impleted ceuse of deeth (Iter	n 23e) (Typ	e, Print)							
		F. Gregory Grill	0 M D 201	Thomas	a Tah	00-	Dr. #10	. The J	odol- an	017	02	



3 Widowed 4 □ Divorcad 15. Decedant's Education (Specify only highest grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+) 12

Lewis

16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired)

Mt Olivet Cemetery Dec 13,1997

Federal Government 18. Mothar's Nama (First, Middla, Maidan Sumame)

16b. Kind of Businass/Industry

17. Fathar's Nama (First, Middla, Last)

Be

0

Examiner

Physician/Medical

Completed by

Be

2

Certification:

Medicai

the Maryland

with

Baltimore, Maryland 21215-0020

Physician /Medical

Examiner

ettending physician for use es the burie

signed by t

After this certificate

or Attending Physician:

Hospital

2

The law requires that the death certificate be executed

Box 68760.

Division of Vital Records, P.O.

BETSON

U.S.P.S.

MEHRLING 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

C

19a. Informant's Name/Ralationahip (Type, Print) Casper F. Betson, Jr/ Son 20a. Mathod of Disposition

1 X Burial 2 ☐ Crametion 3 ☐ Ramoval from Stata

6 East 13th Street, Frederick, Maryland 21701 20b. Place of Disposition (Nama of camatary, crematory or other place)

Dora

20c. Location - City or Town, Stete Frederick, Maryland

4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura di Funeral Service Ucensee

22. Name end Addrass of Facility Keeney & Basford P.A. Funeral Home

M00706 106 East Church St, Frederick, Maryland 21701

23a. Pant. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiretory errest, Approximate

Approximate

Approximate Intarval Between Onsat and Death

tmmediata Causa (Finat disaasa or condition rasulting in daath)

CEREBRAL HEMORRHAGE Dua to (or as a consaquanca of)

4 days.

Years

Sequantially list conditions, if eny, laading to immadiata ceusa. Entar Undarfying Causa (Disease or injury that initiated avants resulting in daath) Last

HYPERTENSION

Dua to (or as a consequence of):

Dua to (or as e consequanca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I.

23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

PARKINSONS DISEASE

5 Panding

Investigation

6 Could not be datarmined

24a. Was an autopsy performed?

24b. Wara autopsy findings evellabla prior to complation of causa of daath? NA

HSPIRATION

1 Yas 2 No 26. Placa of Death (Check only ona)

1 ☐ Yas 2 ☐ No

25. Was casa rafarred to medical 1 Yas 2 No

Hospital: 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA 28a. Data of tnjury (Month, Day Year) 28b. Tima of

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

29a. Certifiar (Check only one)

27. Mannar of Death

1 Natural

2 Accidant

4 Homlcida

3 Sulcida

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and piece, end due to the cause(s) and manner stated.

29c. License number D 18063 29d. Data signed (Month, Day, Year)

run

MD

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

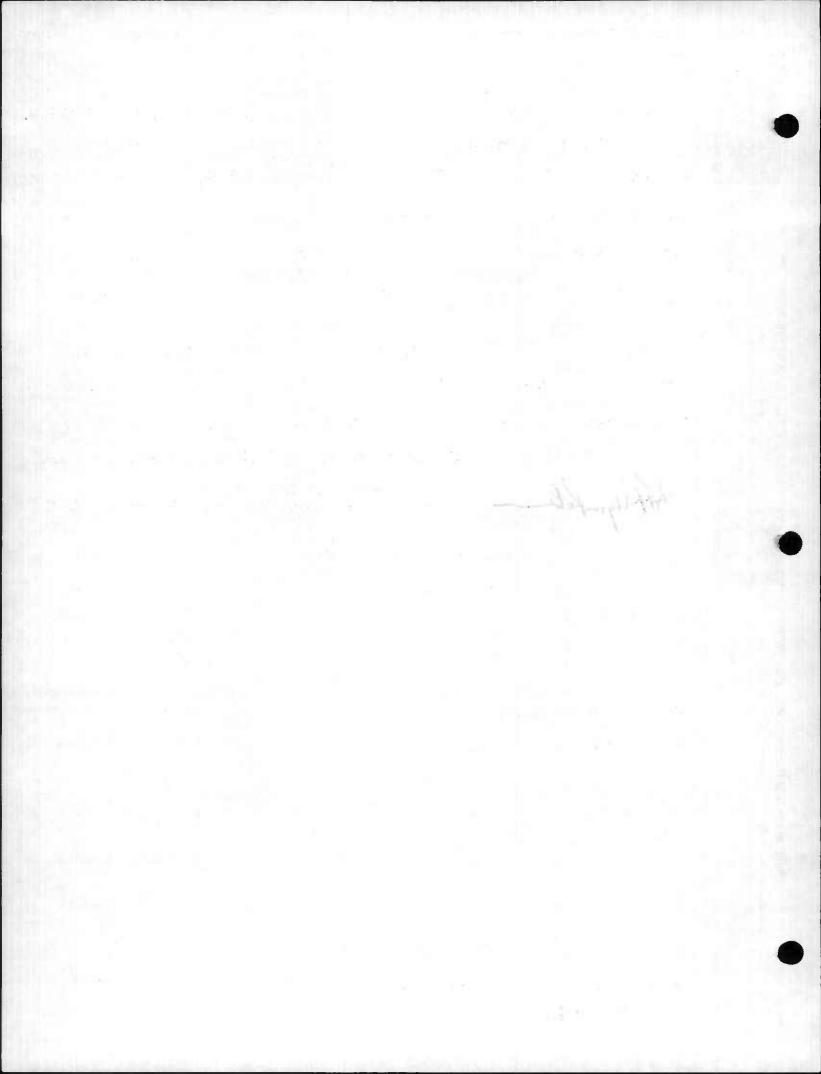
30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) TOLLHOUSE AVE FREDERICK MD 21701 801

31. Data filed (Month, Day, Year) DEC 1 &

32. Registrar's Signatura John Davidson Ran

deeth. within 24 hours efter deeth To the Funeral Director:. completely filled in by the in by the

> State Registrar



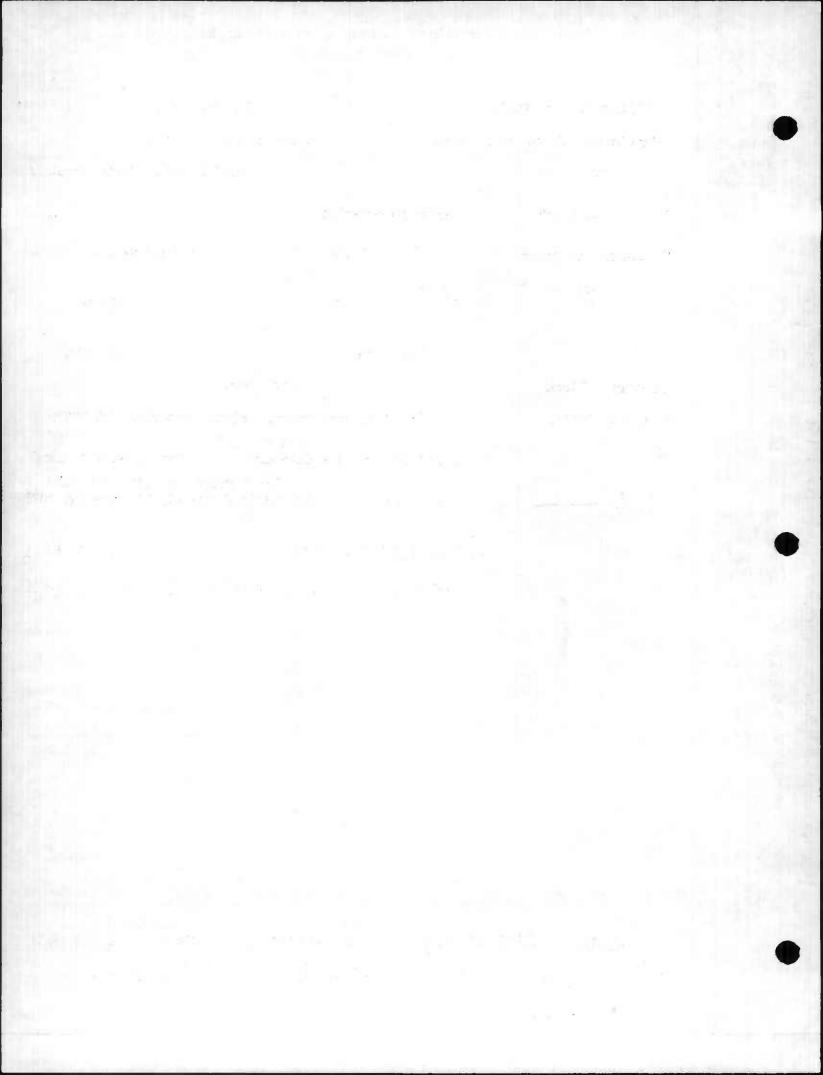
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

							Certific	ate of	Death			Reg. No.	97	392	201
Physician	ľ		e (First, Middle, La								2. Date of D Month	Day		Yaar 3. T	Tima of Deeth
/Medical			am Curtis								ec 14		7		6:55 PM
Examiner	4		If not institution, giv						4b. City, Tov					of Death	
			otte Hall				. Hills	day 1 Van	Charle					Mary's	
uneral irector		5. Social Sacurity N 578 30 Usual Rasidenca o	2238 X	M 2DF	7. Aga (In yrs. last birthday) H Under 1 Year H Under 24 Hrs. 8. Data of Birth (Month, Pay, Year) 3 84 Yrs. Hours Min. Jan 12, 1913 9. Birthplaca (State Caupity) Care							arolina			
a-f show		MD	10b. County Calver	t			or Location e Fred	leric	ζ.		10d. Insida City Limits 1 □ Yas 🛂 No				
23s or 28s-f showed by the control of the control o	1	712 Cha	mber rlotte Co	ourt				Zip Coda 20678							
Examiner to		1. Marital Status 1 □ Navar Marr 3 □ Widowad	ied 2XXMarriad 4 □ Divorced	12. Wes Daced Armed Ford XX Yas 2 If Yas, Giva Yaar or Dat	as?	43-		ecedent of specify Cub s 2 No	Hispenic Orig ban, Mexican, Specify:	in? (Spec Puarto R	ify Yes or N ican, atc.)				
natu o etec		(Spec	15. Dacedant's Ed	ducation de completed)		1 1	Dacadant's U	work done	during most	of working	2	16b. Kind of Businass/Industry			
nt, the Medical In Completed		Elamantary/Seco		Collega (1-	4or 5+)		itchma	T use retire	ed)			U.S. Government			
Be ver	1		(First, Middle, Last)									e, Maiden S	Sumam	Θ)	
ا ا			e Bullock						-	у Ма	-				
If Item 27 is marked other than "nature or other traumatic event, the Medical To Be Completed			ame/Ralationship (ay Bulloc												
Important: If Item 27 is marked other than any injury or other traumatic event, tra M once. To Be Comp	2	Oa. Mathod of Dis 1 Burial 2 4 Donation	position ☐ Cramation 3 ☐ 5 ☐ Othar (Specif	Ramovai from Si	tete	cemetery		or other pla	s Ceme		1997			City or Town, S nham, Ma	
Important: if Item 27 any injury or other troones.		193	naral Sarvice Licar	- KEU	C -Gryn	E.J	LEE	F. +1	Alexa	ndria	a Ferr	y Rd,	e,I Cl		Old MD 20735
etending physician end Barrier in the bunal-transit and Barrier in the bunal-transit and Barrier in the bunal barr		Immadiata Causa diseasa or condition resulting in death) Saquantially list co f any, leading to in ause. Entar Unde Cause (Disease or hat initiated avents esulting in death)	nditions, nmadiata Infyling Injury	a	Due to (or es e co	DR/ onsaquanca CED onsequence	of): A-l	ON LZHE	im	ER	S D	isc	2 - 3	val Between et end Death
ed for	F	Part It. Other significant conditions contributing to death but not resulting in the underlying cause give						ivan in Part I.		23b. Dic	I tobacco u	isa cor	tribute to the o	cause of death?	
be deteched for use by Physician/											10	Yes 2	□ No	3 Probably	4 Chknown
2 should	-		×									s en e <i>u</i> tops formad?	sy	aveilable	ion of causa
director, page											1 🗆	Yes 20	A.	1 ☐ Yas	2□ No
Be Be	2	5. Was casa rafar	rad to medical						26. Place	of Death	Check only	one)			
al dire	-	1 Vas 2 □		Hospital: 1 □ Inj		ER/Out		DUA			a 5□ Ras				
funer funer tion:	2	7. Manner of Deat 1 Delatural 2 Accident	n 5 ☐ Pending Investigation	28e. Data of (Month,	Day Year)	28b. Ti	ma of ury M	28c. tnju Wo	uryet ork?]Yas 2 □ N		3d. Dascribe	how injury	occurr	ed	
To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 7		3 ☐ Suicide 4 ☐ Homicida	6 Could not be datarmined	28a. Place o building	f Injury - At h g, atc. (Speci	oma, farr	n, street, fac	tory, offica		28	of. Location City or To	(Street and o wn, Sta te)	Numb	er or Rural Rou	te Number,
Funeral letely fills	2	29a. Certifiar (Check only one)	1 Certifying Ph 2 Medical Exam	ysician: To the bas and manna	is of examina	wledge, ition and/	daath occurr or Investigat	ed at the ti	ime, date and opinion, deat	place, an	d dua to the	cause(s) a , data and p	and ma place, a	nner as stated. and due to the c	ause(s)
Comp	2	9b. Signetura and	titla of cartifier	Au	P			29c. Lican	sa number			-	-	d (Month, Day,	Year)
	2	O Name and adde	of all	HHE?	of death (Item	7 2301 (7	ivne Drint	D-	440	136	4-2	DEC	2 -	15.	1997
	3	ASHV	ass of person who	MAR J	PAT	74	603	TECS	ffire	= 121	'n	ALD	oel	CMD.	20602
State	3		th, Day, Year)	32. Rec	istrer's Sign	ature	0 1 10								

1999

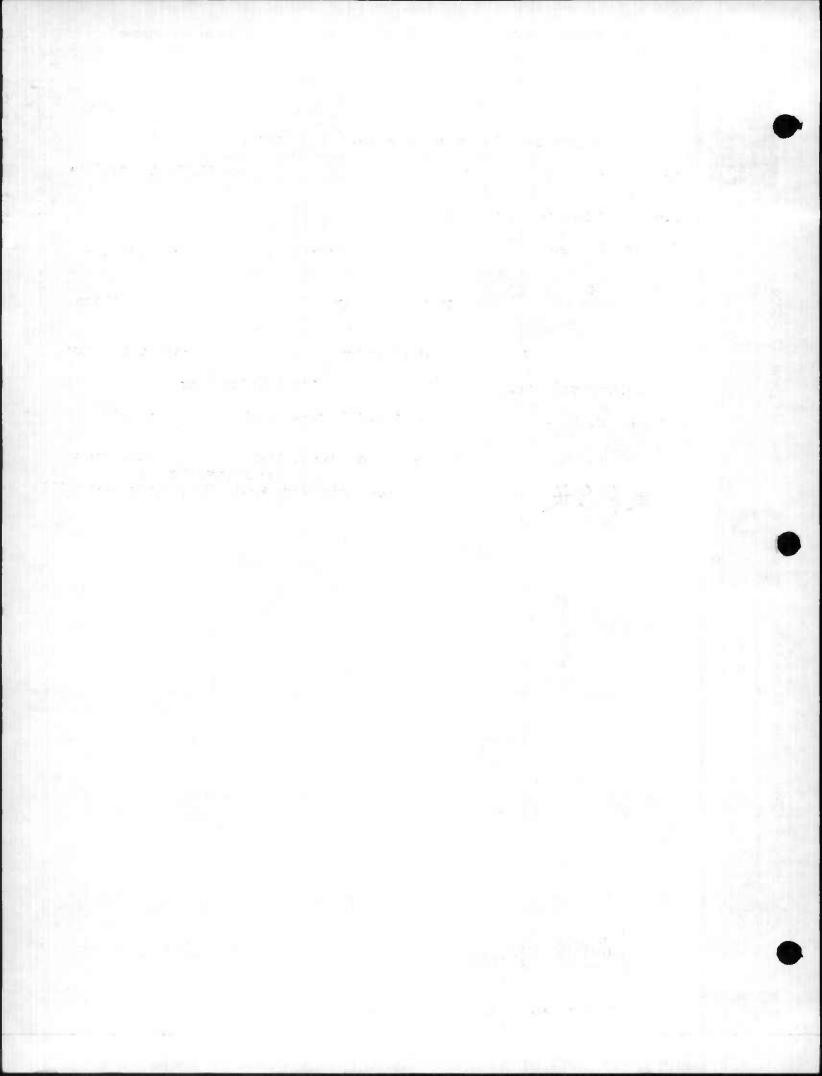
December 14

Bullock, Will iam



State of Maryland / Department of Health and Mental Hygiene (

			Clare of Maryle		ertificate of			Reg. No.	39202	
Physic /Medi		1. Decedent's Neme (First, Middle, Las	BUSH				2. Dete of De	Dey	3. Time of Death 997 0143	
Exami		4e. Fecility Neme (If not institution, give	street end number)	and Hos	spital	4b. City, Town, or Baltima		4c. County N/A	of Deeth	
Funeral Director		5. Social Security Number 6. Se		rs. last birthday, Yrs.		If Under 24 Hrs		, Yer 1926	Birthplace (State or Foreign Victimia	
Marylend -f show	tor	10e. Slate 10b. County 10c. City, Town or Locetion 10c. Slate Prince George's Bowie						10d. Inside City Limits 1 ☐ Yes 2 □ Type		
th with the 23a or 28a	Funeral Director	10e. Street end Number 3304 Saville Lane	2		10f. Zip Code 207	21		10g. Citizen of V United		
72 hours effer death with the Maryland natural', or items 23s or 28s-1 show	by	If Yes, Give		1945 1947 13. Wes Decedent of Hispanic Origin? (Specify It Yes, specify Cuban, Mexicen, Puerto Rica				fy Yes or No- can, etc.) 14. Rece - American Indian, Bleck, White, etc. Specify: White		
within ene.	Completed	(Specify only highest great Elementary/Secondary (0-12)	15. Decedent's Education (Specify only highest grade completed)		16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Controroler					
	To Be Co	17. Father's Name (First, Middle, Last) James Harry Bush, Sr.				Private Industry 18. Mother's Neme (First, Middle, Meiden Surname) Virginia Mae Terry				
Ifth end 27 is m	_	19a. tntorment's Neme/Reletionship (T) Marybelle B. Bush		19b. Malli 3304	Ing Address (Stree Saville	tend Number or Ru Lane, Bo	wie , Ma	or, City or Town, ryland	Stete, Zip Code) 20721	
		20e. Method of Disposition 1 Burial 2 Cremetion 3 F 4 Donetion 5 Other (Specify)		ee Crem	osition (Neme of omatory or other ple	ec 9, 199	Date 7	Clinto	City or Town, State n, Maryland	
permit. Pages Depertment of Important: If it any Injury or once.		21. Signature of Funeral Service Licens		2	2. Name and Addr	ess of Facility LCC	Funeral	Home,I nton,Ma	nc 6633 Old ryland 20735	
Physician /Medical Examiner	niner	23a. Part1. Enter the disease, or comp shock, or heart failure. List only o Immediate Cause (Final disease or condition resulting In death)	Seps	oneth. Do not en		luvvo		rest,	Approximate interval Between Onset and Deeth	
eath certificate be executed ettending physician end for use as the buriel-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest	2.	Due to (or es e consequence of): Due to (or es e consequence of):						
hat the d	/ Physician/M	Part til. Other significant conditions con	ntributing to death but not r	esulting In the u	underlying ceuse gi	ven in Pert I.		obacco use of	itribute to the cause of death?	
Physician: The lew requires this centificate has been signeral director, page 2 should be	Completed by						perfo	en eutopsy rmed?	24b. Were autopsy tindings available prior to completion of ceuse of death?	
Physician: The this certificate ral director, peg	Be	25. Wes cese reterred to medicel examiner?	lospital:		Ot Do. Ot	hor	1 ☐ Y	ne)	1 Yes 2 No	
To the Hospital or Attending Physical Mithin 24 hours effect death. To the Funeral Director. After this completely filled in by the funeral di	Certification: To	27. Manner ot Deeth 1 12/Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. Dete of Injury (Month, Dey Year)		of 28c. Inju	4 Li Nuising F		ow Injury occurr	ed	
Hospital or At 24 hours efter of Funeral Directions of the control		4 Homicide determined 29a. Certifier 1 Certifying Physical Certifier 1 Certifying Physical Certifier Physic	28e. Place of Injury - At building, etc. (Spe- alcian: To the best of my ki	cify)	h occurred at the ti	me, dete end place	City or Tow	m, Stete) cause(s) end ma	er or Rurel Route Number,	
To the Ho within 24 To the Fu completel	Medical	(Check only one) 2 ☐ Medical Exami	ner: On the basis of exeminend manner stated.	netion and/or In	29c. Licen	opinion, deeth occu	rred et the time,	dete end plece, a	I (Month, Dey, Year)	
		30. Name and address of person who co						Dec 8	1997	
Sta	ite	Samantha Tyson, I	MD University		ryland, I	Baltimore	, Maryla	ind		



Deem los 9, 1997

D 36766

21502

State Registrar 30. Name end eddress of person who completed cause ot deeth (Item 23e) (Type, Print)

Vik Poonai M.D. 922 'National Hwy. LaVale, MD

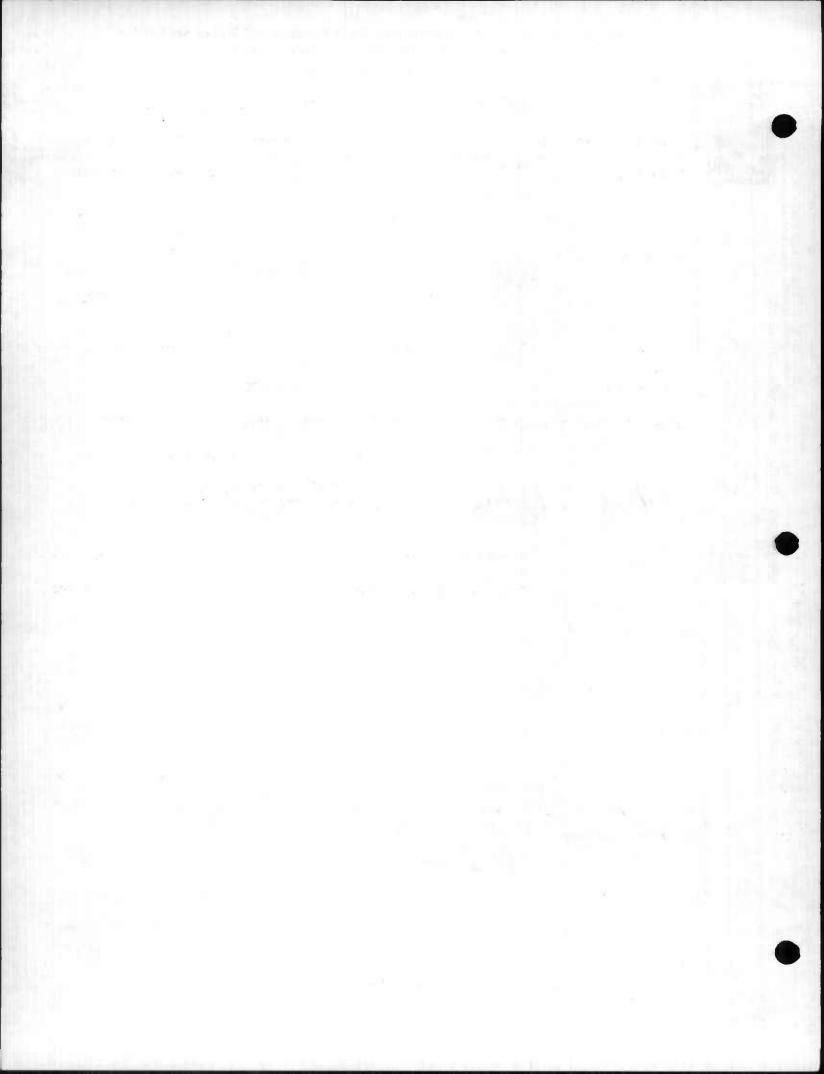
32 Regiller's Signature

11

mes

BOLYARD

EUGENE



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene.
Important: If learn 27 is marked other than "netural", or items 23e or 28e-f show any injury or other tranmatic event, the Mendall Exercities must be inclined at Physician /Medical Examine To the Hospital or Attending Physician: The law requires that the deeth certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burial-transit Division of Vital Records, P.O. Box 68760,

Dhuois		1. Decedent's Na	me (First, Middle,	Last)		00	ertificate	J OI L	Jean		2. Dete of De	Reg. No.		3. Time of Deeth	
/Med	cian licai		Bryan Br		le						Month DEC.	Dey	997	8:44 PM	
Exam		4e. Fecility Name (If not institution, give street end number) 4b. C									ocation of Deat	-	inty of Deeth		
							Williams 1	* V	CUMB		_		LLEGAN	_	
Funera Director	_	5. Sociel Security 233–23–		Sex MM 20 F	7. Age (In yr. 30	s. lest birthdey Yrs.	Months	Deys	If Under : Hours	Min.	8. Date of Bir	4. Year 96	9. Birth	olece (State or Foreign ytry)	
pu		Usuel Residenca	of Decedent		100 (City, Town or L	ocation						T.		
e Marylan	ctor	WV	Mineral		100.0	Ridge						10d. Inside City Limits 1 ☐ Yes 2☐ No			
th with th	Funeral Director	P.O. Bo					10f. Zip Code 26753					10g. Citizen	of Whet Cou	ntry?	
72 hours efter death with the Maryland natural", or items 23s or 28s-4 show deal Exactives must be neithed at	by		rried	Armed F 1 1 Yes If Yes, G	12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:			ent of Hi ify Cube	spanic Orig n, Mexican Specify:	ican, Puerto Rican, etc.)			14. Raca - American Indien, Bleck, White, etc. Specify: white		
72 hours "natural",	ted	/90/	15. Decedent's scify only highest	Education	r)	16e. Dec	edent's Usuel	Occupa	ation	of work	ina	16b. Kind o	f Business/In	dustry	
	Completed	Elementary/Sec			(1-4or 5+)	Labor	edent's Usuel 'e kind of work DO NOT use EX	e retired))	or worki	ing	Cumb.	. Past	a Company	
permit. Peges 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the Motoes.	To Be C	17. Fether's Neme (First, Middle, Last) Charles A. Brotemarkle									(First, Middle Shreve)	, Meiden Sun	neme)		
alth end 8 27 is me			Neme/Relationship rotemarkl								V 26753		wn, State, Zij	Code)	
Peges 1 a ent of He nt: If Item ry or othe		11 Buriel 2	20a Mathad of Disposition 20b Rice					her plec	е) СУ	1	Date L2/17		on - City or To		
permit. Departm Importa any Inju			uneral Service Lic		2011	1.	22. Scarp Cumbe	erla	1º Fun nd MD	eral 215	Home 502				
		shock, or he	ert feilure. List on	hi one collee on	02400 1110 00										
Physician /Medical Examiner		tmmediete Ceuse diseese or conditi resulting in death)	(Finel		tenis		ic C	2			or respiretory e	N		Approximete Interval Between Onset end Deeth	
/Medical Medicale personned by Amazonia and as the burial-transit	edicai Examiner	tmmediete Ceuse diseese or conditi	onditions, mmediate lerlying or Injury		tuo S Due to	dent	equence of):	2				N		Interval Between Onset end Deeth	
The deeth certificate be executed a construction of the attending physician and eched for use as the burial-transit	Physician/Medical Examiner	tmmediete Ceuse disease or conditi- resulting in death) Sequentielly list of if eny, leeding to i- cause. Enter Und Ceuse (Disease o- thet initieted even resulting in death)	onditions, mmediate lerlying or Injury	e	Due to	(or es e conse	equence of):	end	Just		23b. Did	lose		o the cause of death?	
aw requires that the deeth certificate be executed by the attending physician and 2 should be deteched for use as the burial-transit	by Physician/Medical Examiner	tmmediete Ceuse disease or conditi- resulting in death) Sequentielly list of if eny, leeding to i- cause. Enter Und Ceuse (Disease o- thet initieted even resulting in death)	onditions, immediate lertying or Injury ts	e	Due to	(or es e conse	equence of):	end	Just		23b. Did	Con La tobacco uee	o 3 Pro	o the cause of death?	
The law requires that the deeth certificate be executed at the attending physician and page 2 should be deteched for use as the burial-transit	by Physician/Medical Examiner	tmmediete Ceuse disease or conditi- resulting in death) Sequentielly list of if eny, leeding to i- cause. Enter Und Ceuse (Disease o- thet initieted even resulting in death)	onditions, immediate lertying or Injury ts	e	Due to	(or es e conse	equence of):	end	Just		23b. Did 1 □ 24e. Wes	tobacco uee Yes 2 N	24b. W	o the cause of death? bebly Unknown ere eutopsy findings eileble prior to impletion of cause	
The law requires that the deeth certificate be executed at the attending physician and page 2 should be deteched for use as the burial-transit	Physician/Medical Examiner	tmmediete Ceuse disease or conditi- resulting in death) Sequentielly list of if eny, leeding to i- cause. Enter Und Ceuse (Disease o- thet initieted even resulting in death)	onditions, mmediate lerlying or Injury ts Lest	e	Due to	(or es e conse	equence of):	nuse give	en in Pert I.	int	23b. Did 1 □ 24e. Wes	tobacco uee Yes 2 N en eutopsy	24b. W	o the cause of death? bably Unknown ere eutopsy findings eileble prior to implettion of cause	
The law requires that the deeth certificate be executed at the attending physician and page 2 should be deteched for use as the burial-transit	To Be Completed by Physician/Medical Examiner	tmmediete Ceuse diseese or condition resulting in death) Sequentielly list of if eny, leading to cause. Enter Und Ceuse (Disease of thet initisted even resulting in death) Pert II. Other sign 25. Wes case reference exeminer?	onditions, mmediate lerlying or injury ts lest	e	Due to Due to Due to	(or es e conse	equence of): equence of): underlying car	ause give	en in Pert I.	of Deeth	23b. Did 1 □ 24e. Wes perfc 1 (Check only o	tobacco uee Yes 2 N en eutopsy rmed? Yes 2 Nc one) dence 6 0	24b. We eve co of	o the cause of death? bably Unknown ere eutopsy findings eileble prior to mpletion of cause deeth? Yes 2 No	
Physician: The law requires that the deeth certificate be executed this certificate hes been signed by the attending physician and alirector, page 2 should be detected for use as the burial-transit at an analysis.	To Be Completed by Physician/Medical Examiner	tmmediete Ceuse disease or conditive resulting in death) Sequentially list of any, leading to icause. Enter Und Ceuse (Disease other initieted even resulting in death) Pert II. Other sign 25. Wes case referencement? Yell Yes 2 27. Menner of Death Initiation of the sequence of the	onditions, immediate berying of injury its lest If cant conditions If can can conditions If can conditions If can conditions If can cond	e	Due to Due to Due to	(or es e conse	equence of): equence of): underlying car	ause give	en in Pert I.	of Deeth	23b. Did 1 □ 24e. Wes perfo	tobacco uee Yes 2 N en eutopsy rmed? Yes 2 Nc one) dence 6 0	24b. We eve co of	o the cause of death? bably Unknown ere eutopsy findings eileble prior to mpletion of cause deeth? Yes 2 No	
Physician: The law requires that the deeth certificate be executed this certificate has been signed by the attending physician and aliector, page 2 should be detected for use as the burial-transit at a page 2.	To Be Completed by Physician/Medical Examiner	tmmediete Ceuse disease or conditive conditive resulting in death) Sequentielly list of any, leeding to icause. Enter Und Ceuse (Disease of the initieted even resulting in death) Pert II. Other algn 25. Wes case referencements of the comment o	onditions, mmediate lerlying or Injury ts lest lest lest lest lest lest lest l	e	Due to Due to Due to Jeath but not re	(or es e conse	equence of): equence of): underlying call of 28 M	A Other	26. Plece	of Deeth sing Hor	23b. Did 1 = 24e. Wes perfo	tobacco uee Yes 2 No en eutopsy med? Yes 2 No one) dence 6 (In how injury occ	24b. West of the control of the cont	o the cause of death? bably Unknown ere eutopsy findings eileble prior to mpletion of cause deeth? Yes 2 No	
Attending Physician: The law requires that the deeth certificate be executed by rideath. The stripping physician and sector. After this certificate has been signed by the attending physician and by the funeral director, page 2 should be deteched for use as the burial-transit of the physician and the sector.	Be Completed by Physician/Medical Examiner	tmmediete Ceuse diseese or conditiresulting in death) Sequentielly list of eny, leeding to cause. Enter Und Ceuse (Disease of thet initieted even resulting in death) Pert II. Other algn 25. Wes case referexeminer? Yell Yes 2 27. Menner of Deet 1 Neturel 2 Accident 3 Suicide	onditions, mmediate lerlying or injury ts ts least lea	e	Due to June to Ju	(or es e conse (or es e conse (or es e conse esulting in the 28b. Time Injury home, ferm, s	equence of): equence of): equence of): underlying call ent 3 DOA of 28 M	A Other Sc. Injury Work	26. Piece 26. Piece 37. 4 Nur et :7 (es 2 N	of Deeth	23b. Did 1 24e. Wes perfo	tobacco uee Yes 2 No en eutopsy med? Yes 2 No cone) dence 6 (10 how injury occ Street end Nu wn, Stete)	24b. Wey con of of the Courred	o the cause of death? bably Unknown ere eutopsy findings eileble prior to impletion of cause deeth? Yes 2 No	

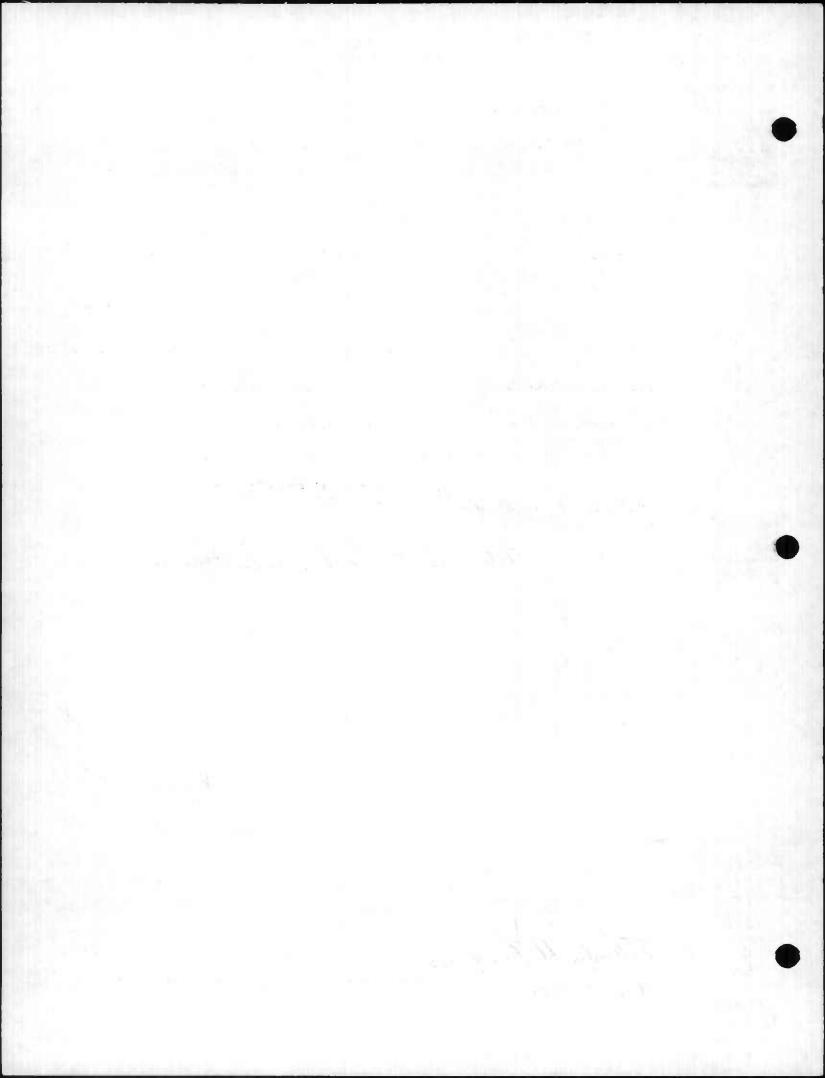
111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Dete filed (Month, Day, Year)
DEC 1 5 1997

32. Registrar's Signeture

Yous



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1, Decedant's Nama (First, Middle, Last) 2. Data of Death Month **Physician** Edna May Barnes 14 1997 December 5:26 p.m. /Medical 4a. Facility Nama (If not Institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Allegany Frostburg Village Nursing Home Frostburg 5. Social Security Number 217-22-4542 If Undar 24 Hrs. If Undar 1 Yaar 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Country) North Carolina 8. Data of Birth (Month, Day, **Funeral** 1□M 2 F Hours Year) 88 Months Days Director 13-Sep-09 Usual Rasidance of Decadent with the Maryland 10b. County 10a. Stata 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner roust be notified at 10d. Insida City Limits Harford Maryland Director Abingdon 1 Yas 2 No 10e. Street and Number 1402 Federal Garth Road 10f, Zip Coda 10g. Citizan of What Country? 21009-U.S.A. Funeral deeth 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. hours efter 1 Navar Married 2 Marriad altimore, Maryland 21215-0020 1 Yas 2 No Specify. Specify: White à 3 Widowed 4 □ Divorced Yaar or Datas Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Sacondary (0-12) Hygiene. Collage (1-4or 5+) Homemaker Homemaker other permit. Pages 1 and 2 should be fin Deperment of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic avanta 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meidan Sumama) Be George Calvin Karnes **Dolly Walker** 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Edna M. Stinefelt Daughter 59 Frost Avenune Frostburg Maryland 21532-20b. Place of Disposition (Nama of cematary, cramatory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from State Baltimore County, Maryland Moreland Memorial Park Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 18-Dec-97 21. Signature of Funeral S 22. Nama and Addrass of Facility Durst Funeral Home, 57 Frost Ave., Frostburg, MD 21532 231 Point. Entar the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death **Physician** Immadiata Causa (Final disaasa or condition rasulting in daath) /Medical AL ZIZIAM ERS DEMENTA Three years Examiner Dua to (or as a consaquance of): Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Disaasa or injury thet initiated events rasulting in death) Last Dua to (or as a consequence of): P.O. Box 68760. Physician/Medical the Dua to (or as a consequence of): 60 ettending p detached Part II. Other aignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yes 2 No 3 Probably 4 Unknown desorder Records, þ Completed 24b. Wera autopsy findings available prior to 24a. Was an autopsy parformad? complation of causa of death? page 2 s this certificate 1 Yas 2 No 1 Yas 2 No Division of Vital Hospital or Attanding Physician: 24 hours after death.
Funeral Director: After this certificatelly filled in by the funeral director, I Be 25. Was casa rafarred to medical 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No Certification: To 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1. ENaturat 1 Yas 2 No 2 Accident 3 Suicida 6 Could not be 28a. Place of Injury - At homa, farm, straat, factory, office bullding, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homleide within 24 hours a 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the causa(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, dete end piece, and due to the cause(s) and manner stated. Medical 29a. Cartifiar completely (Check only one)

29c. Licansa number

D26907

29d. Data signed (Month, Day, Year)

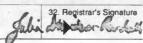
The

To the

31. Deta filed (Month, Day, Year) State DEC 1 6 1997 Registrar

29b. Signatura and titla of cartifiar

Hsudh



Neme end eddrass of person who complated cause of deeth (Item 23e) (Type, Print)
 Harjit S. Sidhu, M.D., 925 Bishop Walsh Road, Cumberland, Maryland 21502

Edition your parties.

process process configuration of the process of the

TAN SOURCE TO BE SHOULD
- Appropriate products -

later record Stoot Food

CLIV.

TEVE MORNEY CHARLEST TO THE PROPERTY OF THE PR

makes the same in the same of the same property and the same property of the same of the s

147.15 officerous and any A both Sc., amethic mountaints

TALL FOR THE SALE STANDARD AND ADMINISTRATION OF A SALE AND A DESCRIPTION OF A SALE AND
		State of Maryland / Department Certificate			ene . No. 97	39206
Physic /Medi		1. Decedent's Neme (First, Middle, Last) ROBERT EARLE CLAPP JR.		2. Dete of Deeth Month NOVEMBER	Dey Ye 24, 199	7 11:50 AM
Exami	ner	4a. Fecility Neme (If not institution, give street end number)		Location of Deeth	4c. County of [
Funeral Director		Frederick Memorial Hospital 5. Sociel Security Number 214-10-1677 6. Sex 1 M 2 F 87 Yrs. 1 Months	Frede: Year ff Under 24 Hr. Deys Hours Mir	8. Dete of Birth (Month, Dey, Y	'ear) 9.	ederick Birthplece (State or Foreign Country)
		Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location		April 20,	TATO	orth Carolina 10d. Inside City Limits
a-f sho	ctor	Maryland Frederick	Frederick			1 ☐ Yes 2½ No
th with the 23s or 28	Funeral Director	10e. Street and Number 4632 Araby Church Road	2170		. Citizen of Whe	t Country?
72 hours after death with the Maryland natural, or items 23s or 28s-f show ores Examenes must be notified at	by	11. Martlel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 Myes 2 No Hyes, Give Yeer or Detes: 1943 to 1 Yes 2	ent of Hispenic Origin? (fy Cuban, Mexican, Pue	Specify Yes or No- rto Rican, etc.)		American Indian, White, etc. White
C	Completed	15. Decedent's Education 16e, Decedent's Usuel	done during most of we	orking 16	b. Kind of Busin	ess/industry
77 00 5		17. Father's Name (First, Middle, Last) Attorney		Ji ime (First, Middle, Ma	udicial	System
should be ind Mental i marked o umatic eva	To Be	Robert E. Clapp, Sr.		essie Harge		
2 sh and is m			(Street and Number or F aby Church I			
8 = 5		20a. Method of Disposition Toler unial 2 Cremetion 3 Removed from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Nemccemetery, cremetory or off Mt. Olivet Cerr	her pleca)	Dete 20 DV. 26, 19	oc. Location - City 97 Free	or Town, State derick, Md.
Physician /Medical Examiner			Address of Fecility Y & Basford East Church of dying, such as cardia			Md • 21.701 Approximate Interval Between Onset end Death
certificate be executed ding physician and ise as the burial-transit	/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of):	elerosi	5		Years
es that the death certificance by the attending be detached for use at	by Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the underlying car	use given In Pert I.	23b. Did tobe	et .	outs to the cause of death? Probably 4 Unknow
aw requires been s	Completed b		-	24e. Wes an a performe		4b. Were eutopsy findings avelleble prior to completion of cause of death?
The see		25. Wes case referred to medical	Of Place of De	1 ☐ Yes	2 CHO	1 ☐ Yes 2 ☐ No
ing Physician: h. After this certific funeral director,	on: To Be	examiner? 1 Yes 2 Sho Hospitel: Inpatient 2 ER/Outpetient 3 DOA	Other	Home 5 Reeldend 28d. Describe how		Specify)
Attender death octor:	Certification:	2 Accident 3 Sulcide 5 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, building, etc. (Specify)	1 ☐ Yes 2 ☐ No	28f. Location (Stree City or Town,		or Rural Route Number,
To the Hospital or within 24 hours after To the Funeral Dir completely filled In	edical Ce	29e. Certifier (Check only 1 Certifying Phyelclan: To the best of my knowledge, death occurred et 2 Medical Examiner: On the basis of exemination end/or investigation, it	t the time, dete end plea	e, end due to the cau-	se(s) and manne	er as stated. due to the ceuse(s)
To the To the Complet	Med	29b. Signature and title of cartifier 29c.	License number			Aonth, Day, Year)
		30. Name and address of person who completed cause of data (Item-25a) (Type, Print)	DI0450		11/24	97
		Casper E. Cline III, M.D., 300 West Nint	h Street,	Frederick,	Md. 21	701
Sta Regist		31. Dete filed (Month, Dey, Yeer) NOV 2 5 1997 32. Registrer's Signeture				
IMH 16 Rev 6/9	5	James a 1931 June a wellen hardally				

TOT LEVEL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Items: 28a-f per MEO G-756 2/6/98 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physiclan** Month Year HARVEY CUTSAIL , SYLVESTER III 11:10pm December 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6918 Plantation Rd. Frederick Frederick If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, If Under 1 Yaar 5. Social Security Number 6 Sev 7. Age (In yrs. last birthday) **Funeral** Birthpiace (State or Foreign Country) M 2□ F Days Yrs. Director 213-42-1401 50 1947 Maryland Usuei Residence of Decedent the Maryland 10a. State 10b County 10c. City. Town or Location nent zz is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Exertiner must be notified at 10d. Inside City Limits Maryland Frederick Frederick Director 1☐ Yes RRNo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6918 Plantation 21701 United States death Funeral 12. Was Decedant Evar in U,S. Army of Forces? 1 12 Yes 2 □ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 11. Maritai Status Race - American Indian, Biack, Whita, etc. hours after 1 ☐ Never Married 273 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: P Specify: 3 Widowed 4 Divorcad Yaar or Dates:1964-68 White Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) Coilege (1-4or 5+) Cameraman Newspaper Pages 1 and 2 should be filed vent of Health and Mental Hygie ant: If Item 27 is marked other t 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Harvey Sylvester Cutsail, Jr. 2 Clara Julia Wagner 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 Department of Health el Important: If Item 27 Is any Injury or other tra 6918 Plantation Rd., Frederick, Maryland Dottie L. Cutsail - wife 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Spec/fy) Resthaven Memorial Gardens 2-11-97 Frederick, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Stauffer Funeral Home Jarianno 1621 Opossumtown Pike/ Frederick, Md. 21702 23a. Part1. Enter the disease, or complications that cause the leath. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one ceuse on each lim. Approximata Intervai Between Physician Onsat and Death Immadiate Cause (Final diseasa or condition resulting in death) /Medical 1 mmediate Examiner Due to (or as a consequence of) Examiner cartificate be executed Sequentially list conditions, if any, leading to immediata ceuse. Enter Underlying Cause (Diseasa or injury Due to (or es a consequence of): attending physician for use as the burie Box 68760, Physician/Medical thet initieted events resulting in death) Last Due to (or as a consequença of): P.O. Part il. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 X No 3 □ Probably 4 □ Unknown Records, Completed by should be 24b. Wera autopsy findings available prior to 24a. Was an autopsy completion of cause of deeth? certificate hes The 1 ☐ Yes 2 No 1 Yes 2 No of Vital or Attending Physician: funeral director, Be 25. Was cese rafarred to medical 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 🕱 Residence 6 ☐ Other (Specify) P 1 Yes 2 No this 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) After Division To the Hospital or Atternation within 24 hours after deeth.

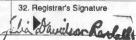
To the Funeral Director: After the function of th 5 Pending Invastigation 1 Naturel Injury 1 ☐ Yes 2√√ No Dec. 7,1997 1500 2 Accident Self inflicted gunshot wound 6 Could not be determined 3 Suicide 4 ☐ Homicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6918 Plantation Rd. Piace of injury - At home, ferm, street, factory, office building, etc. (Specify) Frederick, Md. 21701 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) and menner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and mannar stated. 29e. Certifier Medical (Check only one)

State Registrar

29b. Signature and title of certifie

mdrew 31. Date filed (Month, Dey, Year)



30. Name and eddress of person who completed couse of death (Item 23a) (Type, Print)

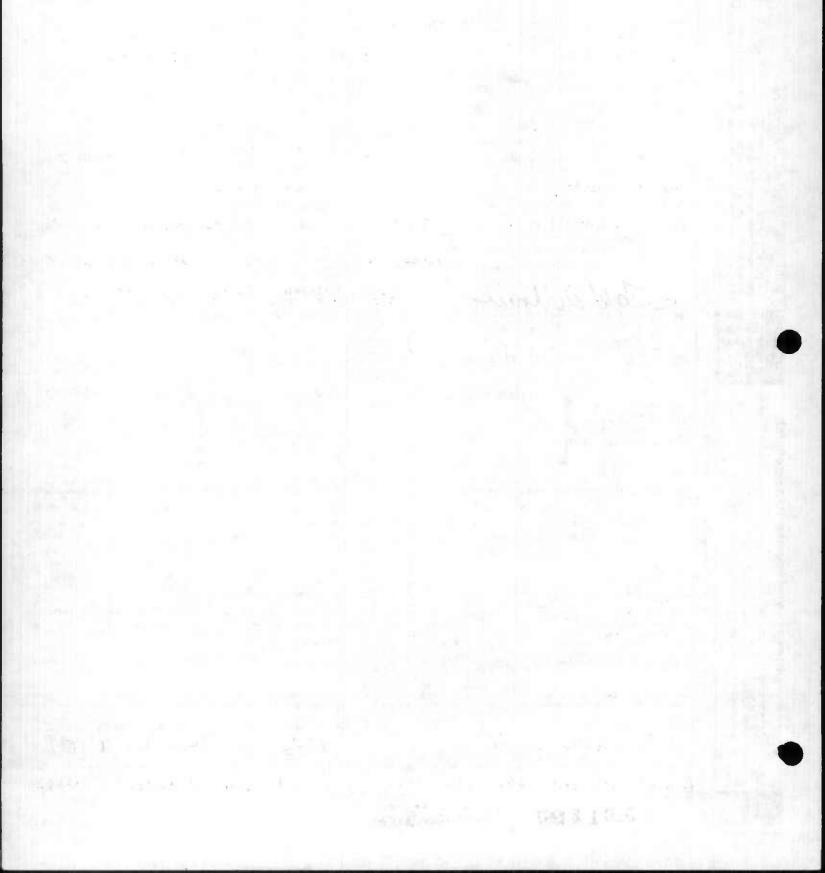
29c. License number

MD 1080 W. PatrickSt Frederick, MD 21703.

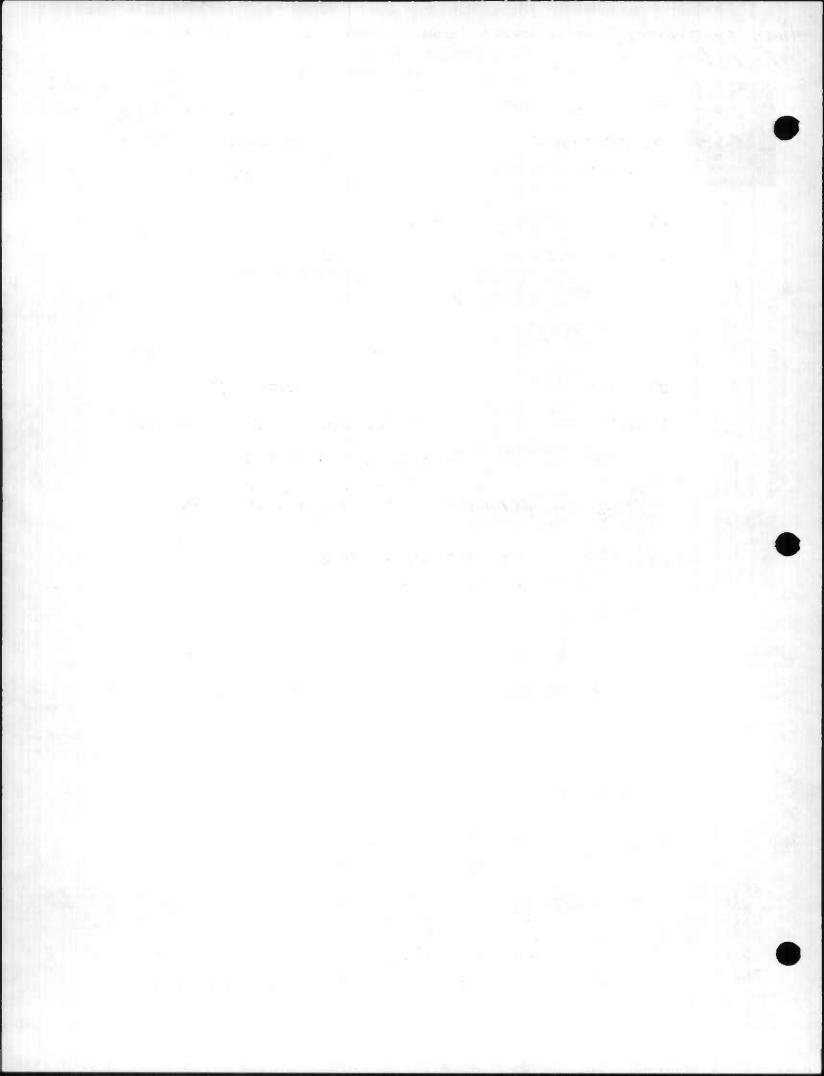
29d. Date signed (Month, Day, Yaar)

Amen'ded Line 8, FCHD
TD Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Physic		 Decedent's Name (First, Middle 	a, Last)				f Death	2. Dete of De	Reg. No.	3. Time of De	
/Medi	icai	to Facility Name (If and invited in			Phil	omena Corne	-	Month Decemb	er 10,	Yeer 1997 2:15p	
Exami	ner									nty of Death	
Francis		5. Sociel Security Number	6. Sex	7. Age (In v	rs last hir	thdey) if Under 1 Yea	Gaither ar If Under 24 Hrs			ntgomery	
Funeral Director		036-24-2463 1 M 2 F 89 Yrs. Months Deys Hours Min. (Month, Day, Year) June 19, 19							$\frac{19}{9}, \frac{1997}{1997}$	9. Birthplece (State or Forei Country) Rhode Island	
Mo Til		Usuel Residence of Dacedent 10e. State 10b. County 10c. City, Town or Location							10d. inside City I		
28a-f show	ctor	Maryland Monts	gomery	Ga	ithe	rsburg			1 ☐ Yes 2		
or 25	Director	10e. Street end Number				10f. Zip Code			10g. Citizan o	of What Country?	
238		25509 Jonnie Co		20882				d States			
"naturel", or items 23s or 28s-f showed as an examiner must be notified at	by Funeral	11. Maritel Stetus 1 ☐ Never Merried 2 ☐ Marr 3 ☑ Widowed 4 ☐ Divorced	Never Merried 2 Married 1 Yes 2 No			13. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☒ No		Specify Yes or No to Rican, etc.)	Spec	lece - American Indien, leck, White, etc.	
Seal E		15. Decedent	's Education		16e.	Decedant's Usual Occ	upetion		16b. Kind of	Business/Industry	
- 36	Completed	(Specify only highest Elementery/Secondary (0-12)	College (Decedant's Usual Occi (Give kind of work don life. DO NOT use retir	e during most of wo red)	rking			
H the		8 17. Father's Nema (First, Middla,	ast)			Weaver	18. Mother's Na	me (First, Middle		ile Industry	
	To Be	Joseph D'Amario					Rose Ma				
th end Mer 7 is merke trsumetic	-	19e. Informant's Name/Relations			19b	. Mailing Address (Street			~	vn, Stete, Zip Code)	
		Dwight M. Corne	ell / Son							Maryland 2088	
5 = 0		20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crametory or other place) 20c. Location - Cit					erly, Rhode Is				
Department important: If eny injury or once.	21. Signeture of Funeral Service Licansee					22. Name end Add	ress of Fecility	P. A.		Home	
ysician		23a. Part1. Enter the diseese, or shock, or heert feilure. List	complications that conly one course on a	caused the de sech lina.	eeth. Do r	not enter the mode of dy	ylng, such es cardie	c or respiretory e	rrest,	Approximete	
Medical										Intarvel Betwee Onsat and Dee	
aminer		Immediata Ceuse (Finel disease or condition resulting in daeth)	aA1	zheit						Intarvel Betwee Onsat and Dee	
	niner	disease or condition resulting in daeth)		Due to	o (or as a o	consequanca of):	pe 2			Intarvel Betwee Onsat and Dee	
end I-transit	Examiner	disease or condition resulting in daeth)		Due to	o (or as a o		pe 2			Intervel Between	
end I-transit	ical Examiner	disease or condition resulting in daeth) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Intitleted avants		bete Due to	(or as a co	consequence of): Clifus Ty consequence of):	pe 2			Intarvel Betwee Onsat and Dee	
end I-transit	Ical	disease or condition resulting in daeth) Sequantially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury		bete Due to	(or as a co	consequanca of):	pe 2			Intarvel Betwee Onsat and Dee	
end I-transit	Ical	disease or condition resulting in daeth) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Intitleted avants	c	Due to	o (or as a c	consequence of): Clitus Ty consequence of):	pe 2			Intarvel Betwee Onsat and Dee	
end I-transit	Physician/Medical	disease or condition resulting in daeth) Sequantially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Inliteted avants resulting in deeth) Lest	c	Due to	o (or as a c	consequence of): Clitus Ty consequence of):	pe 2		lobacco usa c	Interval Between Onsat and Dee 5 year. 10 year.	
s been signed by the attending physician end 2 should be deteched for use es the bunal-transit	by Physician/Medical	disease or condition resulting in daeth) Sequantially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Inliteted avants resulting in deeth) Lest	c	Due to	o (or as a c	consequence of): Clitus Ty consequence of):	pe 2	23b. Dfd 1 1 24e. Wes	tobacco usa c	Interval Between Onsat and Dee 5 year. 10 year.	
ate hes been signed by the attending physician end page 2 should be deteched for use es the bunel-transit	by Physician/Medical	disease or condition resulting in daeth) Sequantially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Inliteted avants resulting in deeth) Lest	c	Due to	o (or as a c	consequence of): Clitus Ty consequence of):	pe 2	23b. Dfd 1 1 24e. Wes	tobacco usa c	contribute to the cause of do 3 Probably 4 United States of the expectation of cause of completion of cause of completion of cause of the c	
ate hes been signed by the attending physician end page 2 should be deteched for use es the bunel-transit	Be Completed by Physician/Medical	disease or condition resulting in daeth) Sequantially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Inliteted avants resulting in deeth) Lest	cd.	Due to	o (or as a c	consequence of): consequence of): onsequence of): the underlying cause g	pe 2.	23b. Dfd 1 □ 24e. Wes perfo	tobacco usa c Yes 2 A No en autopsy med? Yes 2 A No	contribute to the cause of death?	
s certificate has been signed by the attending physician end director, page 2 should be deteched for use as the bunel-transit	To Be Completed by Physician/Medical	disease or condition resulting in daeth) Sequantially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initieted avants resulting in deeth) Lest Pert II. Other significant condition 25. Wes case referred to medical examiner? 1 Yes 2 No	b. Dia	Due to Due to Due to	o (or es e o	consequence of): consequence of): onsequence of): the underlying cause g	piven In Pert I. 26. Pleca of Deather: 4 Nursing F	23b. Did 1 1 24e. Wes perfo	tobacco usa c Yes 2 No en autopsy rmed? Yes 2 No yes 2 No	contribute to the cause of do 3 Probably 4 United Property 1 Probably 4 United Property 1 Probably	
s certificate has been signed by the attending physician end director, page 2 should be deteched for use as the bunel-transit	To Be Completed by Physician/Medical	disease or condition resulting in daeth) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in deeth) Lest Pert II. Other significant condition 25. Wes case referred to medical examiner? Yes 25 No 27. Menner of Deeth Netural 5 Pending Investig	b. Dia c. d. Hospitel: 1 1 28a. Dete (Mont	Due to Due to Due to	o (or as a co	consequence of): consequence of): onsequence of): the underlying cause g consequence of the underlying cause g	piven In Pert I. 26. Pleca of Deather: 4 Nursing F	23b. Did 1 1 24e. Wes perfo	tobacco usa c Yes 2 No en autopsy rmed? Yes 2 No yes 2 No	contribute to the cause of do 3 Probably 4 United Property 1 Probably 4 United Property 1 Probably	
ref geam. Mretor: After this certificate has been signed by the attending physician end in by the funeral director, page 2 should be deteched for use as the bunel-transit	To Be Completed by Physician/Medical	disease or condition resulting in daeth) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated avants resulting in deeth) Lest Pert II. Other significant condition 25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth 1 Netural 5 Pending	b. Dia c. d. Hospitel: 1 1 28a. Dete (Mont) the 28e. Pleca	Due to o (or es e co	consequence of): consequence of): onsequence of): the underlying cause g consequence of the underlying cause g	26. Pleca of Deather: 4 Nursing Fury et ork?	23b. Dfd 1 1 24e. Wes perfo	tobacco usa c Yes 2 No en autopsy med? Yes 2 No vne) denca 6 0 ow injury occu	contribute to the cause of do 3 Probably 4 United Property 1 Probably 4 United Property 1 Probably		
dearn. The fris cartificate has been signed by the attending physician end the funeral director, page 2 should be deteched for use as the bunel-transit	Be Completed by Physician/Medical	disease or condition resulting in daeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in deeth) Lest Pert II. Other significant condition 25. Wes case referred to medical examiner? 1 Ves 2 No 27. Menner of Deeth 29 Accident Investig Inv	b. Dia c. d. Hospitel: 1 1 28a. Dete (Montation at be ned building to the bened 28e. Pleca building to the bened 28e. Pleca building to the bened 28e. Pleca building the benediction to the benediction to the benediction to the benediction to the building the benediction to the benediction	Due to D (or es e con control of the contro	consequence of): consequence	26. Pleca of Deather: 4 Nursing Fury et ork? Yes 2 No	23b. Dfd 1	tobacco use c Yes 2 No en autopsy med? (es 2 No one) denca 6 O now injury occu	contribute to the cause of do 3 Probably 4 United Property 1 Probably 4 United Property 1 Probably		



Hound 1 # 206, 778 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 12/16/97, Alligany County State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day **Physician** Month Year ESSE MATTHEW CT.ARK 6:53 AM December 14, 1997 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Memorial Hospital Cumberland Allegany Hours Min. 8. Data of Birth (Month, Day Year) FEB . 24 , 1 918 If Undar 1 Yaar 5. Social Sacurity Number 9. Birthpiaca (Stata or Foraign Country) MARYLAND 7. Age (In yrs. last birthday) **Funeral** Months Days 1♥ M 2□ F 213-12-9072 79 Yrs Director Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. fnside City Limits Show 7 is marked other than "natural", or items 23s or 28s-f shot traumatic event, the Medical Examiner must be notified at 1√ Yes 2 No Director ALLEGANY LAVALE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11207 MONTANA AVENUE, NW 21502 U.S.A. death Funerai 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, atc. filed within 72 hours efter 1 Tyes 2 No If Yes, Giva W.W.II Year or Dates: 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: WHITE é 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Collega (1-4or 5+) BAKER BAKERY 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumema) Be Peges 1 and 2 should be fight of Health end Mental Inter 27 is marked of JOHN CLARK LAURA (UNKNOWN) 19a. tnformant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JUANITA FUENTE / NIECE 15 GILLS HILL - LONACONING, MD other 1 21539 20b. Place of Disposition (Name of Gemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State cametery, crematory or other place) Burial 2 Cremation 3 Removal from State permit. Pege Depertment of Important: If eny Injury or once. Injury or 12/16/97 CUMBERLAND, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility UPCHURCH FUNERAL HOME, P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not antar tha mode of dying, such as cerdiac or raspiratory arrest shock, or heart failure. List only one cause on each line. 202 GREENE ST., CUMBERLAND, MD Approximata Interval Between Onset and Death **Physician** /Medical fmmediate Cause (Final disaasa or condition resulting in death) ARTERIOSCLEROTIC CV DISEASE Examiner 10 years Due to (or as a consequence of): Examiner DIABETES MELLITUS 20 years Sequantially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last and buriel-trar Due to (or as a consequence of) requires that the death certificete be exec Division of Vital Records, P.O. Box 68760. ettending physician Physician/Medicai the Due to (or as a consequence of) 0 been signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior fo completion of ceuse of death? Completed 24a. Was an autopsy performed? hes page 2 1 Yes 2 No certificete 1 ☐ Yas 2 ☐ No Attending Physician: funeral director, 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this 28a. Date of fnjury (Month, Day Year) 27. Menger of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 5 Pending investigation 1. Natural 1 ☐ Yes 2 ☐ No 2 Accident or Attend after death Director: 6 Could not ba 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide Hospital of 24 hours a
 Funeral D 29a. Certifia 🗹 Certifying Rhyafcfan: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated Medicai Medical Examiner: On the basis of examination and/or Investigation, In my opinion, death occurred at tha time, data and place, and due to the cause(s) and manner stated. To the To the To the 29b. Sonature a t tale of certifier 29c. License number 29d. Date signed (Month, Day, Year) D 12779 5 1997 December 30. Name and address of person was completed cause of deeth (Item 23a) (Type, Print) THE Dr. Guy Fiscus Memorial Hospital Medical Bldg. Cumberland, MD 21502 32, Registrar's Signature 31. Date filed (Month, Day, Year)
DEC16 199 State Registrar



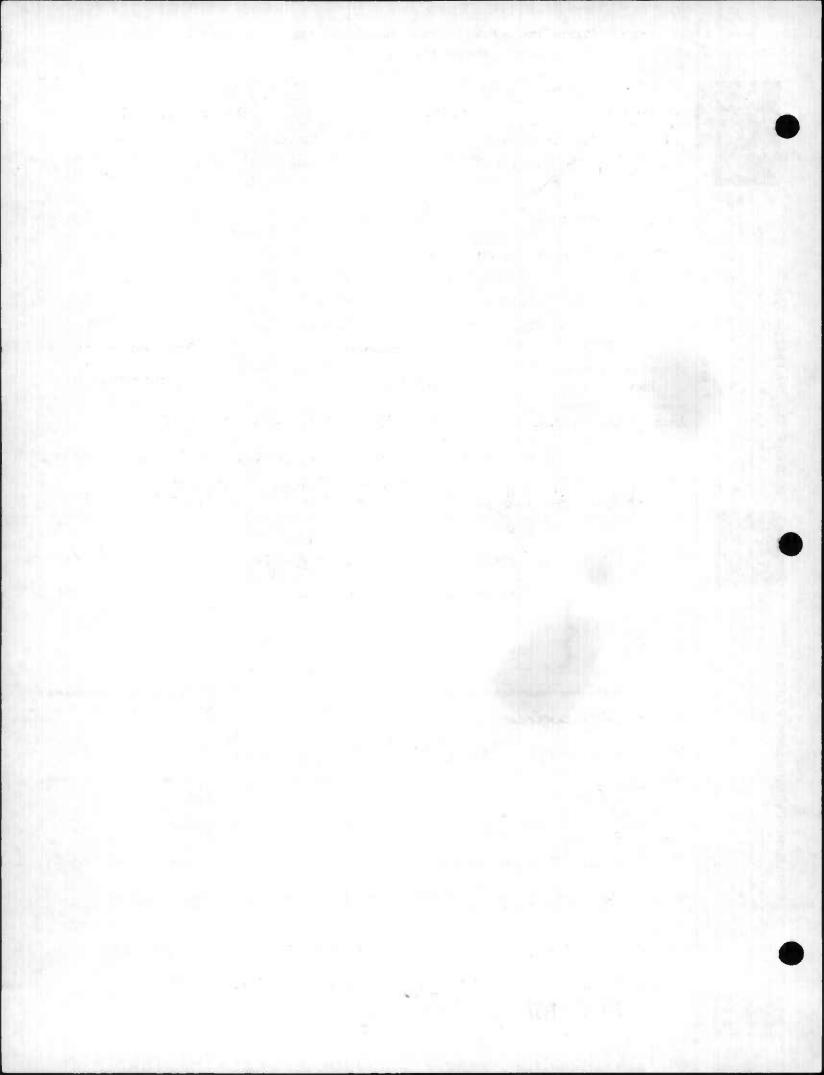
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death **Physician** Elizabeth 26, 1997 4c. County of Death Dillard /Medical November 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death **Examiner** Frederick Frederick Frederick Memorial Hospital | H Under 1 Year | H Under 24 Hrs. | 8. Date of Birth | 9. Birthplace (State or Foreign Months | Days | Hours | Min. | Sept. 20, 1926 | Pennsylvania 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1□M 2XF 163-22-4081 71 Yrs **Director** Usual Rasidance of Decedant with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at X Yas 2 No Frederick Frederick Directo Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 23a or 2 21701 1003 Greystone Drive, Apt. #2B permit. Peges 1 and 2 should be filed within 72 hours efter death w Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23s any injury or other traumatic event, the Men U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yes or No-ff Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - Amarican Indian, 1 Navar Married 2 Married 1 Yas 2 No Specify: by 3 Widowed 4 □ Divorced Specify: White Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Own Home/Domestic Homemaker 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Be NEUSTADTER ROSENFELD Anna Henry H. 19e. Informant's Neme/Ralationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 530 School Lane, Mount Joy, PA 17552 Anna Fitzkee/Sister 20b. Place of Disposition (Nema of cematary, cramatory or othar place) 20e. Mathod of Disposition Date 20c. Location - City or Town, Stata 1 M Burial 2 □ Cramation 3 □ Ramoval from State 4 □ Donation 5 □ Othar (Specify) East Petersburg Cemetery, Nov. 29, 1997 East Petersburg, PA 21. Signature of Funaral Sarvice Licenses 22. Nama and Address of Facility Keeney & Basford P.A. Funeral Home M00703 106 East Church Street, Frederick, MD 21701 23a. Part1. Entar tha diseasa, or complications the caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause of each line. Physician /Medical immediata Ceuse (Final disaase or condition resulting in daath) Gastric Hernmorthage
Dua to (or es e consequence of): Examiner Examiner Dua to (or as a consequanca of): The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immediata causa. Entar Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last pue Box 68760. physicien Physician/Medical Due to (or as a consequence of): signed by the ette Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Seure atterosclerosis Completed by 24b. Wara autopsy findings available prior to complation of causa of death? Hypertension, abdominal acrtic aneurym 25. Was casa raferred to medical exeminer? certificate 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No or Attending Physician: Telefor death.

Diractor: After this certifica Be 26. Placa of Death (Check only one) Hospital: 1 Sinpatient 2 □ ER/Outpatient 3 □ DOA 1 Yas 2 No Certification: To Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 27. Mannar of Death 28b. Time of 28c. Injury af Work? 28d. Dascribe how injury occurred 1 Netural 5 Panding Invastigation 2 Accident 1 ☐ Yas 2 ☐ No 6 Could not be datarminad 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, fectory, offica building, atc. (Spacify) 2 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled in 1 Certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, data and piece, end dua to tha causa(s) end manner as steted.

2 Medical Examinar: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and piece, end due to the causa(s) and manner stated. 29a. Certifiar Medical (Check only one) 29b. Signatura and titla of certifiar 29c. Licanse number 29d. Data signed (Month, Day, Year) Mary P. Howell mo D46075 11/26/97

State Registrar Mary P. Howell, M.D., 915 Toll House Ave., Frederick, Md. 21701 flied (Month C. Year) 1997

30. Nama and address of person who completed cause of deeth (Item 23e) (Type, Print)



	-	1. Decedent'e Neme (First, Middle, La	nst)	OH T	CIGIN ED		2. Dete of Dee			3. Time of Deeth	
ysician		Jame	es		Docher	tv	Novembe	r 18 1	997	3:15 AM	
Medica amine	_	4a. Facility Name (If not institution, giv	ve street end number)				Location of Deeth	4c. County		J.IJ MI	
		Frederick Mem	orial Hosp	ital		Frede	rick	Free	deric	k	
rai		5. Sociel Security Number 6. S	Sex 7. Age	e (In yrs. lest birtt	Months Devs	r If Under 24 Hr	s. 8. Dete of Birth			lece (Stete or Fore try)	
or	206-12-0127 74 Yrs.							, 1923		sachusett	
		Usual Residence of Decedent 10e. State 10b. County		10c. City, Town	or Location				10	0d. inside City Lim	
3	5	Maryland Enodoud	ale	E. J.	d - 1-					Yes 201	
Director	2	Maryland Frederi 10e. Street and Number	.ck	Frede	10f. Zip Code		11	Og. Citizen of V	Vhet Count	trv?	
2		5720 Sugar Maple	Ct. / Apt.	A-31	2170)3		United States			
Frinaral		11. Marital Status	12. Wes Decedent B		13. Was Decedent of If Yes, specify Cul		Specify Yes or No-	14. Rac	e - America	an Indian,	
ü	2	1 Never Married 2 Married	Armed Forces? 1 Yes 2 N if Yes, Give	10	if Yes, specify Cul	rto Rican, etc.)					
È		3 Widowed 4 Divorced	Yeer or Detes:		TLI Yes 2LANG	Specify:	Specify: White		te		
ata	2010	15. Decadent's En		16e. I	Decedent's Usuel Occu 'Give kind of work done	petion during most of w	orkina	16b. Kind of Bu	siness/Ind	lustry	
100	2	Elementery/Secondery (0-12)	College (1-4or 5		life. DO NOT use retire	ed)					
event, the Medical Examiner rount Be Completed by Funeral		8			Self-emplo		T AND I	Painte			
a a	ā	17. Father's Neme (First, Middle, Last,	,		,		eme (First, Middle, I	weiden Sumem			
F	2	John			ocherty		lie	A11 =		ensen	
		19e. Informent's Neme/Relationship (Mailing Address (Stree						
Important: If item 27 is marke any injury or other traumatic once.	-	Elsie McKenzie Do 20e. Method of Disposition	cherty/wif		720 Sugar No Disposition (Name of	Maple Ct.					
	1	1 Burial 2 □ Cremetion 3 □		cemetery	, cremetory or other pla						
	-	4 Donetion 5 Other (Specif	**	Lawn	Croft Ceme		11-24-97			ennsylva	
once.		21. Signature of Funerel Service Licer	The second secon	-	22. Name and Addr	ess of Facility	Stauffer	Funera.	1 Hom	ie	
		Comprond	Teles	son			Pike/ Fre		, Md.	21702	
		23a Part1. Enlar the disease, or com- shock or heart feilure. List only	plicetions that caused	the deeth. Do no	of enter the mode of du	dan accele an anesti	an or recolectory or	net		Annous despite	
เก			one cause on eech lin	10.	or or to thouse or dy	ing, such es cerqu	ic or respiretory en	631,	- [Interval Between	
_		0			,			651,	1	Approximete Interval Between Onset end Deeth	
al	- 1	immediate Cause (Fine) disease or condition			m Diffi			6 51,		Interval Between Onset end Deeth	
al er		immediate Cause (Finel	e. Clos		m Diffi			0 51,	1	Approximete Interval Between Onset and Deeth	
al er		immediate Cause (Finel disease or condition resulting in deeth)	e. C(05	tvi du. Due to (or es e co	onsequence of):			00 1,	-	Approximete Interval Between Onset end Deeth	
al er	- Yallillia	immediate Cause (Finel disease or condition resulting in deeth)	e. C(05	tridu	onsequence of):			55 1,		Approximate interval Between Onset and Deeth	
er Jaulmex	- Yallillia	immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	e. <u>Clos</u>	Due to (or es e co	onsequence of):			501,		Approximate Interval Batween Onset and Deeth TWEEN	
edicai Examiner	Calcal Evaluated	immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or infury	e. <u>Clos</u>	tvi du. Due to (or es e co	onsequence of):			001,		TOWERS	
edical Examiner	Calcal Evaluated	immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	e. <u>Clos</u>	Due to (or es e co	onsequence of):			031,		Approximate interval Between Onset and Deeth TWELK	
er Examiner	Calcal Evaluated	immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest	e	Due to (or es e co	onsequence of): onsequence of):	ale Cod	litis		ntribute to	The cause of dee	
edicai Examiner	Calcal Evaluated	immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	e. C(05	Due to (or es e co	onsequence of): onsequence of): onsequence of): onsequence of):	ale Cod	litis	obacco uaa co		Onset and Deeth	
er e	- Fernanda Lyanian	immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	e	Due to (or es e co	onsequence of): onsequence of): onsequence of): onsequence of):	ale Cod	Litris 23b. Did to	obacco uaa co		Onset and Deeth TOWARD The Cause of dea	
by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	e. C(05	Due to (or es e co	onsequence of): onsequence of): onsequence of): onsequence of):	ale Cod	23b. Did to 1 4 Y	obacco usa con es 2 100	3 ☐ Prob	the cause of de	
by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	e. C(0 5	Due to (or es e co	onsequence of): onsequence of): onsequence of): onsequence of):	ale Cod	23b. Did to	obacco usa con es 2 100	3 Prob	Onset and Deeth	
by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	e. C(0 5	Due to (or es e co	onsequence of): onsequence of): onsequence of): onsequence of):	ale Cod	23b. Did to 1 4 Y	obacco usa con es 2 100 in eutopsy med?	3 Prob	the cause of de pably 4 Unknown de cause prior to motion of cause	
Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions of Cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Lest	e. C(0 5	Due to (or es e co	onsequence of): onsequence of): onsequence of): onsequence of):	iven in Part I.	23b. Did to 1 🗆 Y	obacco usa come 2 100 meutopsy med?	3 Prob	the cause of de cably 4 Unk	
Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underfying Cause (Disease or injury that Initiated events resulting in deeth) Lest	e. C(0 5	Due to (or es e co	onsequence of): onsequence of): onsequence of): onsequence of):	iven in Part I.	23b. Did to 1 Y	obacco usa con estado de 2000	24b. We ava	the cause of de bably 4 Unk	
To Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest Pert II. Other significant conditions of the conditions of th	b. Clos b. Clos d. Contributing to death but Contributing to death but Contributing to death but	Due to (or es e co	onsequence of):	iven in Part I.	23b. Did to 1 Y 24e. Wes e perion 1 Y seth (Check only or	obacco usa con estado de 2000	24b. We ava cor of c	the cause of de bably 4 Unk	
To Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury thet Initiated events resulting in deeth) Lest Pert II. Other significant conditions of the conditions of th	e. C(0) b. C. d. Contributing to death but the contribution of the	Due to (or es e co	onsequence of): onsequence of): onsequence of): the underlying ceuse g the underlying ceuse g onsequence of lead	iven in Part I.	23b. Did to 1 Y 24e. Wes e perform 1 Y eeth (Check only on thome 5 Reside	obacco usa con estado de 2000	24b. We ava cor of c	the cause of de bably 4 Unknown to the cause of de bably 4 Unknown to the cause of de bably 4 Unknown to the cause of deth? Yes 2 1 100	
To Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest Pert II. Other significant conditions of the conditions of th	b. C.	Due to (or es e co	onsequence of): onsequence of): onsequence of): the underlying ceuse g the underlying ceuse g onsequence of lead	iven in Part I. 26. Plece of Dither: 4 Nursing any et of No.	23b. Did to 1 Y 24e. Wes e perform 1 Y eeth (Check only on thome 5 Reside	obacco usa con eutopsy med? se 2D No ne) ence 6 Other ow injury occurrent and Numb	24b. We ave cor of c	the cause of de ca	
Certification: To Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest Pert II. Other significant conditions of examiner? 1 Yes 2 No 27. Menyer of Deeth 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not b	e. C(0) S b. C. d. Contributing to death but the contribution of t	Due to (or es e co	onsequence of): onsequence of): onsequence of): the underlying ceuse g onsequence of ceuse g onsequence g onsequence of ceuse g onsequence	iven in Part I. 26. Plece of Dither: 4 Nursing any et of No.	23b. Did to 1 Y 24e. Wes e perform 1 Y Beth (Check only on thome 5 Reside 28d. Describe ho	obacco usa con eutopsy med? se 2D No ne) ence 6 Other ow injury occurrent and Numb	24b. We ave cor of c	the cause of de cause of de cause of completion of cause deeth?	
Certification: To Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury thet Initiated events resulting in deeth) Lest Pert II. Other significant conditions of the conditions of th	b. C.	Due to (or es e co	onsequence of): onsequence of): onsequence of): the underlying ceuse g onsequence of ceuse g onsequence g onsequence of ceuse g onsequence g o	iven in Part I. 26. Piece of Dither: 4 Nursing any et of No.	23b. Did to 1 Ye 24e. Wes e perform 1 Ye 28d. Describe ho 28f. Location (Si City or Town	obacco usa con in eutopsy med? es 20 No ine) es 20 No ine) es 6 Othe ow injury occurr treet and Numb n, Stete)	24b. We ava cor of c	onset and Deeth The cause of de the cause of de ability 4 Unker are autopsy findin allable prior to mpletion of cause deeth? If Route Number,	
edical Certification: To Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest Pert II. Other significant conditions of the conditions of th	b. C.	Due to (or es e co	onsequence of): onsequence of): onsequence of): the underlying ceuse go the underlying ceuse go onsequence of): onseque	iven in Part I. 26. Plece of Dither: 4 Nursing 17 et ork? Yes 2 No	23b. Did to 1 Ye 24e. Wes e perfor 1 Ye 28f. Location (So City or Town 28f. Location (so City	obacco uaa covere de la composição de la	24b. We ava cor of c	onset and Deeth the cause of de abily 4 Unker tree eutopsy findin tillable prior to impletion of cause deeth? I Route Number, eted. the cause(s)	
Certification: To Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury thet Initiated events resulting in deeth) Lest Pert II. Other significant conditions of the conditions of th	b. C.	Due to (or es e co	onsequence of): onsequence of): onsequence of): the underlying ceuse go the underlying ceuse go onsequence of): onseque	iven in Part I. 26. Piece of Dither: 4 Nursing any et of No.	23b. Did to 1 Ye 24e. Wes e perfor 1 Ye 28f. Location (So City or Town 28f. Location (so City	obacco usa con in eutopsy med? es 20 No ine) es 20 No ine) es 6 Othe ow injury occurr treet and Numb n, Stete)	24b. We ava cor of c	onset and Deeth the cause of de abily 4 Unker tree eutopsy findin tillable prior to impletion of cause deeth? I Route Number, eted. the cause(s)	
edical Certification: To Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest Pert II. Other significant conditions of the conditions of th	b. C.	Due to (or es e co	onsequence of): onsequence of): onsequence of): the underlying ceuse go the underlying ceuse go onsequence of): onseque	26. Plece of Dr. ther: 4 Nursing any et Yes 2 No ime, date end plec opinion, deeth occurse number	23b. Did to 1 Ye 24e. Wes e perfor 1 Ye 28f. Location (So City or Town 28f. Location (so	obacco uaa covere de la composição de la	24b. We ava cor of c	onset and Deeth the cause of de abily 4 Unker tree eutopsy findin tillable prior to impletion of cause deeth? I Route Number, eted. the cause(s)	
tion: To Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest Pert II. Other algnificant conditions of the conditions of th	b. C.	Due to (or es e co	onsequence of): onsequence of): onsequence of): the underlying ceuse g the underlying ceuse g onsequence of): onsequenc	26. Plece of Dr. ther: 4 Nursing any et Yes 2 No ime, date end plec opinion, deeth occurse number	23b. Did to 1 Ye 24e. Wes e perfor 1 Ye 28f. Location (So City or Town 28f. Location (so	obacco uaa covere de la composição de la	24b. We ava cor of c	the cause of de ca	
edical Certification: To Be Completed by Physician/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury thet Initieted events resulting in deeth) Lest Pert II. Other algnificant conditions of the conditions of th	b. c. d. Hospitel: 1 Impatien (Month, Deynorth) 28e. Plece of Injury (Month, Deynorth) 28e. Plece of Injury (Month, Deynorth) 28e. Plece of Injury (Month, Deynorth) completed cause of development of the desired formula (Month).	Due to (or es e con Due to (or es e con Due to (or es e con Due to (or es a con Due to	onsequence of): onsequence of): onsequence of): the underlying ceuse g the underlying ceuse g onsequence of): onsequenc	iven in Part I. 26. Piece of Dither: 4 Nursing Iny et ork? Yes 2 No	23b. Did to 1 Ye 24e. Wes e perfon 1 Ye 28d. Describe ho 28d. Describe ho 28d. Describe ho 28d. Describe ho 28d. tocation (Si City or Town 28d. tocation (S	obecco usa con consideration and entropsy med? as 20 No one) ance 6 Other own injury occurrent and Numb one, Stete) euse(s) and me ete end plece, in the	24b. We ava cor of control of con	the cause of delably 4 Universe autopsy findiallable prior to impletion of caus feeth? If Route Number, the cause(s)	

State of Maryland / Department of Health and Mental Hygiene]

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month om Mary December 11, 1997 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** Montgomery General Hospital 01ney Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funerai** Birthplace (State or Foreign Country) 1□M 287 F Days Hours Yrs. Director 579-40-0475 July 31, 1930 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Medical Exercises must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No Maryland Howard Woodbine 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3301 Jennings Chapel Road 21797 daath Funeral American 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2★ No Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filled within 72 hours aftar 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2K No Specify: White þ Specify 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done duning most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own home. Baltimore, Maryland permit. Pages 1 and 2 should be file Department of Health and Mantal Hy Important: If Item 27 Is marked othe any Injury or other traumatic event. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Cletus Clifford Weakley 2 Daisy Virginia Taylor 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) John M. Dimig - Son 6765 Cortina Drive, Highland, Maryland 20777 20a. Method of Disposition 20b. Placa of Disposition (Name of Carmetery, crematory or other place)

Crestlawn Memorial Gardens 12/15 Marriottsville, Md. 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 Donetion 5 NOther (Specify) Entombment Mausoleum of Fune al Service Licanses 22. Name and Address of Fecility Olin L. Molesworth, P.A., Funeral Ho 26401 Ridge Road, Damascus, Maryland and Figure List only one ceuse on each line. Molesworth, P.A., Funeral Home 20872-0117 Approximate Interval Between Onset end Death **Physiclan** Immediete Cause (Final diseese or condition resulting In death) /Medicai hour Examiner Physician/Medical Examiner mont or Attending Physician: Tha law requires that the death certificate be assecuted for usa as the burial-transi Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Division of Vital Records, P.O. Box 68760, para physician ON Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. datached 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 90 Completed 24b. Were eutopsy findings available prior to 24e. Wes an autopsy completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medicel examiner? 26. Piece of Death (Check only one) 9 Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 15 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Dete of Injury (Month, Day Year) after daath. Director: After t Certification: 27. Menner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 1 Naturel 5 Pending Investigation 2 Accident 1 Yes 2 No To the Hospital or Atterwithin 24 hours after day
To the Funeral Director
completely filled in by th 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(a) and menner as stated.

[In the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(a) and menner as stated.

[In the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(a) and menner as stated.

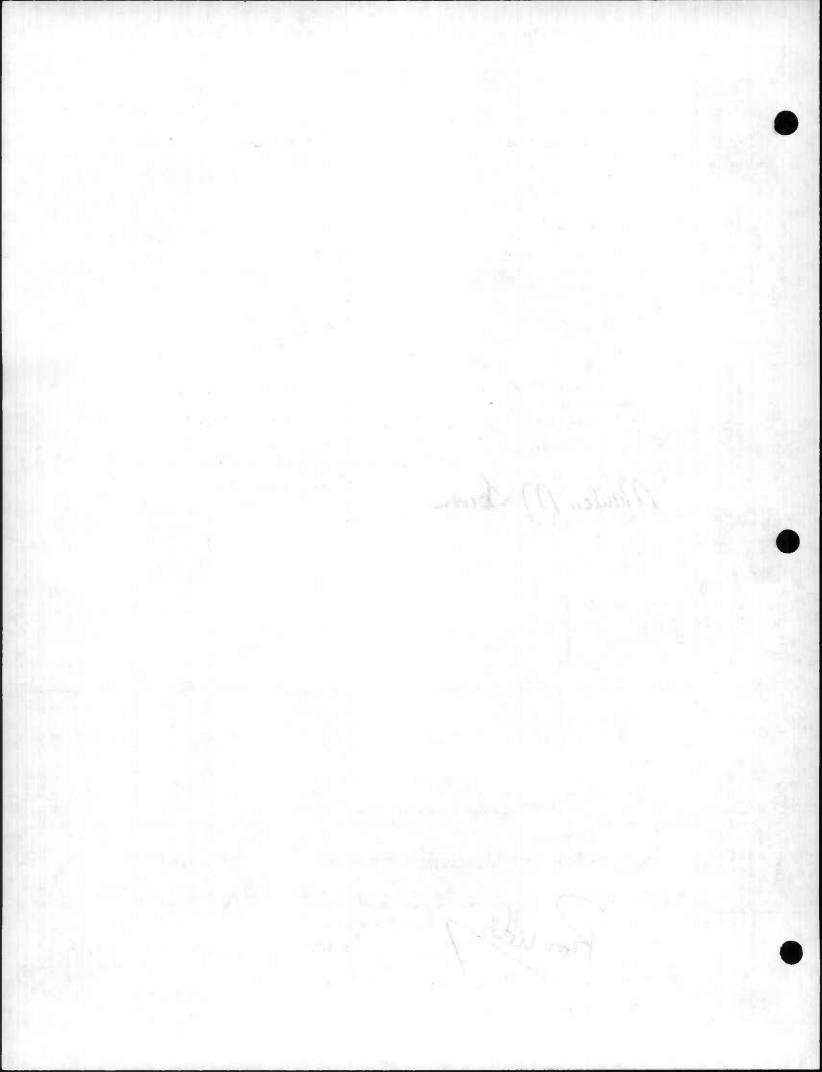
[In the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(a) and menner as stated. Medical 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) wer MD December 12, 1997 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 3947 Ferrara Drive, Wheaton, Maryland 20906 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State Julia Davidson Ren Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year ALMA JUNE DAVIS DECEMBER 12, 1997 06:45 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SACRED HEART HOSPITAL CUMBERLAND ALLEGANY If Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Funeral 6 Sex 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1□M 2\ F Days Vrs Director 216 18 1351 73 FEB 4, 1924 MARYLAND Usuai Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show other traumatic event, the Medical Examiner must be notified at Director 1X Yes 2 □ No MARYLAND ALLEGANY FROSTBURG 10e. Street end Number 10f. Zip Code 10a, Citizen of What Country? with 5 items 23a 110 S. BROADWAY, APT C Peges 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiene. If them 27 is marked other than "natural", or items 23. Funerai 21532 U.S. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11, Marital Status 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 No by 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) Coilege (1-4or 5+) 12 HOMEMAKER OWN HOME Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be CLEMENT COOKERLY CLARA MATTINGLY 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2 and 2 and 2 and 2 and 2 and and and and and and and any injury or other tra-JOHN S. DAVIS / SON 1030 BISHOP WALSH DRIVE, CUMBERLAND, MD 21502 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stete Dete 1 Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) FROSTBURG MEMORIAL PARK 12/15/97 FROSTBURG, MD 21532 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility SOWERS FUNERAL HOME, P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 60 W. MAIN ST., FROSTBURG, MD 21532 Approximate Intervel Betw Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical HEPATIC DYSFUNCTION 3 WEEKS **Examiner** Due to (or as e consequence of) DIABETES MELLITUS The lew requires that the death certificate be executed UNKNOWN attending physician end for use as the burial-tran Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or as a consequence of). Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 20 No 3 Probably 4 Unknown END STAGE RENAL DISEASE þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed page 2 should 24a. Was an autopsy performed? peen SEPSIS certificate 1 ☐ Yes 200No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: Be 25. Wes cese referred to medical 26. Plece of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) After this 27. Menner of Death 28c. Injury at Work? Certification: 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 1 Naturei 5 Pending Investigation death. 1 Yes 2 No 2 Accident Director: in by the 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homiclde To the Hospital or within 24 hours eft To the Funeral Di completely filled in Certifiers Chysician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the 29a, Certifier Medical inner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) ending and place and place. 29b. Signature and title of certifig 29c. License number 29d. Date signed (Month, Day, Year) D31875 DECEMBER 12, 1997 10 30. Name end eddress of person who compl ed ceuse of deeth (Item 23a) (Type, Print) nes ROBERT WELIK, M.D., 902 SETON DRIVE, CUMBERLAND, MD 21502 31. Date filed (Month, Dey, Year) Registrar's Signature State DEC 1 7 1997 Registrar

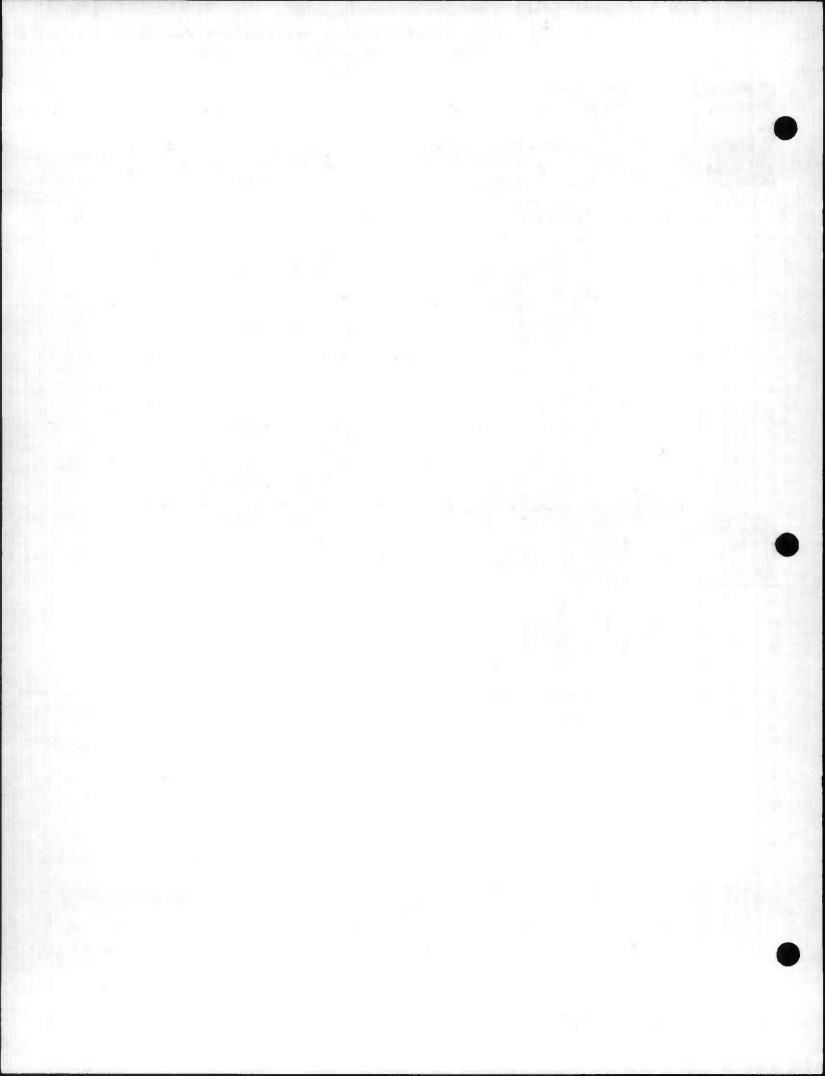


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Daath **Physician GEORGE** EVANS, ALBERT SR. November 21, 1997 10:05 A.M. /Medical 4e. Fecility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Memorial Hospital Frederick Frederick 7. Age (In yrs. last birthdey) Hunder 1 Yaar Hunder 24 Hrs. Months Days Hours Min. (Month, Dey, Year) Birthplaca (Stete or Foreign Country) 5. Sociel Security Number 6. Sex **Funeral** 1 M 2 F Days Yrs. Director 188-05-0165 Oct. 24,1920 Pennsylvania Usuel Residence of Decedent permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mentel Hygiene.
Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, if a Medical Examinal must be notified at once. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Frederick Frederick 1 Yes 2 No Directo 10e. Street end Numbar 10f. Zip Code 10g. Citizen of Whet Country? 413 Lee Place 21702 United States Funeral 12. Was Dacadent Evar In U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yaar or Datas: 1944-45 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: by 3 ☐ Widowad 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast greda completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Chief of Graphic Arts Government 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be George J. Evans Laura Yoder 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Relationship (Type, Print) George A. Evans, Jr. / son 19 Georgetown Rd./ Walkersville, Maryland 21793 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Glade Cemetery 11-24-97 Walkersville, Md. 22. Name and Address of Fecility Stauffer Funeral Home 21. Signature of Funerel Servica Licensae 23a Part Philer tha disease, ox complications that caused the deeth. Do not enter the moda of dying, such as cardiac or raspiratory arrast, or heart feilure. List only one cause on each line. 1621 Opossumtown Pike/ Frederick, Md. 21702 Approximate Interval Between Onset and Death Physician /Medicai Immediete Ceuse (Finel diseese or condition resulting in death) Myocardiel Infarction 5minutes Examiner Due to (or es e consequence of) Examiner physician end s the burial-trans Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequenca of): signed by the aid Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown Emphysima p 24b. Wara autopsy findings available prior to complation of cause of death? 24e. Wes en autopsy performed? Completed page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this cariffici completely filled in by the funeral director, 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ■ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 27. Manner of Deeth 28b. Time of Certification: 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation Netural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, dete end piece, end due to tha cause(s) end manner stated. 29a. Certifier Medical 29b. Signeture and titla of certifiar 29c. Licansa numbar 29d. Data signad (Month, Day, Year) November 24, 1987 erner MP 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

Lerner M.D. / 15 E. Frederick St./ Walkersville, Md. 21793

State Registrar 31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signeture Julia d'aviden Rank of



-
a c
3
68760,
00
9
×
0
m
Box
0
P.0
0
-
S
O
Records,
X
0
m
8
===
>
-
0
-
-
5
5
visior

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** STELLA MARTE **FAULKNER** December 12 1997 10:02P /Medical 4c. County of Deeth Talbot 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth **Examiner** Easton The Memorial Hospital 5. Social Security Number 7. Age (In yrs. last birthday) if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) May 26 1907 9. Birthplece (State or Foreign **Funeral** 1 M 2 5 Days Hours 90 218-16-1318 Director Maryland Usuei Residence of Decedent 10a State 10b. County r than "naturel", or items 23a or 28a-f show the Medical Exercines must be notified at 10c. City. Town or Location 10d. Inside City Limits MD Talbot Trappe 1 Yes ZANO Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 31426 Bruceville Rd. 21673 Funerai 12. Wes Decedent Ever in U,S. Armed Forces 1 Yes 2 No If Yes, Give 13. Was Decadent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian Bieck, White, etc. 1 ☐ Never Married 2 ☐ Married 1□ Yes 2/1No Baltimore, Maryland 21215-0020 Specify white by 3 Widowed 4 □ Divorced Be Completed 16a. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) homemaker own home 17. Father's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) . Pages 1 end 2 should be fil ment of Heelth and Mental H ant: If item 27 is marked off lury or other traumatic even Andrews Addie Fitzhugh Albert. 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 31426 Bruceville Rd., Trappe MD 21673 Edna J. Sard - sister 20b. Placa of Disposition (Neme of cemetery, crematory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, State Buriei 2 ☐ Cremation 3 ☐ Removal from State 12-15-97 Woodlawn Memorial Park Easton, Maryland 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funerei Service Licensee 22. Name end Address of Facility Thomas Funeral Home PA 700 Locust St. Cambridge MD 21613 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death Physician tmmediete Ceuse (Final disease or condition resulting in deeth) /Medical Septic shock hrs Examiner Due to (or es e consequence of): Examiner obstruction Bowel schemia Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): pue bunal-tran - ill defined physician Pelvic mass Physician/Medicai the Due to (or es e consequence of): S9 9\$N Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the ceuse of death? 6 1 Yes 2 No 3 Probably 4 7 Whiknown by 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy Completed performed? page 2 certificate has 1 ☐ Yes 2 ☐ No 1 Yes 2 HNo 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 10 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No this the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) Certification: 28c. Injury et Work? 28d. Describe how Injury occurred After t Attanding 5 Pending Investigation 1 A Naturet 1 ☐ Yes 2 ☐ No within 24 hours efter death. To the Funeral Director: A 2 Accident 6 Could not be determined 3 ☐ Suicide in by t 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 0 Hospital 1 Certifying Phyelcien: To the best of my knowledge, death occurred et the time, date end place, and due to the ceuse(s) end menner es steted.
2 Medical Exeminer: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, date and pteca, end due to the ceuse(s) end menner stated. Medicai 29a. Certifier completely (Check only one) the 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 12 12

508 Idlewilde Ave., Easton MD 21601

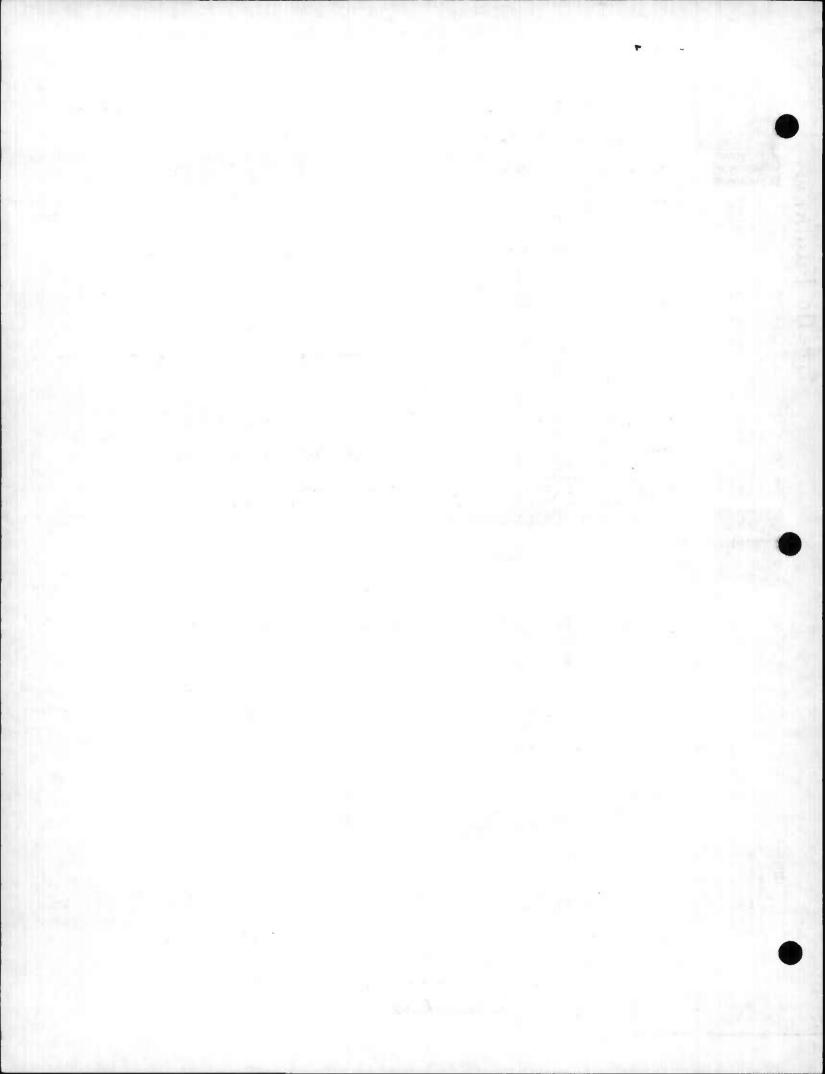
Registrar

30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print)

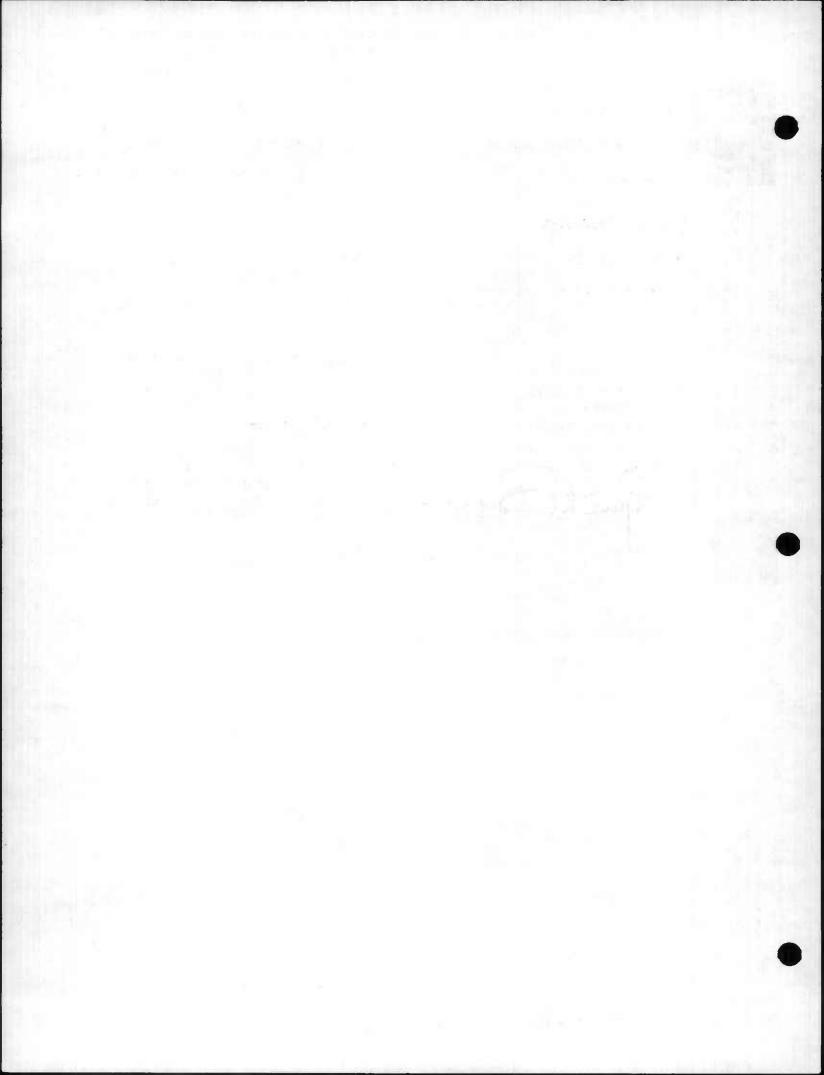
32 Registrar's Signeture

Dr. Peter Whitesell

31. Dete fited (Month, Day, Year) DEC 1 6 1997



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Month **Physician** 6:35 December 1, 1997 PM Farrell James Joseph /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** College View Nursing Home Frederick Frederick If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1 X M 2 □ F Yrs. Director 217-26-3466 84 May 30, 1913 New York Usual Residence of Decedent the Marylend permit. Peges 1 and 2 should be filed within 72 hours efter death with the Manylen Department of Healith end Mental Hygione. Important: if item 27 is marked other than "natural", or item 27 is marked other than "natural", or item 27 is marked other than "natural", or item 27 is marked other than "an item of the most in a marked on any injury or other traumatic event, fire Modes Examine mainten nothing as any injury or other traumatic event, fire Modes Examine maintenance. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo Maryland Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1497 Dogwood Dr. 21701 Funeral USA 12. Was Decedant Evar In U.S. Armed Forces? 1 ☑ Yas 2 ☐ No If Yes, Give Yeer or Dates: WWII Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) University/Education Business Manager 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Thomas Michael Farrell Nellie Mahoney Farrell 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ann Lawrence, daughter 9506 Sylvan Dell, COlumbia, Maryland 21045 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other plece) Date 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Ramoval from State 12/5/97 4 ☐ Donation 5 ☐ Other (Specify) Resthaven Memorial Gardens Frederick, Maryland 22. Nama and Address of Facility Stauffer Funeral Homes, PA 21. Signatura of Auneral Sarvice Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or leart failure. List only one cause on each line. 1621 Opossumtown Pike, Frederick, MD Approximata Interval Between Onset and Deeth Physician /Medical Immediate Cause (Final -10 disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner burial-transit and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): attending physician for use es the buria Box 68760. Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. P.O. the 23b. Did tobacco uge contribute to the cause of death? signed by t d be detect 1 Yes 2 No 3 Probably Unknown Division of Vital Records. by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed peen hes certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Mospital or Attending Physician:
 24 hours after deeth.
 Funeral Director; After this certifical 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☐ No 8 26. Piece of Deeth (Check only one) Hospital: Other: 42 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 2 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be determined 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1🔁 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. (Check only one) within 2 To the 29b. Signature and title of certifier 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) Robert S. Hughes, MD, 700 Montclaire Ave., Frederick, MD 21702 31. Date filed (Month, Day, Year) 32. Registrer's Signature State DEC 04 Julia Davideon Randall Registrar

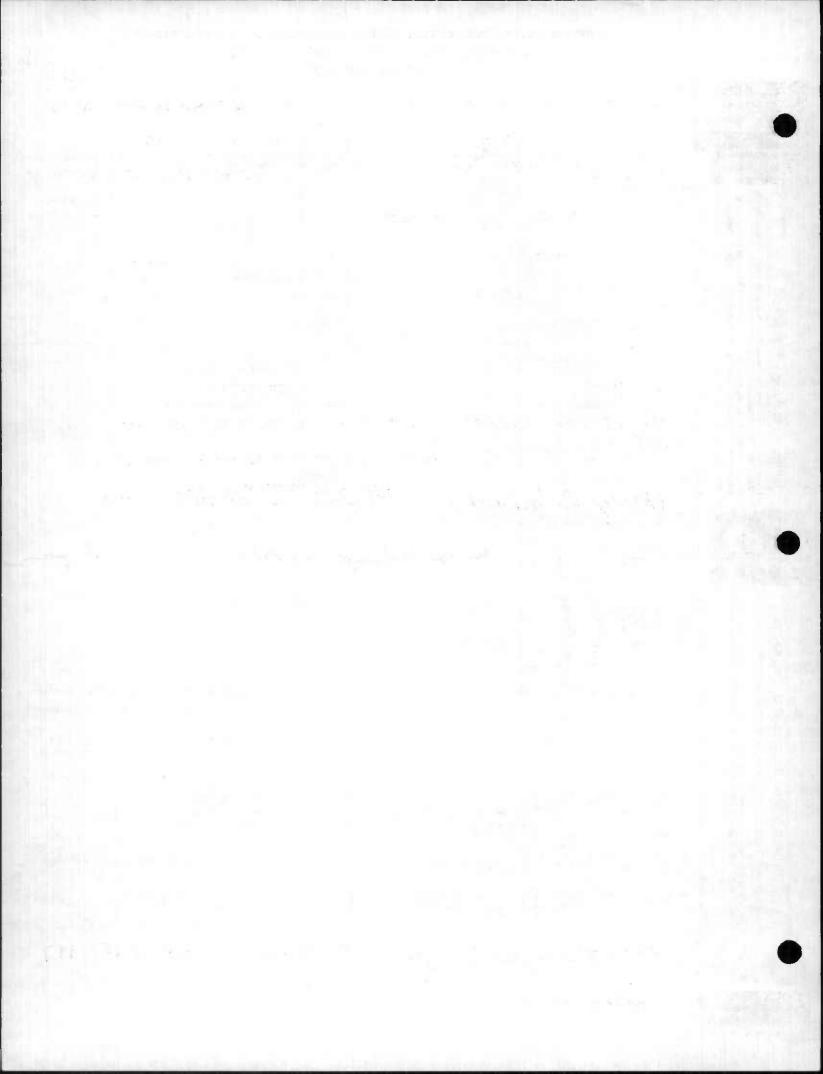


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Daeth **Physician** DECEMBER 10 CARL RICHARD FRIDLEY 8:00 PM /Medicai 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** SACRED HEART HOSPITAL ALLEGANY CUMBERLAND 5. Sociel Security Number If Under 1 Yeer if Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) **Funeral** Birthplece (State or Foreign Country) 1X M 2□ F Deys Yrs. Director 67 213-24-6747 JAN. 24, 1930 WEST VIRGINIA Usuel Residence of Decedent filed within 72 hours after death with the Maryland 10a State 10h County 10c. City, Town or Location ns 23a or 28a-f show 10d. insida City Limits Director 1 ☐ Yes 2X No MINERAL RIDGELEY 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? itams 23a Funeral 26753 ROUTE 2, BOX 18 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ♥ Yes 2 □ No If Yes, Give Yeer or Dates:KOREA 11. Marttel Stetus Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, The Medical Examiner Bleck White etc. 1 ☐ Never Married 2 ☑ Marriad 21215-0020 6 1 ☐ Yes 2 No Specify: by Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced "natural" Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highest grede completed) Hygiena. Elemantary/Secondary (0-12) College (1-4or 5+) IRON WORKER 12 IROWN WORKS Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maidan Sumeme) Be Pages 1 and 2 should be Mental CONRAD FRIDLEY NELLIE G. JUSTICE other traumatic permit. Pages 1 and 2 shoul Department of Health and Mimportant: if Item 27 is mark any injury or other traumati 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ROUTE 2, BOX 18, RIDGELEY, WV DIANE WILSON FRIDLEY / WIFE 20b. Place of Disposition (Neme of cemetery, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) CUMBERLAND CREMATORY 12/13/97 CUMBERLAND, MD 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecilit UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST., CUMBERLAND, MD complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, only one cause on each line. Approximete rvel Bety Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in death) PARKINSON'S DISEASE 12 YEARS **Examiner** Due to (or es e consaguence of): Examiner The law requires that the death certificate be axecuted burial-transi Sequentielly list conditions, if eny, leading to immediate ceusa. Entar Undartying Causa (Olseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): P.O. Box 68760. physician s the burial Physician/Medicai Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. ò 24b. Were autopsy findings evelleble prior to Completed 24e. Wes en eutopsy performed? completion of cause of death? page 2 certificate 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes cese raferred to medical examiner? Be 26. Plece of Deeth (Check only one) 1 Yes 2 No 1 Appatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 2 ER/Outpetient 3 DOA After this 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Naturel 2 Accident 5 Pending investigation death. 1 ☐ Yas 2 ☐ No i Director: 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) To the Hospital or Att within 24 hours after d To the Funeral Direct complataly filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and plece, end due to the cause(s) and mennar as stated.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, date end plece, end due to the cause(s) end menner steted. Medical 29a. Cartifiai (Check only 29b. Signeture and title of certified 29c. License number 29d. Dete signed (Month, Dey, Year) D23774 DECEMBER 11,1997 30. Name and eddress of person who completed ceusa of deeth (Item 23e) (Type, Print) PAUL T. LIVENGOOD, M.D., 912 SETN Dete filed Month Pay Year 97 912 SETON DRIVE, CUMBERLAND, MD 21502 State Registrar

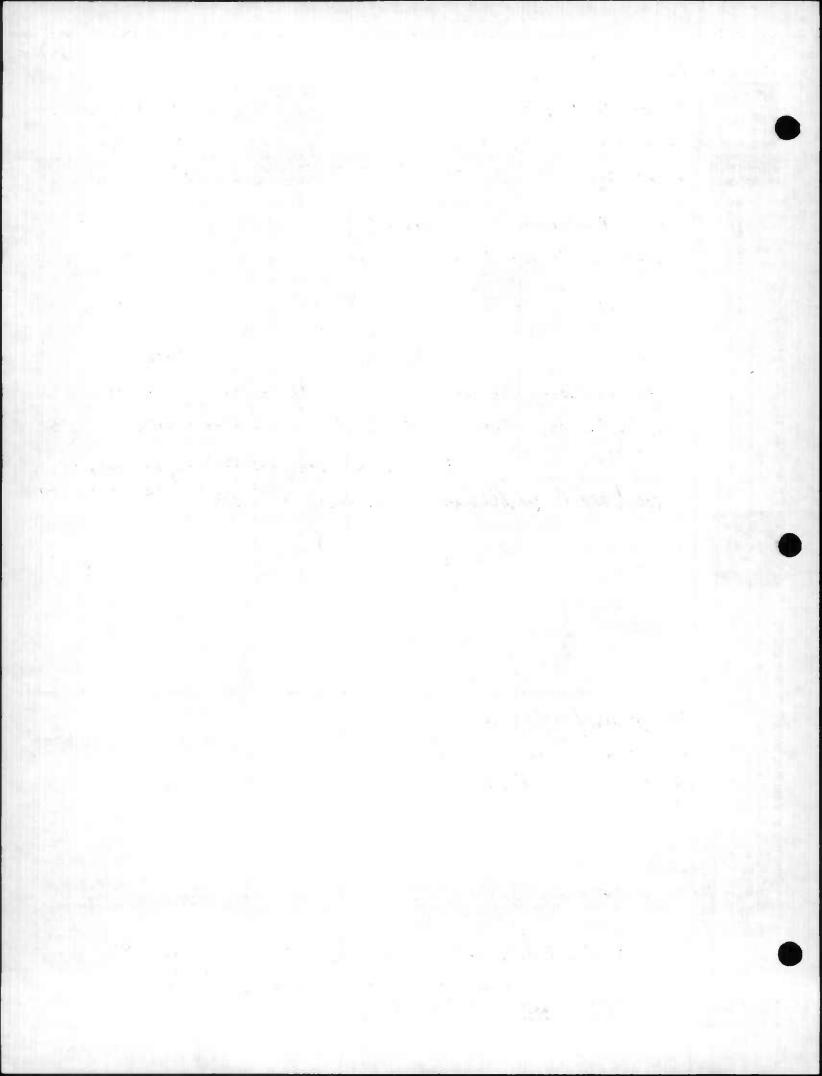
permit. Peges 1 and 2 should be filed within 72 hours effer death with the Menyland Deportment of Health and Mentel Hygiene. Deportment of Health and Mentel Hygiene. Important: If item 27 is marked of the than "natural, or items 23e or 28e-f show any injury or other traumetic event, the Medical Examinatory in the medical control of the control of	ELIZABETH 4e. Fecility Neme (Iff not institution, SACRED HEART 5. Sociel Sacurity Number 214-07-2205 Usuel Residenca of Decedent 10a. Stete 10b. County WV MINE 10e. Street and Number 3 WILLIAMS STR 11. Maritel Stetus 1 Nevar Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest (Specify only highest (Elementery/Secondary (0-12)) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. informent's Name/Reletionship MARY E. ANDREW	RAL The state of	e (In yrs. last birthde 79 Yrs. 10c. City, Town or RIDGEI Evar in U,S. 1	Location EY 10f. Zip Code 26753 3. Wes Decedent of It Yes, specify Cub	Hours Min. Hispenic Orlgin? (Spean, Mexican, Puarto	cation of Deeth LAND 8. Dete of Birth (Month, Dey FEb. 20,	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	f Death EGANY 9. Birthpleca (State or For Country) VEST VIRGINI. 10d. Inside City Lin Yars 2
permit. Peges I and 2 should be filed within 72 hours effer death with the Meryland Depertment of Heelth and Mentel Hygiens of Heelth and Mentel Hygiens of Heem 27 is marked other than "naturati, or items 23e or 28e-f show any injury or other traumetic event, the Medical E-partment or notified any injury or other traumetic event, the Medical E-partment or notified any injury or other traumetic event, the Medical E-partment or notified any injury or other traumetic event, the Medical E-partment or notified any injury or other traumetic event, the Medical E-partment or notified any injury or other traumetic event, the Medical E-partment or notified any injury or other traumetic event, the Medical E-partment or notified any injury or other traumetic event, the Mental Hyging and	SACRED HEART 5. Social Sacurity Number 214-07-2205 Usuel Residence of Decedent 10a. Stete 10b. County WV MINE 10e. Street and Number 3 WILLIAMS STR 11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest, Elementery/Secondary (0-12) 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	RAL The state of	e (In yrs. last birthde 79 Yrs. 10c. City, Town or RIDGEI Evar in U,S. 1	Months Days Location EY 10f. Zip Code 26753 3. Wes Decedent of It Yes, specify Cub	CUMBER If Undar 24 Hrs. Hours Min. Hispenic Origin? (Spean, Mexican, Puarto	cation of Deeth LAND 8. Dete of Birth (Month, Dey FEb. 20,	4c. County of ALL) (Year) 1918 (Og. Citizen of William County of	f Death EGANY 9. Birthpleca (State or For Country) VEST VIRGINI. 10d. Inside City Lin Yars 2
permit. Peges 1 and 2 should be filed within 72 hours efter death with the Menyland Deperment of Health and Mentel Hygiens 1 begon 1 b	5. Sociel Sacurity Number 214-07-2205 Usuel Residenca of Decedent 10a. Stete 10b. County WV MINE 10e. Street and Number 3 WILLIAMS STR 11. Maritel Stetus 1 Nevar Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest to the steries) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	RAL 1 M 2 F 7. Ag 1 M 2 F 7. Ag 12. Wes Decedent Armed Forces? 1 Yes 2 F 1 Yes, Give Yeer or Datas: Education grade completed) College (1-4or 5	e (In yrs. last birthde 79 Yrs. 10c. City, Town or RIDGEI Evar in U,S. 1	Months Days Location EY 10f. Zip Code 26753 3. Wes Decedent of It Yes, specify Cub 1 Yas 2 No	if Undar 24 Hrs. Hours Min. Hispenic Origin? (Spean, Mexican, Puarto	8. Dete of Birth (Month, Dey FEb. 20	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	9. Birthpleca (State or For Country) VEST VIRGINI 10d. Inside City Lin 10d. Yes 2
permit. Peges 1 and 2 should be filed within 72 hours effer death with the Menyland beparament of Heelth and Mentel Hygiens 1 feet 72 and Mentel Hygiens 1 feet 72 and Mentel Hygiens 1 feet 72 feet 1 and Mentel Hygiens 1 feet 72 feet 1 and Mentel Hygiens 1 feet 72 feet 1 and Mentel Hygiens 2 feet 1 and Mentel Hygiens 2 feet 2 feet 1 and Mentel Mentel 1 feet 1 and Mentel Mentel 1 feet 1 and Mentel 1 feet 2 feet 1 and Mentel 1 feet 2 feet 1 and Mentel 1 feet 2 feet 1 and Mentel 2 feet 2 feet 1 and Mentel 2 feet 2 feet 1 and Mentel 2 feet	5. Sociel Sacurity Number 214-07-2205 Usuel Residenca of Decedent 10a. Stete 10b. County WV MINE 10e. Street and Number 3 WILLIAMS STR 11. Maritel Stetus 1 Nevar Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest to the steries) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	RAL 1 M 2 F 7. Ag 1 M 2 F 7. Ag 12. Wes Decedent Armed Forces? 1 Yes 2 F 1 Yes, Give Yeer or Datas: Education grade completed) College (1-4or 5	e (In yrs. last birthde 79 Yrs. 10c. City, Town or RIDGEI Evar in U,S. 1	Months Days Location EY 10f. Zip Code 26753 3. Wes Decedent of It Yes, specify Cub 1 Yas 2 No	if Undar 24 Hrs. Hours Min. Hispenic Origin? (Spean, Mexican, Puarto	8. Dete of Birth (Month, Dey FEb. 20	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	9. Birthpleca (State or For Country) VEST VIRGINI 10d. Inside City Lin 10d. Yes 2
permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Deperment of Health and Mentel Hygions 1 hours efter death with the Meryland Deperment of Health and Mentel Hygions in Innortant; if I kem 27 is marked other than "natural; or them 23a or 28a-f show any injury or other traumatic event, in Medical Evantual Parish and 25a or 28a-f show any injury or other traumatic event, in Medical Evantual Parish and 25a or 28a-f show any injury or other traumatic event, in Medical Evantual Director 25a or 28a-f show and 25a or	Usuel Residenca of Decedent 10a. Stete 10b. County WV MINE 10e. Street and Number 3 WILLIAMS STR 11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	RAL 12. Wes Decedent Armed Forces? 1 Yes 2 1 Yes 1 Yes 1 Yes 1 Yes 2 1 Yes 1 Yes 2 Yes 1 Yes 1 Yes 2 Yes 1 Yes 2 Yes 1 Yes 2	10c. City, Town or RIDGEI. Evar in U,S. 1 16e. De (G)	Location EY 10f. Zip Code 26753 3. Wes Decedent of It Yes, specify Cub	Hispenic Orlgin? (Spe an, Mexican, Puarto	FEb. 20,	1918 V	10d. Inside City Lin Yas 2
permit. Peges 1 and 2 should be filed within 72 hours effer bepearment of Heelth and Mentel Hygiene. Department of Heelth and Mentel Hygiene important: if item 27 is marked other than "natural, or the any injury or other traumetic event, the Medical Example once. To Be Completed by Full 19	WV MINE 10e. Street and Number 3 WILLIAMS STR 11. Maritel Stetus 1 Nevar Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest property) (0-12) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	12. Wes Decedent Armed Forces? 1	RIDGEI Evar in U,S. 1 No 16e. De (G)	10f. Zip Code 26753 3. Wes Decedent of It Yes, specify Cub 1 Yas 2 No			U.S.A.	Yes 2 net Country?
permit. Peges 1 and 2 should be filed within 72 hours effer bepearment of Heelth and Mentel Hygiene. Department of Heelth and Mentel Hygiene important: if item 27 is marked other than "natural, or the any injury or other traumetic event, the Medical Example once. To Be Completed by Full 19	3 WILLIAMS STR 11. Maritel Stetus 1 Nevar Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest) Elementery/Secondary (0-12) 12 17. Fethar's Neme (First, Middle, La	12. Wes Decedent Armed Forces? 1	Evar in U,S. 1 No 16e. De (G.	10f. Zip Code 26753 3. Wes Decedent of It Yes, specify Cub			U.S.A.	net Country?
permit. Peges 1 and 2 should be filed within 72 hours effer bepearment of Heelth and Mentel Hygiene. Department of Heelth and Mentel Hygiene important: if item 27 is marked other than "natural, or the any injury or other traumetic event, the Medical Example once. To Be Completed by Full 19	3 WILLIAMS STR 11. Maritel Stetus 1 Nevar Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest 12) Elementery/Secondary (0-12) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	12. Wes Decedent Armed Forces? d 1 Yes 2	16e. De	26753 3. Wes Decedent of I It Yes, specify Cub 1 ☐ Yas 2 ☑ No			U.S.A.	
permit. Peges 1 and 2 should be filed within 72 hours effer bepearment of Heelth and Mentel Hygiene. Department of Heelth and Mentel Hygiene important: if item 27 is marked other than "natural, or the any injury or other traumetic event, the Medical Example once. To Be Completed by Full 19	11. Maritel Stetus 1 Nevar Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest) Elementery/Secondary (0-12) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	12. Wes Decedent Armed Forces? d 1 Yes 2	16e. De	3. Wes Decedent of I it Yes, specify Cub 1 ☐ Yas 2 ☑ No		ocity Yes or No- Rican, etc.)	14. Reca	
permit. Peges 1 and 2 should be filed within 72 hours effer bepearment of Heelth and Mentel Hygiene. Department of Heelth and Mentel Hygiene important: if item 27 is marked other than "natural, or the any injury or other traumetic event, the Medical Example once. To Be Completed by Full 19	11. Maritel Stetus 1 Nevar Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest) Elementery/Secondary (0-12) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	12. Wes Decedent Armed Forces? d 1 Yes 2	16e. De	3. Wes Decedent of I it Yes, specify Cub 1 ☐ Yas 2 ☑ No		cify Yes or No- Rican, etc.)	14. Reca	
Myderial. Peges 1 and 2 should be filed within 72 hours e Depertment of Heelth and Mentel Hygiene. Depertment of Heelth and Mentel Hygiene. Innovatant: If Item 27 is marked other than "natural", o any injury or other trsumetic event, the Madrel Establishment.	3 Widowed 4 □ Divorced 15. Decedent's (Specify only highest) Elementery/Secondary (0-12) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	d 1	16e. De	1□ Yas 2√2 No		Hican, etc.)		
Permit. Peges I and 2 should be Depertment of Heelth and Mentel Important: If Item 27 is marked on any injury or other treumetic eve	(Specify only highest (Specify only highest (Parametery) Secondary (0-12) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	grade completed) College (1-4or 5	(Gi	1 1 11 11 10			Specify:	, Whita, etc. WHITE
Permit. Peges I and 2 should be Depertment of Heelth and Mentel Important: If Item 27 is marked on any injury or other treumetic eve	Elementery/Secondary (0-12) 12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship	College (1-4or 5	life	cedent's Usuel Occup	petion		16b. Kind of Bus	lnass/Industry
Permit. Peges I and 2 should be Depertment of Heelth and Mentel Important: If Item 27 is marked on any injury or other treumetic eve	12 17. Fethar's Neme (First, Middle, La JOHN MALAMPHY 19e. Informent's Name/Reletionship			DO NOT use retire	during most of working)	ng		
Permit. Peges I and 2 should be Depertment of Heelth and Mentel Important: If Item 27 is marked on any injury or other treumetic eve	JOHN MALAMPHY 19e. Informent's Name/Reletionship	ist)	S	ALES CLERE	K		RETAII	STORE
Permit. Peges 1 an Department of Heel Introvanti If Item 2 any Injury or other and Informatical	19e. Informent's Name/Reletionship				18. Mothar's Name	(First, Middle,	Meidan Sumeme)
Permit. Peges 1 an Department of Heel Introvanti If Item 2 any Injury or other and Informatical					ANNA K	ROLL		
Permit. Peges 1 an Department of Heel Introvanti If Item 2 any Injury or other and Informatical	MARY E. ANDREW	(Type, Print)	19b. Ma	illing Addrass (Street	t end Numbar or Rura	I Route Number	r, City or Town, S	Iteta, Zip Code)
Physician Medical Medical		S / DAUGHTE	_		K STREET,	KEYSER,	WV 267	726
Physician /Medical	20e. Method of Disposition 1XX Burlei 2 ☐ Cramation 3	□ Damoual from State	20b. Pleca of Dis	position (Neme of rametory or other ple	eca)	Dete	20c. Location - C	city or Town, State
Physician /Medical	4 Donetion 5 Other (Spe		SS.PETE	R & PAUL C	EMETERY 12	2/16/97	CUMBER	LAND, MD
Physician /Medical	21. Signeture of Funarel Service Lic	cansee		22. Name end Addre				
Physician // // // // // // // // // // // // //	Mande D	York was	0	UPCHURCH	FUNERAL INE ST., CU	HOME, P.	A.	21502
Physician // // // // // // // // // // // // //	23a. Part1. Enter tha disease, or co shock, or haart fedure. List on	emplications that caused	the deeth. Do not					Approximete Interval Between
/Medical In	SHOCK, OF HEART IMMUTE. LIST OF	ny oria cause on eech iir	10.					Onset end Death
ri d	Immediete Ceuse (Finel disaese or condition	G	11 C	-	(000			Szen
Examiner	resulting in deeth)	θ	Due to (or es e cons	sequence of	COPP			0
je je								
be executed clean and buriel-transit	Sequantially list conditions,	b	Dua to (or es e cons	equanca of):				
ian a unel-	Sequantially list conditions, if any, laading to immedlete causa. Enter Underlying Ceuse (Diseese or injury thet initiated events							
0 20 0 1	thet initiated events resulting in daath) Last	C	Due to (or as e cons	equance of):				
death certifice estending and for use estimated as siclan/Me		d						
0 0 0 7 7	Part il. Other significant conditions	contributing to death bu	ut not resulting in the	undarlying cause giv	ven in Pert i.	23b. Did to	bacco use cont	ribute to the cause of dea
ires thet the death certained by the ettending to be deteched for use dete						1 🗆 Y	es 2 No	3 Probably 4 Unkn
ned hou						24a. Wes a perform	in autopsy med?	24b. Were autopsy finding aveilable prior to completion of cause of deeth?
The la						1 🗆 Y	es 2 No	1 ☐ Yas 2 ☐ No
stclen: The law in contribute has be director, page 2 s	25. Was case reterred to medical				26. Pleca of Death			10100 2010
Physician: this certific ral director, TO Be	axaminer? 1 ☐ Yas 2 ☑ No	Hospitel:	nt 2 ER/Outpat	lent 3 DOA Oth	her:			(Specific)
£ 50	27. Menner of Deeth 1 Naturei 5 ☐ Pending	28e. Dete of injur (Month, Det		of 28c. inju			ow injury occurred	1111111
deat deat stor: y the	3 ☐ Suicida 6 ☐ Could not	be one Diseased lab	Inv. At home form	street, fectory, office		ORf Location (C	treet and Number	r or Rural Route Number,
or A Direct A in by	4 ☐ Homicide determine	building, ato	(Specify)	street, rectory, office		City or Town	n, Stata)	or Aurar Abute Number,
1 5 1 5 T	(Check only 2 Medical Ex	Physician: To the best of aminer: On the bests of	of my knowledge, da axeminetion and/or	ath occurred at the til	me, data end pieca, a	and due to the c	ause(s) end mendate end place, en	nar es stated.
The mple	one)	and manner sta	ited.					
- 3 - 8 - 2s	29b. Signature end titla of cartifiar			29c. Licens		2	ou. Date signed	(Month, Day, Year)
10	vuceyo	rece	SIM		34846]	DECEMBER	15,1997
123 30		o completed causa of de	aath (Item 23a) (Tyn	a Dulas)				
State State Registrar	30. Nama and eddress of parson wh Robert Orlino,	M D DOO				21502		



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** Boling Boling O'Neil Go1aday 29, 1997 November /Medical 4e. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Frederick Frederick Frederick Memorial Hospital if Undar 1 Year 8. Data of Birth (Month, Day, If Under 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1 M 2 □ F Months Days Director 235-28-3336 Usual Rasidance of Decedent Manyland Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mantal Hygiene. 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director 1 Yes 2 No Md. Frederick Brunswick 10e. Street and Numbe 10f. Zip Coda 10g. Citizan of What Country? Herns 23a or 1201 Maple Tennace Lane 21716 USA Funerai 12. Was Decedent Ever in U,S. Armad Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxicen, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Marriad 1 ☐ Yes 2/20/No If Yas, Give Yaar or Dates: Baltimore, Maryland 21215-0020 6 þ 3 Widowed "natural". White Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mantal Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event, the Magnital Pages. Elemantary/Secondary (0-12) Collaga (1-4or 5+) Repairman Watch 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maiden Surneme) Be 10 Charles Boling Goladay Thelma Alberta Phillips 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Gary O. Goladay - Son 20a. Mathod of Disposition 7857 Cindy Drive - Glen Burnie, MD 21061 20b. Plece of Disposition (Nama of cematary, crematory or other place) Deta 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) Hagenstown Crematoru/1/30 Hagenstown, MD 21. Signetyre of Funeral Service Licensee 22. Nama and Addrass of Facility ohn T. 21716 Williams Fun, Home 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not anter the mode of dying, such es cardiec or respiratory arrast, shock, or heart failure. List only one cause on aech line. MB Approximete Intarval Between Onsat and Death **Physician** Immediata Cause (Final disease or condition resulting in death) /Medical Alma Examiner LEWS No (or as a consequence of) Examiner or Attanding Physician: The law requires that the death certificata be axecuted Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disease or injury that initiated evants resulting in daath) Lest and Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, attending physician for use as the buria Physician/Medical Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse givan in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 D Unknown 1 Yes 2 No by page 2 should be 24b. Were autopsy findings evallable prior to completion of causa of death? Be Completed 24a. Was en eutopsy performed? After this certificate has Rheum 1 Yas 2/0/No 1 ☐ Yas 2 ☐ No Much 25. Was cesa raferrad to medical axaminer? 26. Placa of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 10 21 NO 1 Yes 5 ☐ Residance 6 ☐ Othar (Specify) 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how injury occurred 1-Natural 5 Panding death. 1 ☐ Yas 2 ☐ No 2 Accidant invastigation within 24 hours aftar deatl To the Funeral Director: filled in by the 6 Could not be 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 - Homicide the Hospital 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. edicai 29a. Cartifier (Check only one) 29b. Signeture end title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and address of arson w of death (item 23a) (Type, Print) 31. Date filad (Mot State Registrar



State of Maryland / Department of Health and Mental Hygiene,

rtificate of Death	Reg. No.

39220

Box 68760 Division of Vital Records. P.O.

						Cei	uncau	U 01	Dealli			Reg. No."	1	1) .	7
Physici /Medic		Decedent's Neme (First, Middle RALP	le, Last) H HAMMON	D GLA	AIZE						2. Date of D Month NOVEM	Day	8,1	Year 997	3. Time of Death 2:14 P
Examir	er	4a. Facility Neme (If not institutio		num <i>ber)</i>					4b. City, To	own, or L	ocation of Dea	1.55		of Death	
	_	5924 JEFFERSON 5. Social Security Number	BLVD.	7 406	e (In yrs. last bin	th/lav)	If Undar	1 Yaar		EDER I	CK 8. Date of 8		EDE	RICK	Inna (Ctata or Fornian
Funeral Director		577-03-0846 Usuai Residence of Decedent	12XM 2□ F			Yrs.	Months	Days		Min.	Aug.	ay, Year))2	D.C.	lace (State or Foreign try)
Maryland a-f show	tor	10a. State 10b. County	DERICK		10c. City, Town			Ī						10	0d. Inside City Limits 1 ☐ Yas 2 X No
th with the Mary 23s or 28s-f sh	i Director	10e. Street and Number 5924 JEFFERSON	BLVD.				10f. Zip	Code 217()3			10g. Citiz		Vhat Coun	try?
urs after dea	by Funeral	11. Marital Status 1 □ Never Married 2 □ Mar 3 □ Widowed 4 ☒ Divorcac	ried 1 2 8 If Yes.	Forces?	Evar in U,S.		Vas Deced Yes, spec				ecify Yes or N Rican, etc.)		4. Raci	e - Americ k, White,	
	Completed	15. Deceder (Specify only higha		ed) e (1-4or 5-		(Give I life. D	OO NOT us	rk dona se retire	during mos					TRUCT	
nd 2 should be filed within and Mental Hygiene. 27 is merked other than retrangle event, the Mental Files.	Be	17. Father's Neme (First, Middle, ANDREW C. GLAI	,			00	MOIN	301	18. Moth		e (First, Middl	e, Maiden S	Sumem	e)	
should nd Men marke	To	19a. Informant's Name/Relations			19b	Mailin	g Address	(Stree			PEK el Route Num	ber, City or	Томп.	Stete. Zio	Code)
alth a 27 Is		LISA GLAIZE/GRA	ANDDAUGH.	CER P	.R. 70	1 T	WITM	RE	AVENU	Е, н	ERMITA	GE. P	A	16150	
permit. Pages 1 and 2 Department of Health a Important: If item 27 is eny injury or other tra-		20a. Method of Disposition 1 ☐ Buriai 2 🏋 Cramation 4 ☐ Donation 5 ☐ Other (S		om State	20b. Piaca of cemeter. SMITHS	Dispos y, crem	sition (Nennatory or o	ne of ther pla	ace)	1	Date 2/1	20c. Loc	ation -	City or To	
Physician personal dispersion and physician	n/Medical Examiner	Immediate Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a	(6	Due to (or as a co	conseq	uence of): uence of):	sho	t w	Bush	र वर्ड	Hea	d	1	Interval Batween Onsat and Death
	Physician/	Pert It. Other significant condition	ons contributing to	death bu	it not resulting in	the un	nderlying c	ause g	iven in Part	1.	23b. Die	1	ise cor	atribute to	the cause of death?
e law requires has been sign ge 2 should be	Completed by F											s an autops formed?		ava	ere autopsy findings aliable prior to mpletion of cause death?
	e Co	25. Was case referred to medica	1						no min-	a of Door	- (Charl)	\] No	1	Yes 2□ No
ysician: is certific director,	OB	examiner?	Hospital:	☐ Inpetiar	nt 2 ER/Ou	tnatien	t 3□ DC	A O	her		h <i>(Check only</i> ome 5 % Re		□ Oth	er (Snecih	1)
는 부등	Certification: T	27. Manner of Death 1 Naturei 5 Pendir 2 Accident investi	ng 28a, Da	2019	77 28b. T	ime of njury	M 2	8c. Inju Wo 1 □	ry at ork? Yes 2	,	Subjectibe	how Injury	She	1 Se	elf
To the Hospital or Attending I within 24 hours effer death. To the Funerel Director: After completely filled in by the funer		4 ☐ Aomicide determ	nined 200.	ilding, etc		fom	4			d airi	5924	VQJ	es	ont	Route Number, RVP. 2125.
thin 24 ho the Fun mpletely	Medical		-		examination and		estigation,	In my				, date and	piaca, a	and due to	the cause(s)
To vitt		() aro	Lor	les	MP		191001		ME			VOVEMI			997
Barre		J. LAFON (who completed co	My)				eet	, Bal	timo	re, Ma	ryland	d 2:	1201	

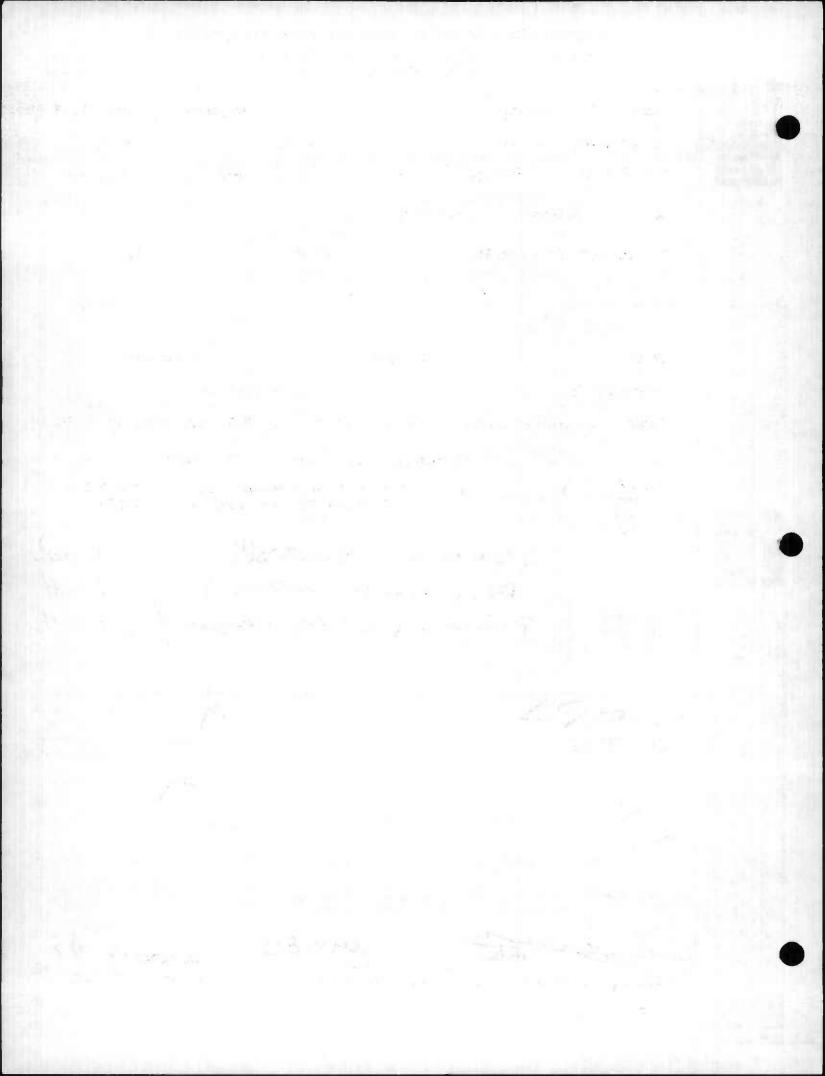
32" Registrer's Signature

State Registrar

		1. Decedent's Nan	me (First, Middle, Las	(1)	(11	/		2. Dete of D			Time of Dea
Physic /Med		El	LARE	Luces	1/4	OAS/C	in	•	Decemb	er 10,19	Yeer 197 1:	:11 a
Exami			(If not institution, give		0		5	b. City, Town, or	Location of Dec		y of Deeth	-
	_				rock		Dro	Tland	Md.	91	·MANY	7
Funeral		5. Sociel Security	Number 6. Se	9X 7. A	Age (In yrs. le	yrs. If Un Monti	der 1 Year hs Deys	If Under 24 Hr Hours Mir		inth Pen (1976)	9. Birthplece (3	Stete or For
Director		Usuel Residence	of Decedent		18	110.			THE S	,,1515	Maryiaru	
yland M		10e. State	10b. County		10c. City,	Town or Location					10d. ins	side City LI
a-f a-f	ctor	Maryland	St. Mary's		S	cotland					10	Yes 2
n 72 hours effer deeth with the Maryland "natural", or frema 23e or 28e-f show olical Examine man be notified at	Funeral Director	10e. Street end Nu	umber			10f.	Zip Code			10g. Citizen of	What Country?	
23e	la [49500 G	aslewbrook D	rive			2068	7		U	SA.	
to de	nue	11. Maritel Stetus		12. Wes Deceden Armed Forces	3?	. 13. Wes De If Yes, s	cedent of H	ispenic Origin? (en, Mexican, Pue	Specify Yes or No Rican, etc.)	lo- 14. Re-	ce - American Ind	lien,
10.	by F		rried 2 Married 4 Divorced	1 ☐ Yes 2 X	No	1□ Yes	2X) No	Specify:		Specif	y: Black	
itural a	Pa	5 C2 14 (d0 Wed)	15. Decedent's Edit	Year or Detes	:	16e. Decedent's U	Serial Occurs	etion			usiness/Industry	
E . C 5	plet		ecify only highest grad	de completed)	. 5.1	(Give kind of life. DO NO	work done of Tuse retired	during most of we	orking	100. Killa of E	usiness/inquatry	
Hygiene. ther than	Completed	Elementary/Sec	condary (0-12)	College (1-4or	5+)	Tea	cher			St.Mary's	Bd. Of E	ducati
tal Hygi d other	Be		(First, Middle, Last)							e, Malden Sumer	me)	
2 should be end Mental la marked o	To	Robert S	emith .					Mary B.	Gough			
			Neme/Relationship (T			19b. Meiling Addre					, Stete, Zip Code,)
f Health Item 27		*	Lewis-Daughl	rer.		P.O. Box 25 oce of Disposition (f		iato, raty			01 7 0	
			Cremetion 3 🗆		Cer	metery, cremetory of kes Cemeter	or other plea		Dete OO7	la l	- Cify or Town, St	
			5 Other (Specify)		SC.III		-		991	Sociatio	, Maryland	
Departing Imports any Injury Once.		21. Signeture of P	uneral Service Licens	1 1	\wedge			ss of Fecility Home Ac	nagon Mar	yland 2060	18	
/Medical Examiner		Immediete Ceuse diseese or conditi- resulting in deeth)	(Finel	e. Acut	Due to (of	Do not enter the m	leade of dyin	g, such es cardie	oc or respiretory	arrest,	Approinterv Onse	oximate val Betwee of and Dee
xaminer	Examiner	Immediate Cause disease or condition resulting in death) Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)	(Finel on onditions, mmediate erlying r injury is	e. Acult	Due to (or o	yocar	dea ot): ot):	g, such es cardie	c or respiretory	arrest,	Onse	oximate ral Betweet t and Dee
ng physician and as the buriel-transit	fedical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease or thet initiated event resulting in deeth)	onditions, mmediate entying r injury is Lest	e. Acult	Due to (or e	es e consequence o	leadity: of): of):	l fof	23b. Die	d tobacco use co	Onse	ause of d
as the buriel-transit	Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease or thet initiated event resulting in deeth)	onditions, mmediate entying r injury is Lest	e. Acul b	Due to (or e	es e consequence o	leadity: of): of):	l fof	23b. Die		Onse	ause of d
ng physician and as the buriel-transit	by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease or thet initiated event resulting in deeth)	onditions, mmediate entying r injury is Lest	e. Acult	Due to (or e	es e consequence o	leadity: of): of):	l fof	23b. Dic 1	d tobacco use co	ontribute to the contribute to	ause of d
ng physician and as the buriel-transit	by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease or thet initiated event resulting in deeth)	onditions, mmediate entying r injury is Lest	e. Acult	Due to (or e	es e consequence o	leadity: of): of):	l fof	23b. Dic 1	d tobacco use co] Yes 2 □ No s en eutopsy	ontribute to the contribute to	ause of d
ng physician and as the buriel-transit	Completed by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease or thet initiated event resulting in deeth)	onditions, mmediate entying r injury is Lest	e. Acult	Due to (or e	es e consequence o	leadity: of): of):	l fof	23b. Dic 1 = 24e. We per	d tobacco use co] Yes 2 □ No s en eutopsy	ontribute to the case of the c	ause of d
as the buriel-transit	Be Completed by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease on thet initiated event resulting in deeth) Pert III. Other significations.	onditions, mediate errying r injury is Lest fiftcant conditions co	b. c. d. Multin	Due to (or e	es e consequence o	Control of the contro	en in Pert I. 26. Plece of De	23b. Did 1 24e. We per	d tobacco use co	ontribute to the case of the complete of deeth?	ause of d
this certificate has been signed by the ettending physician and all director, page 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease on that initiated event resulting in deeth) Pert III. Other significations of the cause of the cause (Disease on that initiated event resulting in deeth) 25. Wes case reference exeminer?	onditions, mediate errying rinjury is Lest fiftcant conditions conditions conditions conditions conditions conditions conditions in the conditions conditi	e. Acult b	Due to (or e	es e consequence o	of): of): g cause give	en in Pert I. 26. Plece of Deer: 4 \(\text{Nursing} \)	23b. Did 1 24e. We per 24e. We home 5 🗆 Res	d tobacco use co	ontribute to the case of deeth? 1 Yes Onser (Specify)	ause of d
iffer this certificate has been signed by the ettending physician and inneral director, page 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease or thet initiated event resulting in deeth) Pert II. Other eignitudes of the exeminer? 25. Wes case referencements of the exeminer? 27. Menner of Deet	onditions, mmediate enrying rinjury is Lest ifficant conditions confidence of the conditions of the c	b. c. d. Multin	Due to (or e	es e consequence o es e conseque	of): of): g ceuse give 28c. Injury Work	en in Pert I. 26. Piece of De er: 4 \subseteq Nursing (et c)	23b. Did 1 24e. We per 24e. We home 5 🗆 Res	d tobacco use co	ontribute to the case of deeth? 1 Yes Onser (Specify)	ause of de
iffer this certificate has been signed by the ettending physician and inneral director, page 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease on thet initiated event resulting in deeth) Pert III. Other signification of the cause of the cause of the cause (Disease on the cause (Disease of the cause of the	onditions, modelete errying r injury is Lest filcant conditions conditions conditions conditions conditions conditions conditions for modelete filosophic	b. c. d. Hospitel: 1 Inpate 28e. Dete of Inj. (Month, D.)	Due to (or e	es e consequence o es e conseque	of): of): g ceuse give 28c. injury Work 1 1 1	en in Pert I. 26. Plece of Deer: 4 \(\text{Nursing} \)	23b. Dic 1 = 24e. We per 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	d tobacco use co	ontribute to the completion of deeth? 1 Yes ner (Specify)	ause of de structure to many finding prior to pr
iffer this certificate has been signed by the ettending physician and inneral director, page 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical Examiner	Sequentielly list confirmed in the confirmed in the cause. Enter Und Cause (Disease on their initialed event resulting in deeth) Pert II. Other significant in the cause in the cause of the cause (Disease on their initialed event resulting in deeth) Pert II. Other significant in the cause of the cause	onditions, mmedicale enrying r injury is Lest filcant conditions	b. c. d. Hospitel: 1 Inpate 28e. Dete of Inj. (Month, D.)	Due to (or ed)	es e consequence o es e conseque	of): of): g ceuse give 28c. injury Work 1 1 1	en in Pert I. 26. Piece of De er: 4 \subseteq Nursing (et c)	23b. Did 1 24e. We per	d tobacco use co	ontribute to the completion of deeth? 1 Yes ner (Specify)	ause of de structure to many finding prior to pr
iffer this certificate has been signed by the ettending physician and inneral director, page 2 should be deteched for use as the buriel-transit	Certification: To Be Completed by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease on thet initiated event resulting in deeth) Pert II. Other significations of the content of the	onditions, mmediate entrying rinjury is Lest filcant conditions co	e. Acut b	Due to (or ed)	es e consequence o es e conseque	of): of): g ceuse give 28c. Injury Work 1 1 2000, office	en in Pert I. 26. Plece of Deer: 4 Nursing 1/24 (?) Yes 25 No	23b. Dic 1 24e. We per 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d tobacco use co	ontribute to the completion of deeth? 1 Yes Deer or Rural Route The second of the completion of deeth? 1 Yes The second of the completion of deeth?	ause of de struck of the construction of ceus
iffer this certificate has been signed by the ettending physician and inneral director, page 2 should be deteched for use as the buriel-transit	edical Certification: To Be Completed by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease on thet initiated event resulting in deeth) Pert II. Other signification of the cause of the cause of the cause (Disease on the cause (Disease of the cause of the	onditions, modelete errying r injury is Lest filcant conditions conditions conditions conditions conditions conditions conditions for modelete filosophic	e. Acut b	Due to (or ed) es e consequence o es e conseque	of): of): g ceuse give 28c. Injury Work 1 1 2000, office	en in Pert I. 26. Plece of Deer: 4 Nursing 1/24 (?) Yes 25 No	23b. Dic 1 24e. We per 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d tobacco use co	ontribute to the completion of deeth? 1 Yes Deer or Rural Route The second of the completion of deeth? 1 Yes The second of the completion of deeth?	ause of de struck of the construction of ceus	
iffer this certificate has been signed by the ettending physician and inneral director, page 2 should be deteched for use as the buriel-transit	Certification: To Be Completed by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease or thet initiated event resulting in deeth) Pert II. Other significations are considered as a cons	onditions, mmediate entrying r injury is Lest ificant conditions	b	Due to (or ed) a consequence of the second of	of): of): of): g ceuse give 28c. Injury Work 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	26. Plece of De 27. 4 Nursing 28. Vet (? Yes 25. No 29. dete end plecelonion, deeth occurs 39. number	23b. Dic 1 24e. We per 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d tobacco use co Yes 2 No s en eutopsy orned? Ves 2 No one) sidence 8 Oth how injury occur (Street end Numi own, Stete) e cause(s) end m n, dete end place, 29d. Dete signe	onservine to the case of (Month, Dey, Y	a Number,	
the funeral director, page 2 should be deteched for use as the buriel-transit	edical Certification: To Be Completed by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease or that initiated event resulting in deeth) Pert II. Other signification of the company of the	onditions, mmediate entrying r injury is Lest ificant conditions	b	Due to (or ed) a consequence of the second of	of): of): of): g ceuse give 28c. Injury Work 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	26. Plece of Deer: 4 Nursing lyet (?) Yes 2 Dano e, dete end plecolinion, deeth occ	23b. Dic 1 24e. We per 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d tobacco use co Yes 2 No s en eutopsy orned? Ves 2 No one) sidence 8 Oth how injury occur (Street end Numi own, Stete) e cause(s) end m n, dete end place, 29d. Dete signe	onservine to the case of (Month, Dey, Y	ause of de constitution of de co	
iffer this certificate has been signed by the ettending physician and inneral director, page 2 should be deteched for use as the buriel-transit	edical Certification: To Be Completed by Physician/Medical Examiner	Sequentielly list or if eny, leeding to in cause. Enter Und Cause (Disease on thet initiated event resulting in deeth) Pert II. Other signification of the exeminer? 11 Ves 2 = 27. Menner of Deet 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	onditions, mmediate entrying r injury is Lest ificant conditions	b. c. d. hospitel: 1 Inpate 28e. Dete of Inj. (Month. Dete 100	Due to (or element 2 Eleme	a consequence of the seed of t	of): of): of): g cause give 28c. Injury work on, in my op 29c. License	26. Plece of Deer: 4 Nursing 7 et 7 es 26. Plece of Deer: 4 Nursing 7 et 7 es 2 pund 8 number 7 9 9 1 7	23b. Did 1 24e. We per 1 28d. Describe 28d. Describe 28f. Location City or To	d tobacco use co Yes 2 No s en eutopsy orned? Ves 2 No one) sidence 8 Oth how injury occur (Street end Numi own, Stete) e cause(s) end m n, dete end place, 29d. Dete signe	ontribute to the constitution of deeth? 1 Yes Deer or Rural Route enner as stated, end due to the condition of deeth of deeth?	ause of de constitution of course of

Latin I good EX TOTAL CONT.

				State of Maryla		icate of			eg. No.	39222
	Physici /Medi		Decedent's Neme (First, Middle, Last Hazel Marie Glo	otfelty					Dey Ye Ye 10, 19	97 21:55 PM
	Examir	пег	4a. Fecility Neme (If not institution, give	e street end number)		7	4b. City, Town, or L		4c. County of D	Peeth
	Funeral Director		212-10-1433	-		Under 1 Year onths Deys	Cumberlai If Under 24 Hrs. Hours Min.	nd 8. Dete of Birth (Month, Day June 24	Year) 9.	egany Birthplece (Stete or Foreign Country) Maryland
	Marylend Hebow	tor	10e. Stete 10b. County MD Alle		City, Town or Location	on				10d. inside City Limits 1 AYes 2 □ No
	th with the 23a or 28a	Funeral Director	10e. Street and Number 316 Braddock St	., Apt 310	10	Of. Zip Code	21532	1	0g. Citizen of Whet	
020	urs after death with the Marylen at', or items 23a or 26a-f ehow Examinet must be notified a	by	11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:		Decedent of H s, specify Cub Yes 2K No	Hispenic Origin? (Spen, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		umerican Indien, Vhite, etc. White
21215-0020	within 72 ho ene. than "natur ne Med cal	Completed	15. Decedant's Ec (Specify only highest gra Elementery/Secondary (0-12)	ducation de completed) College (1-4or 5+)		of work done IOT use ratire	oation during most of work d)		16b. Kind of Busine	
D	tal Hyginal Hy		17. Father's Neme (First, Middle, Last)		Waitre	55	18. Mother's Nam		Restaurar Maiden Sumeme)	16
Maryland	0 5 6 0	To Be	George Stark				Sarah	Speicher		
Mai			19e. informant's Name/Reletionship (1				and Number or Rui			,
	Heali Heali ther		Homer J. Glotfe 20e. Method of Disposition		. Piece of Disposition		St., Apt		20c. Location - City	
	Pages nent of int: If it iny or o		1 Buriai 2 Cremetion 3 4 Donetion 5 Other (Specify	Removei from State	cemetery, cremetor antsville	ry or other pla	Dec. 14		Grantsvil	
Balt	Department of Important: If any Injury or pace.		21. Signeture of Fuperal Service Licen	eimai	New		ess of Facility neral Homo r St., Gr			ox 275
	Na calatan	3	23a. Pert1. Enter the disease, or compositions shock, or feel teilure. List only	plicetions thet caused the de one ceuse on each line.	eath. Do not enter the	e mode of dyin	ng, such es cardiac	or respiretory arr	est,	Approximete intervel Between Onset end Deeth
	Physician /Medical Examiner		Immediate Causa (Fine) disease or condition resulting in deeth)	Duc.	SMAN	8	NB8	.li		1 week
	R =	liner		DEED Due to	(or as a consequence	THE	seno	1356	_	1 month
o,	moate be axecuted g physician end as the buriel-transit	Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Pa Due to	(or es e consequenc	xe of):	/ Hours	NSia	ma Ble	1 month
	0 6	Medical	that initiated evants resulting in death) Lest	Due to	(or es e consequenc	e of):	, No			
Вох	ettending for use	clan	Dati Other Assistance and							
ords, P.O. Box	es mat me de igned by the c be datached	by Physician/M	Part ii. Other significant conditions of	ontributing to death but not h	esulting in the underly	ying cause giv	ven in Pert i.	~		ute to the cause of death? Probably 4 Unknown
Vital Records,	S S	Completed t	AAN					24e. Wes e		b. Were eutopsy findings sveileble prior to completion of cause of death?
a B	ata h pege							1□ Y	No No	1 Yes 2 No
Vit	ysician: in is certificata director, peg	Be	25. Wes case rafarred to medical exeminer?	Hospitel:		Oth	26. Place of Deet	h (Check only on	(e)	
O	this	ion: To	27. Manner of Deeth	28e. Date of injury (Month, Dey Year)	28b. Time of Injury	28c. injur Wor	ry st rk?		ow injury occurred	Specify)
Division	after deati	Certification:	2 Accident investigation 3 Sulcide 6 Could not be determined		home, ferm, street, f		Yas 2 □ No	28f. Location (Si City or Town	reet and Number on n, Stete)	r Rural Route Number,
Hoenite	within 2 hours after death, within 2 hours after death. To the Fundral Director After complately filled in by the funer	edical Co	29a. Cartifier 1 ☐ Certifying Phyone) 2 ☐ Medical Exam	ysician: To the best of my ki iner: On the basis of exemi end menner steted.	nowledga, daath occi nation and/or investig	urrad et the tir getion, in my c	me, dete end placa, opinion, daeth occur	and due to the cred et the tima, d	euse(s) end menna ata and place, and	r as stated. due to the ceuse(s)
4	o the	Me	29b. Signeture, and title of cartifier	One member stated.		29c. Licens		2	9d. Data signed (M	onth, Day, Year)
	6	-	1	MA		14	1980			
	TIKS		31. Dete flied (Month, Day, Year)	completed cause of daeth (It	em 23e) (Type, Print)	19000	n Purus	Cursa	(March	21502
	Sta Registr	_	31. Dete filed (Month, Dey, Year) DF C 1 5 1007	32. Registrer's Sig	neture					

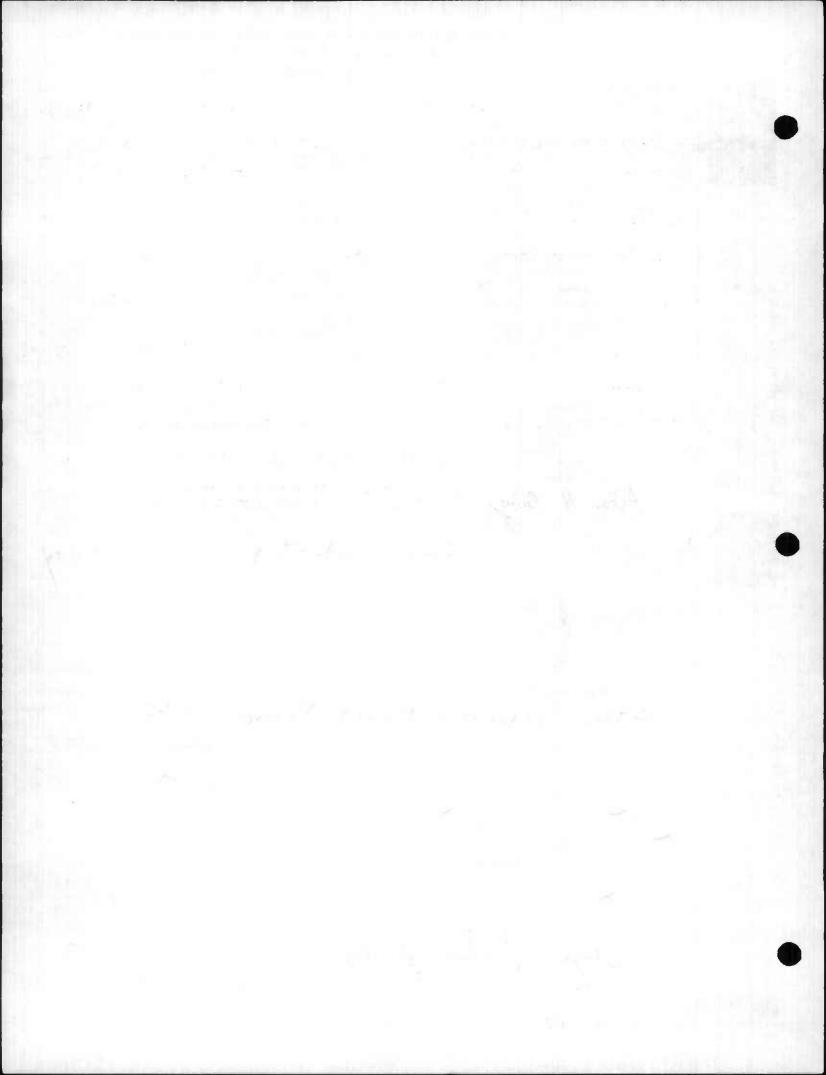


State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Deeth Month **Physician** Kitty HARRISON Catherine November 5:47 P.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c County of Deeth **Examiner** Frederick Memorial Hospital Frederick Frederick Months Days Hours Min. Month 29, 1912 5. Sociel Security Number 9. Birthplece (State or Foreign Country) Maryland 7. Age (In yrs. lest birthday) **Funeral** 1□M 2X F Months 217-10-0668 85 Yrs. Director Usuei Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic avent, the Medical Experience must be notified as 1X Yea 2 No Frederick Frederick Director Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21701 U.S.A. 31 West Patrick Street Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 11 Maritei Status filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: White þ 3 Widowed 4 □ Divorcad Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Hygiane. Tailoring Company permit, Pages 1 and 2 should be filled wi Department of Health and Mental Hygian Important: if Item 27 Is merked other thy any Injury or other traumatic avent, I'm, Seamstress 6 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) John FOLAND Hattie HANSON 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Ralph W. Harrison, Jr., Son 3781 Castle Drive, Hampstead, MD 21074 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 1 X Buriel 2 Cremetion 3 Removel from State Mount Olivet Cemetery, Dec. 3, 1997 Frederick, Maryland 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Keeney & Basford P.A. Funeral Home MO0703 106 East Church Street, Frederick, MD 21701 23a. Part1. Enter the disease, or complications of caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause in each line. Approximete Intervel Between Onset and Death **Physician** Gastroenteritis Immediate Cause (Final disease or condition resulting in deeth) /Medical da Examiner Due to (or es e consequence of) Examiner law requires that the death certificate be executed physician and the bunal-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): use for signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? reroscleration Heart Dirense 1 Yes 2 No 3 Probably 4 Unknown 20 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peen has page 2 this certificata 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica director. 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 1 ☐ Inpatient 2 SER/Outpatient 3 ☐ DOA 0 funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? Naturel 5 Pending 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 3 Sulcide To the Hospital or Atte within 24 hours after da To the Funeral Directo completaly filled in by the 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier (Check only one) Descrifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner as stated.

| Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D16428 December 1, 1997 30. Name and address of person who completed cause of death (Item 23a) Type, Print) I. M.D., 300 32. Registrer's Signeture 300 West Ninth Street, Frederick, MD 21701 Cline, III Casper E. 31. Date tiled (Month, Dey, Year) State Javelson Randally Registrar DEC 0 2 1997

DHMH 16 Ray 6/95

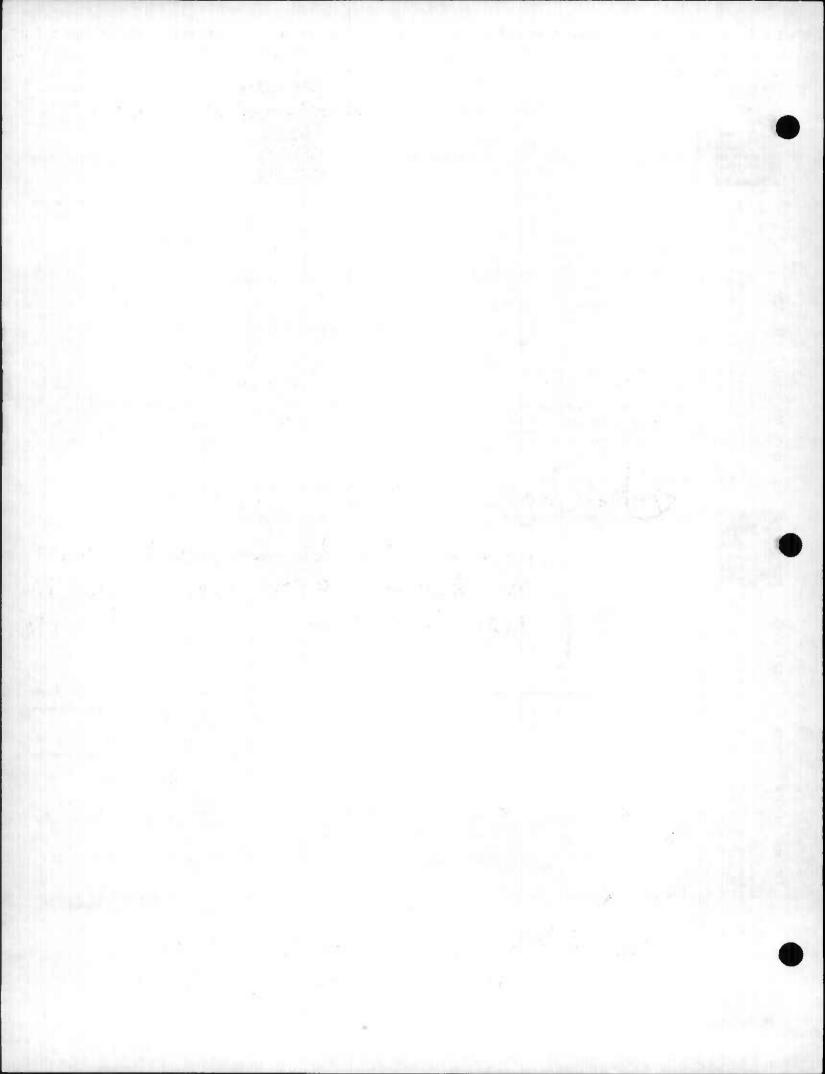


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

39224

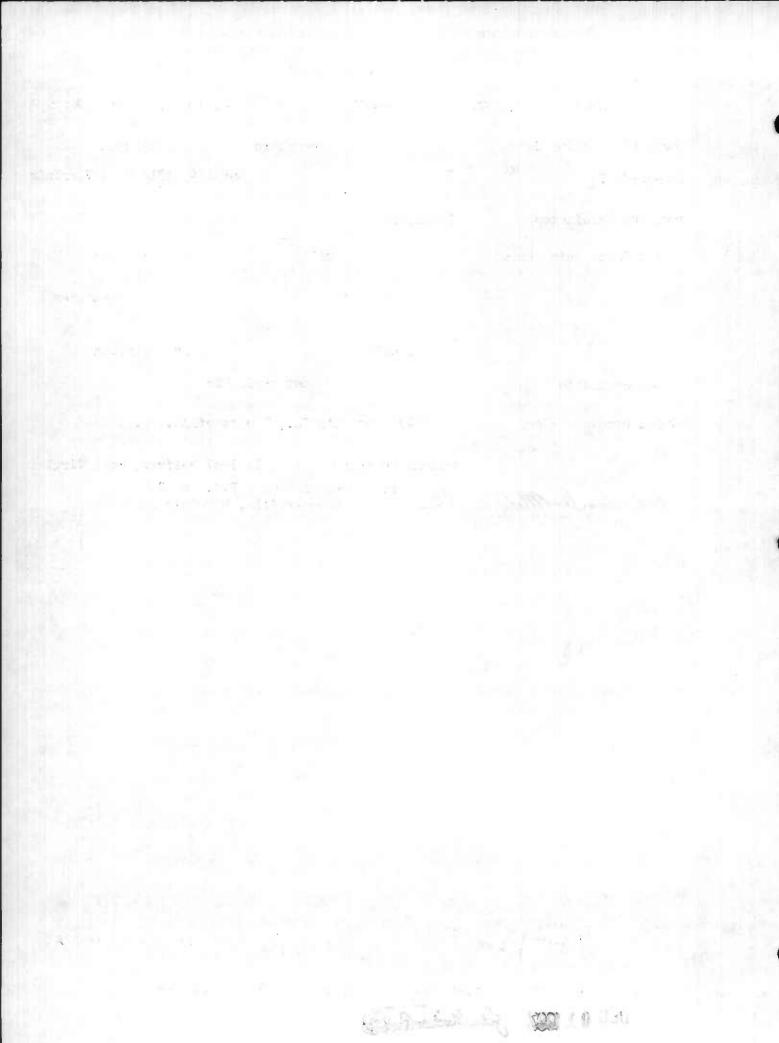
						C	ertifi	cate of	Death			Reg. N	0/ /	J	2664
/sician	1. Decedar	nt's Name	(First, Middle, L	ast)							2. Date of De Month	ath Da	av \	Year	3. Time of Dea
ledical				ginia	lb	У		Hi1t			Decemb	er		997	4:36 AN
aminer			not institution, gi								cation of Deat		. County of		
			k Menorial	Α					Freder				rederic	olc	
eral	5. Social S			Sex 1 □ M 2X F	7. Age	(In yrs. lest birthde 7 Yrs	Mo	Inder 1 Year onths Days	Hours	4 Hrs. Min.	8. Date of Bir (Month, Da 1 HV 4,	th ፞፞፞፞፞፞፞፞፞፞፞ <i>ኒጚ</i>) 8	9. Birthpi Coun	laca (State or For
or	Usual Resi	0-3699	_		/	/ 113					1 HV 4,	1920		V	a.
	10a. State	oorloa or	10b. County			10c. City, Town or	Location	n				_		10	0d. Inside City Li
ō	M		Frederic	7		Jefferson								-	1 ☐ Yes 2 ☐
9	10e. Street	and Num	ber				10	of. Zip Coda			T	10a. C	itizen of Wh	nat Coun	try?
Funeral Director	5914	Broad	Run Rd.					21755					S.A.		.,,
Jera	11. Marital	Status		12. Was Dec	cedent Ev	var In U,S. 1	3. Was E	Decedent of I	lispanic Origi	in? (Spe	cify Yes or No)-	14. Race -	- Amaric	an Indian,
	1 □ Ne	ver Marrie	ed 2\Married	Armed F	212No			, specify Cub		Puarto I	Rican, etc.)			, White,	
by		dowad 4	4 Divorced	If Yes, G Year or I	live Dates:		1 L Y	es 2 X No	Specify:				Specify:	White	e
Be Completed		/Snecii	15. Decedent's E fy only highest g	ducation	0	16a. De	cedent's	Usual Occup of work done OT usa retire	nation	of work is	200	16b. F	Kind of Busi	iness/Inc	lustry
npie	Element		dary (0-12)		(1-4or 5+) life	DO N			OI WOIKI	·y				
ပိ		/					_	honema!				-	מווכול מא		
Be	17. Father:		First, Middle, Las rtis Burde	•							(First, Middle)	
10															
			me/Relationship Hiltrer)						Route Numb		_	tete, Zip	Code)
DUCE.	20a. Metho			(TILISUHLLI	,	20b. Place of Dis		d Run Ro	ie, Jell	Lersu	Date	21.75		itu or To	um Ctata
	1 X B	uriai 2 🗆	Cremation 3		n State	cometery, of	remetor	y or othar pla	ce)	11	2/6		ocation - Ci		wn, Stata
		-	5 ☐ Other (Spec	1		TIL. OJIV		,					JELIU,	, EAA.	
SUC	21. Signati	ne or Fun	neral Sarvice Lice	1/4 - 61	-		Dona.	ne and Addre	ss of Facility	Fune	ral Hom				
	</td <td>rand</td> <td>DA</td> <td>Morge</td> <td>1</td> <td></td> <td>31 E</td> <td>. Main S</td> <td>St., Mic</td> <td>dlet</td> <td>own, Mi.</td> <td>21</td> <td>769</td> <td></td> <td></td>	rand	DA	Morge	1		31 E	. Main S	St., Mic	dlet	own, Mi.	21	769		
	23a. Parts shock	cor heart	e disease, or con failure. List only	nplications/that y one cause on	caused to each line	he death. Do not	enter the	mode of dyir	ng, such as o	ardiac o	r respiratory a	rrest,			Approximata Interval Between
an al						1	14	\	**		.)		4	1	Onsat and Dea
er	tmmediate diseasa or resulting Ir	condition	-inai	. Me	Sen	resic	th	comp	150	W	ith pe	27,70	عزازة		11/16/4
a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 404111,		Λ.	L. D	teric Teric Teric Teric Teric Teric Teric Teric	sequence	e of):	o.t.						11.010
Examine				b. Adi	111	4626 IV	NO	7	1112 0	6 27	JAV9) con	9.		1/1/4
Exa	Sequential if any, lead cause. En Cause (Dis	lly list con- ling to Imr	ditions, mediate	۸	+ -	ue to (or as a cons	sequence	001).							1701
	Cause (Dis	seese or Ir	njury	c. AC	ore	ue to (or as a cons	4	tail	me					-	11/27/
//Medical	resulting In	daath) La	ast			de to (or as a corrs	equarice	9 01).							
15				d											
Physician	Part II. Oth	er signific	cant conditions	contributing to c	death but	not resulting in the	underly	ving cause oil	en in Part t		23h Did	tobacci	o use contr	ribute to	the cause of d
P S							,						A .		ably 4 Uni
	-												7		,
Completed by											24a. Was	an auto	ppsy	24b. We	ere autopsy findi ailabte prior to
Pe											perio	mear		COL	npletion of caus death?
E											10	Yes 2	No	1	Yes 2□ No
BeC	25. Was ca	ase referre	ed to medicat						26. Place	of Death	(Check only		74.00		
To B	examin 1 \(\text{Ye}		No	Hospitai:	Inpatient	2 ER/Outpal	ient 3[DOA Ott	AP:		ne 5□ Resi		6 ☐Other	(Specifi)
	27. Manner		5 🗆 Da - 4'	28a. Date		28b. Time	of	28c. Injui Woo			28d. Describe				
atio	1 2 Ne	cident	5 Pending Investigation	on	, Jay	unjur	M		Yes 2□N	lo					
tific	3 □ Su 4 □ Ho	ilcida omicide	6 Could not I	286. Plac	e of Injur	y - At home, ferm, (Specify)	street, fa	actory, offica		2	28f. Location (or Rure	Route Number,
Cer				John		(-poony)					y 5/ / O	, 5101	-/		
edical Certification:	29a. Certifi		Certifying P	hyaician: To the	e best of	my knowledge, de xamination and/or	ath occu	urred at the tir	me, data and	piace, a	and dua fo the	causa(s	and mann	ner as st	ated.
B	one)	, ,	- madical EXa	and mar	nner state	ed.	Bilsavii	anon, army C	pinon, death	OCCUPY	at the time,	uate an	o piace, an	10 OUE 10	ule cause(s)
Σ	29b. Signa	tura and ti	itie of certifier	M.	L			29c. Licens	e number			29d. Da	ate signed ((Month, I	Day, Year)
		1/8	NA	140	~			176	744				2/1/	1	
	30. Name a	and addre	ss of person who			th (Item 23a) (Typ	e, Print)		0 -	1		-			
	Ja	ا حا	2, 642		300	W. YTL	2	1, Pr	eder	المله	Md.	LI	101		
tate	31. Date file		n, Dey, Year)	32, 1	Registrar	s Signature	9	,		•					
trar		ULU	0 5 199	3/	- 330	المرام الانتان	alf								



State of Maryland / Department of Health and Mental Hygiene 0.7 20005

223-76-0437 Usual Residence of Decedent 10e. Stete 10b. County Maryland Washingt 10e. Street and Number 141 South Main 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Sex 7. Age (in the second seco	16e. Dec (Gir life Don	Months Dey Location TO 10f. Zip Code If Yes, specify Code If Yes 2 No	Hours Min. 21713 f Hispenic Origin? (Suben, Mexican, Puerto Specity:	8. Dete of Birth (Month, Dey April 4	4c. County Washi 7, Year) 4, 1918 10g. Citizen of V U.S. 14. Rec	9. Birthpile Countr West Whet Countr of A a - America ck, White, et	in Indien, tc. casian
Reeder's Nursing 5. Social Security Number 6. \$223-76-0437 Usual Residence of Decedent 10e. Stete 10b. County Maryland Washingt 10e. Street and Number 141 South Main 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced (Specify only highest grave) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (December 196) Marion Harding (December 197) 20e. Method of Disposition 1 Weurled 2 Cremetion 3 County (Specify County (Sp	Sex 7. Age (in the second seco	79 Yrs. Oc. City, Town or BOONS both and the Door of	Months Dey Location 100 10f. Zip Code If Yes, specify Cr 1 Yes 2 N Redent's Usuel Occ re kind of work dor DO NOT use reference.	Boonsbord ar lif Under 24 Hrs. rs Hours Min. 21713 1 Hispenic Origin? (Suben, Mexican, Puertion	8. Dete of Birth (Month, Dey April 4	Washi 7, Year) 4, 1918 10g. Citizen of V U.S. 14. Rec Blee Specify	9. Birthpile Countr West Whet Countr of A a - America ck, White, et	Virgini d. Inside City Lim 1 Yes 2 ry? In Indien, tc. casian
223-76-0437 Usual Residence of Decedent 10e. Stete 10b. County Maryland Washingt 10e. Street and Number 141 South Main 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced (Specify only highest gra Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 120e. Method of Disposition	Sex 1 M 2 F 7. Age (1) 1 Street 12. Was Decedent Eve Armed Forces? 1 Yes 2 M No If Yes, Give Yeer or Dates: ducation ade completed) College (1-4or 5+) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	79 Yrs. Oc. City, Town or BOONS both and the Door of	Months Dey Location 100 10f. Zip Code If Yes, specify Cr 1 Yes 2 N Redent's Usuel Occ re kind of work dor DO NOT use reference.	Hours Min. 21713 Hispenic Origin? (Suben, Mexican, Puerto Specify:	8. Dete of Birth (Month, Dey April of Pril of Pril of Pril of Pril of Prince of Price of Pric	7, Year) 4, 1918 10g. Citizen of V U.S. 14. Rec Blei Specify	9. Birthple Countri West Whet Countr of A a - America ck, White, et	Virgini d. Inside City Lin 1 Yes 2 ry? In Indien, tc. casian
223-76-0437 Usual Residence of Decedent 10e. Stete 10b. County Maryland Washingt 10e. Street and Number 141 South Main 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced (Specify only highest gra Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 120e. Method of Disposition	Sex 1 M 2 F 7. Age (1) 1 Street 12. Was Decedent Eve Armed Forces? 1 Yes 2 M No If Yes, Give Yeer or Dates: ducation ade completed) College (1-4or 5+) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	79 Yrs. Oc. City, Town or BOONS both and the Door of	Months Dey Location 100 10f. Zip Code If Yes, specify Cr 1 Yes 2 N Redent's Usuel Occ re kind of work dor DO NOT use reference.	Hours Min. 21713 Hispenic Origin? (Suben, Mexican, Puerto Specify:	8. Dete of Birth (Month, Dey April of Pril of Pril of Pril of Pril of Prince of Price of Pric	7, Year) 4, 1918 10g. Citizen of V U.S. 14. Rec Blei Specify	9. Birthple Countri West Whet Countr of A a - America ck, White, et	Virgini d. Inside City Lin 1 Yes 2 ry? In Indien, tc. casian
223-76-0437 Usual Residence of Decedent 10e. Stete 10b. County Maryland Washingt 10e. Street and Number 141 South Main 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 1 Reuriel 2 Cremetion 3 C 4 Donetion 5 Other (Specify)	1 Street 12. Was Decedent Eve Armed Forces? 1 Yes, Give Yeer or Dates: ducation ade completed) College (1-4or 5+) (Type, Print) (Son)	Oc. City, Town or BOONS booter in U.S. 13	10f. Zip Code 10f. Zip Code If Yes, specify Ci 1 ☐ Yes 2 ☒ N edent's Usuel Occ te kind of work dor DO NOT use reference.	21713 f Hispenic Origin? (Suben, Mexican, Puerto Specify:	April	10g. Citizen of VU.S. 14. Rec Blee Specify	West Nhet Countr of A a - America ck, White, et	Virgini d. Inside City Lir 1 Yes 2 ry? In Indien, tc. casian
10b. County Maryland Washingt 10c. Street and Number 141 South Main 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highest grave) Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20c. Method of Disposition 194 Donetion 5 Other (Specific Marion 5 Other (Specific Marion 5) Other (Specific Marion 5)	12. Was Decedent Eve Armed Forces? 1	Boonsbo	10f. Zip Code 10f. Zip Code If Yes, specify Ci 1 ☐ Yes 2 ☒ N edent's Usuel Occ te kind of work dor DO NOT use reference.	21713 f Hispenic Origin? (Suben, Mexican, Puerto Specify:	pecify Yes or No- p Rican, etc.)	U.S. 14. Rec Blee Specify	Whet Countr of A a - America ck, White, et	1 ▼ Yes 2 □ ny? nn Indien, tc. casian
10e. Street and Number 141 South Main 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highest grid 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 1 Retriev Specify on the Communication of the Commun	1 Street 12. Was Decedent Eve Armed Forces? 1 Tyes 2 No If Yes, Give Yeer or Dates: ducation	er in U,S. 13	I. Was Decadent of If Yes, specify Control of Yes 2 Note of North Very North American Control of North Very N	21713 f Hispenic Origin? (Suben, Mexican, Puerto Specify:	pecify Yes or No- p Rican, etc.)	U.S. 14. Rec Blee Specify	of A a - America ck, White, et	ny? in Indien, tc. casian
141 South Main 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 1 Retrieved to Comment (Specific Specific	12. Was Decedent Eve Armed Forces? 1	16e. Dec (Gir life Don	i. Was Decadent of If Yes, specify Ci 1 Yes 2 No edent's Usuel Occ re kind of work dor DO NOT use reference.	21713 f Hispenic Origin? (Suben, Mexican, Puerto Specify:	pecify Yes or No- p Rican, etc.)	U.S. 14. Rec Blee Specify	of A a - America ck, White, et	in Indien, tc. casian
11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 1 Burlel 2 Cremetion 3 4 Donetion 5 Other (Specifi	12. Was Decedent Eve Armed Forces? 1	16e. Dec (Gir life Don	. Was Decadent of If Yes, specify Cing 1 ☐ Yes 2 ☑ Note the American Section 1 ☐ Yes 2 ☑ Note the American Section 1 ☐ Yes 1	f Hispenic Origin? (Suben, Mexican, Puerto o Specify:		14. Rec Blee Specify	ea - America ck, White, et v: Cau	n Indien, tc. casian
1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 1 WBurlel 2 Cremetion 3 C 4 Donetion 5 Other (Specifi	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates: ducation ade completed) College (1-4or 5+) (Yope, Print) (Son)	16e. Dec (Gir life Don	1 ☐ Yes 2 ☒ N edent's Usuel Occ e kind of work dor DO NOT use reti	o Specity:		Specify	ck, White, etc.	casian
3 Widowed 4 Divorced 15. Decedent's Error only highest grace Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 1 Burlel 2 Cremetion 3 4 Donetion 5 Other (Specific	If Yes, Give Yeer or Dates: ducation ade completed) College (1-4or 5+) (Type, Print) (Son)	16e. Dec (Gir life Don	1 ☐ Yes 2 ☒ N edent's Usuel Occ e kind of work dor DO NOT use reti	o Specity:		Specify	cau	casian
(Specify only highest gra Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 100 Disposition 100 Dispositi	College (1-4or 5+) (Type, Print) (Son)	(Gh life Don	e kind of work don DO NOT use ret	upetion ne during most of wor red)	king	16b. Kind of B	usiness/Indu	istry
Elementery/Secondery (0-12) 4 17. Fether's Neme (First, Middle, Last not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 100 Burlel 2 Cremetion 3 4 Donetion 5 Other (Specific	College (1-4or 5+) (Type, Print) (Son)	Don		red)	NII I			
not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition ↑☆Burlel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specia	(Son)		lestic			771-		
not available 19a. Informent's Neme/Reletionship (Marion Harding (20e. Method of Disposition 100 Burlel 2 Cremetion 3 C 4 Donetion 5 Other (Specific	(Son)	19b. Ma		40 44-45-4-51	- (F) 18:14	Housek	- '	3
Marion Harding (20e. Method of Disposition ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑	(Son)	19b. Ma		not ava	ne (First, Middle, ailable	Meiden Sumen	10)	
20e. Method of Disposition ¶∏Burlel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif			iling Address (Stre	et end Number or Ru	rel Route Numbe	r, City or Town,	Stete, Zip C	Code)
1 Burlel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specific				in Rd., Lo	vettsvi	lle, Va	. 2018	80
4 ☐ Donetion 5 ☐ Other (Specif		20b. Plece of Dis cemetery, cr	position (Neme of remetory or other p	lace)	Dete	20c. Location -	City or Tow	m, Stete
21. Signeture of Funeral Service Licar	4.3	Bolivar	Cemetery		12-1-97	Bolivar	. West	t Virgi
1/1/10: 1	nsee		22. Neme end Add	lress of Fecility eral Home		Box 320		
CARL COM	McDarry	16	T.	ovettsvil	le Viro	inia 20		
23a. Part1. Enter the disease or com shock, or heart failure. List only	plications that caused the one cause on each line.	e death. Do not e	nter the mode of d	ying, such es cardiac	or respiretory err	rest,	1	Approximete Intervel Betwee
Immediete Ceuse (Finel	A							Onset end Dee
diseese or condition resulting in death)	e. Inc	ymon	ra				12	was
	Du Du	ie to (or es a cons	equenca of):				,	1.40
Sequentially list conditions	b. Ben	of (or as a cons	equance of:				15	who was
if eny, leeding to Immediete cause. Enter Underlying	Ach	us at						· INE
thet initieted events resulting in deeth) Lest	6	e to (or as e cons	equenca of):				0	LOVES
L	a Der	nenti	a				-	-
Pert II. Other significant conditions of	contributing to death but n	not resulting in the	underlying cause	given in Pert I.	100			/
	10000				1 🗆 Y	'es 2□ No	3 Proba	ably 4⊞'0ni
					24e. Wes e	en eutopsv	24b. Wer	e eutopsy findi
							evei	leble prior to pletion of caus eeth?
					100	98 2 2 2 1		
25. Was case referred to medical				26 Place of Dee			10	165 21110
exeminer?	Hospitei:	2 ☐ ER/Outpati	ent 3 DOA	When			er (Specify)	
7. Manner of Deeth								
2 ☐ Accident Investigation	n	rijury					E	
4 Homicide	28e. Pleca of Injury building, etc. (5	- At home, ferm, s Specify)	treet, fectory, offic	0	28f. Location (Si City or Town	treet end Numb n, Stete)	er or Rurel i	Route Number,
29e. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	niner: On the besis of ex	eminetion end/or	oth occurred et the nvestigation, In my	time, dete end pleca, opinion, deeth occur	end due to the c red et the time, d	ause(s) and ma lete end pleca,	end due to t	ted. he ceuse(s)
9b. Signeture end title of artifier	- ^	1	29c. Lice	nse number	2	9d. Date signe	d (Month, D	ay, Year)
1 Py	~12		D 1	14996		NOV. 2	18, 1	1997
0. Neme end eddress of person who	completed cause of death	h (Item 23a) (Tyne		11110				
				MD 3	1712/201	122 04	170	
L. Laid Malik	2031 Lappa 32. Registrer's	ans Road Signeture	, Boonsbo	oro, PD 2	1/13/301	-432-84	± / U	
225 227 229	ort II. Other significant conditions of the cond	is was case referred to medical exeminer? Manper of Deeth Month, Dey Y	is was case referred to medical exeminer? Was case referred to medical exeminer? 1	Signature and eddress of person who completed cause of death (Item 23a) (Type, Print)	So Was case referred to medical exeminer?	is was case referred to medical exeminer? Was case referred to medical exeminer? Hospitel: I Inpatient Inpatien	## Description of the conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use conditions contributing to death but not resulting in the underlying cause given in Pert I. 24e. Was an eutopsy performed? 1	Set litting in death) Lest Display Displa

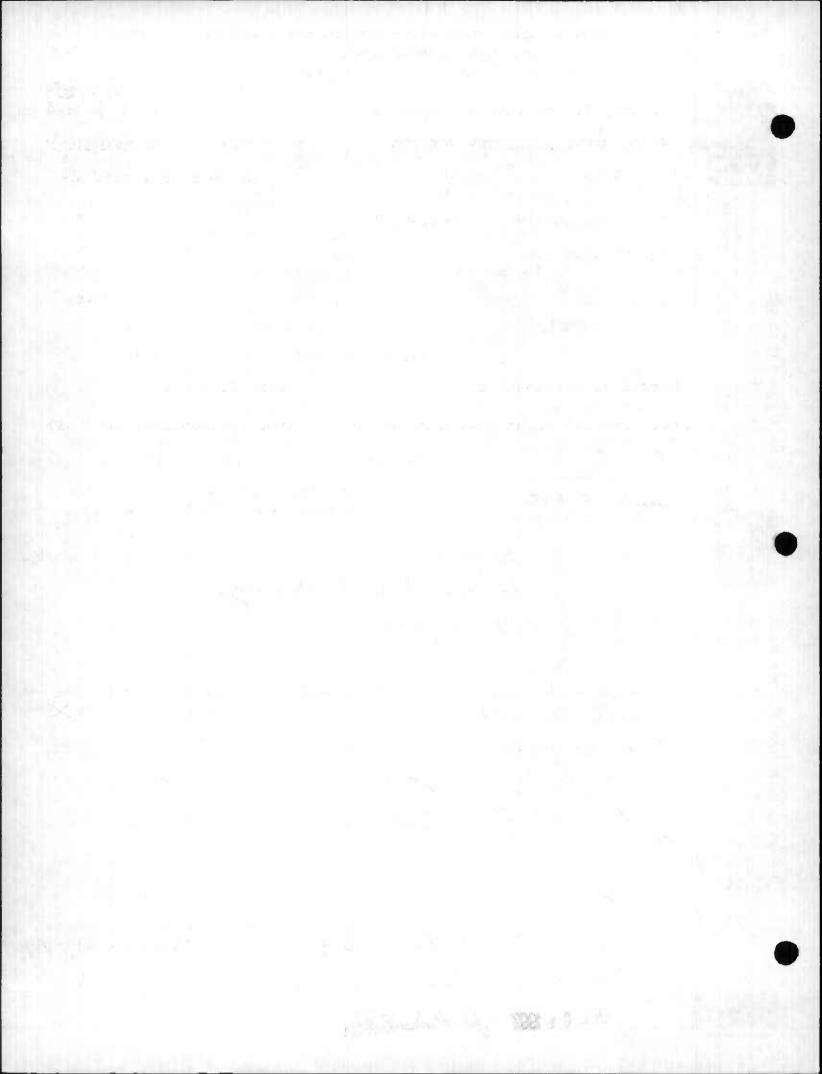
DHMH 16 Rav 6/95



Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year Dorothy I. Morningstar Hightman Nov 28 1997 8:50 pm /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY If Under 1 Yaar | if Under 24 Hrs. | 8. Data of Birth (Month, Days Hours Min. (Month, Day, Year) 5. Social Security Number Birthpiace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Months 1□ M 2DTF Director 578-50-7365 March 9 1909 Maryland Usual Residence of Deceden 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumetic event, the Medical Examinat must be notified at Œ Yes 2 □ No Montgomery Poolesville 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 20001 Wootton Ave 20837 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas?

1 ☐ Yes ② No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "netural", or 1 Yas 2 No Specify: white PV 3X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hygiene. Important: If item 27 is merked other than "na any Injury or other traumetic event, fire Media. Once. College (1-4or 5+) Eiementary/Secondary (0-12) registered nurse Nursing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Murrel J. Morningstar Bessie I. Mobly 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Rev. Bramwell Hightman-son 20001 Wootton Ave. Poolesville, MD 20837 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from State 12/2 Beallsville, MD 4 ☐ Donation 5 ☐ Othar (Specify) Monocacy 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility Hilton Funeral Home c Kelt 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onsat and Death **Physician** /Medical Immediate Cause (Final Week disease or condition resulting in death) Examiner be executed burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initialed events resulting in death) Last and physician e Box 68760. Mosephins Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably Onknown Decubiti signed be det Records, by 24b. Were autopsy findings available prior to 24a. Was an autopay Completed completion of cause of death? 1 Yes 1 ☐ Yes 2 ☐ No After this certificata of Vital To the Hospital or Attending Physician: within 24 hours after death.
To the Funeral Director: After this certifica completely filled in by the funeral director, is 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) patient 2 ER/Outpatient 3 DOA Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred Division 5 Pending Invastigation Natural 1 Yas 2 No 2 Accident 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signature and title of certiflar 29c. License number 29d. Data signed (Month, Day, Year) November 29, 1997 30. Name and address of person who completed cause of death (Nem 23a) (Type, Print)
WT. NINALA, 18111 Prince Phillip Dr., Switala, Olney, Md 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Jeli Stevilson Randal Registrar



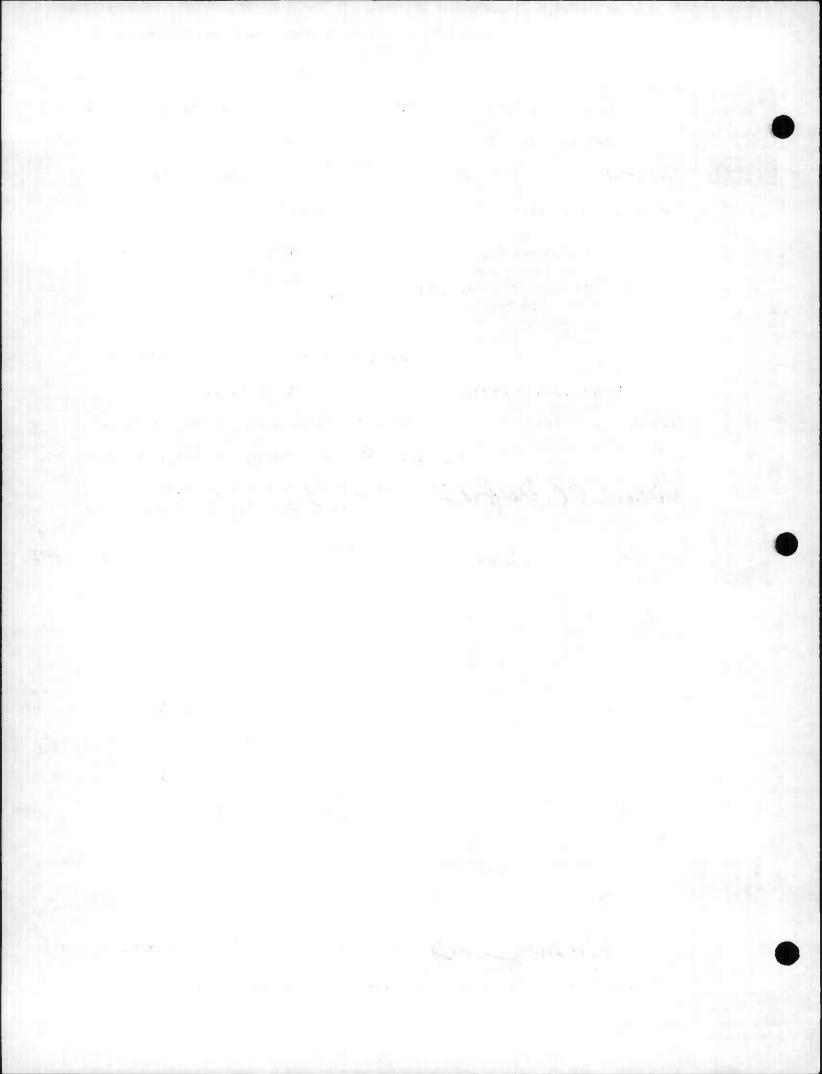
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Roy Lester Hornbeak November 27, 1997 3:30 P.M. /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Frederick
If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Frederick Memorial Hospital Frederick If Under 1 Year Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funerai** 1 XM 2 □ F Deys Yrs 579-05-0090 Director Sept. 12, 1911 Mississippi Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inaide City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Yes 2□ No Director Maryland Frederick Frederick 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? 6 items 23a Hillcrest Drive 21702 United States Funeral 11. Marital Status 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 XYes 2 No If Yes, Give Year or Dates: WWII Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yes 2 ☐ No Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry se filed within 7. al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 8th Milkman Dairy 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Pages 1 and 2 should be f nent of Health and Mental I nt: If item 27 is marked of "unknown" John Hornbeak Archie 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health ar Important: If item 27 is any injury or other trau once. Claudia C. Burge, daughter P.O. Box 3 Henderson, Maryland 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Buriel 2 □ Cremation 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 12/1/97 Suitland, Maryland Washington National 22. Name and Address of FecilityStauffer Funeral Homes, P.A. 1621 Opossumtown Pike Frederick, Maryland 21702 234 Part. Enfor the disease, or complication. that caused the death not enter the mode of dying, such es cardiac or respiretory errest, Physician /Medical Immediate Cause (Final disease or condition resulting in death) SEPS15 Examiner Examiner physician and the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last authore cerebroloses Box 68760, Physiclan/Medicai Due to (or as a consequence Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Dtd tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 ☐ Unknown signed t Records, p 24b. Were autopsy findings evalleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 1 ☐ Yes 2 ☐ NO 1 ☐ Yes 2 ☐ No Division of Vital Mospital or Attending Physician:
 24 hours after death.
 Funerel Director: After this certifical eletaly filled in by the funeral director, 25. Was cese referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: 11 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Manner of Death 28b. Time of Injury 28c. injury at Work? 28d. Describe how Injury occurred 1 Maturai 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the cause(s) and manner as stated.

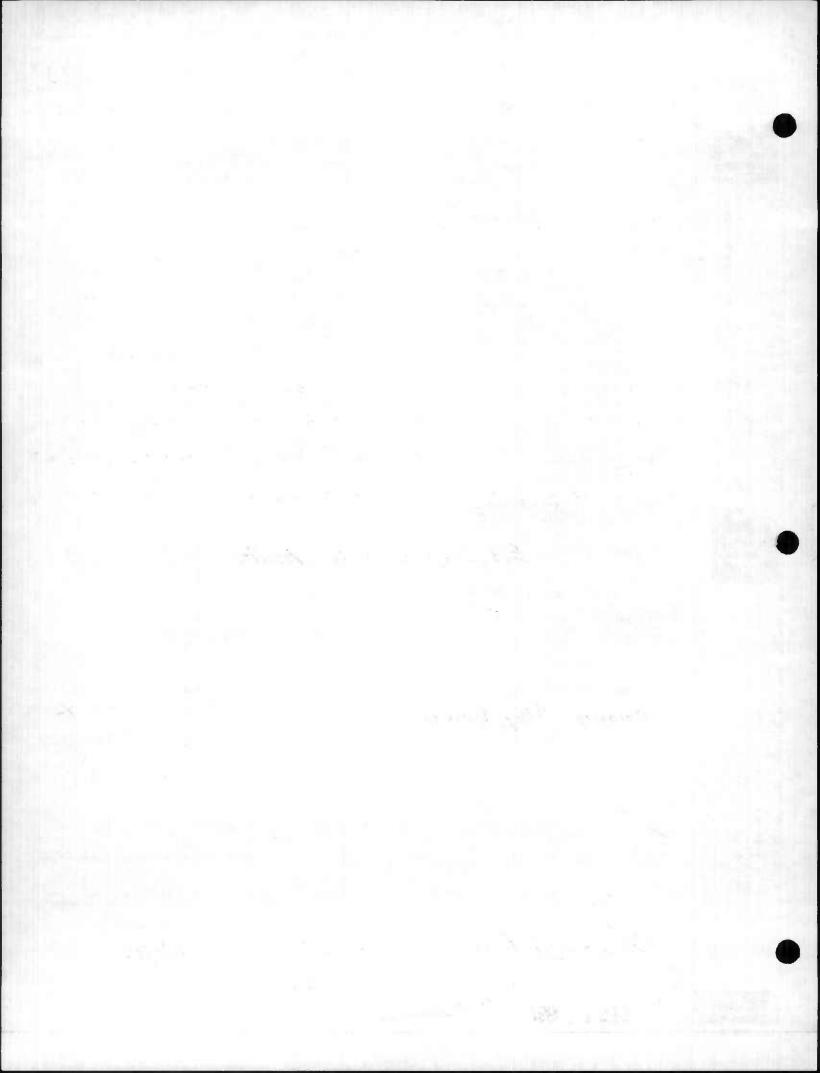
2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer completaly fil Medical 29a. Certifier 29b. Signeture and 29c. License number 29d. Date signed (Month, Day, Year) D 26 499 30. Narr and address of person who completed ceuse of death (Item 23a) (Type, Print) Dr. Ronald E. Miller 4 Culwell Drive Mt. Airy, Maryland 21771 31. Dete filed (Month, Day, Year) 32. Registrar's Gignat State DEC 0 1 1997 Registrar

State of Maryland / Department of Health and Mental Hygiene 7 3 9 2 2 8

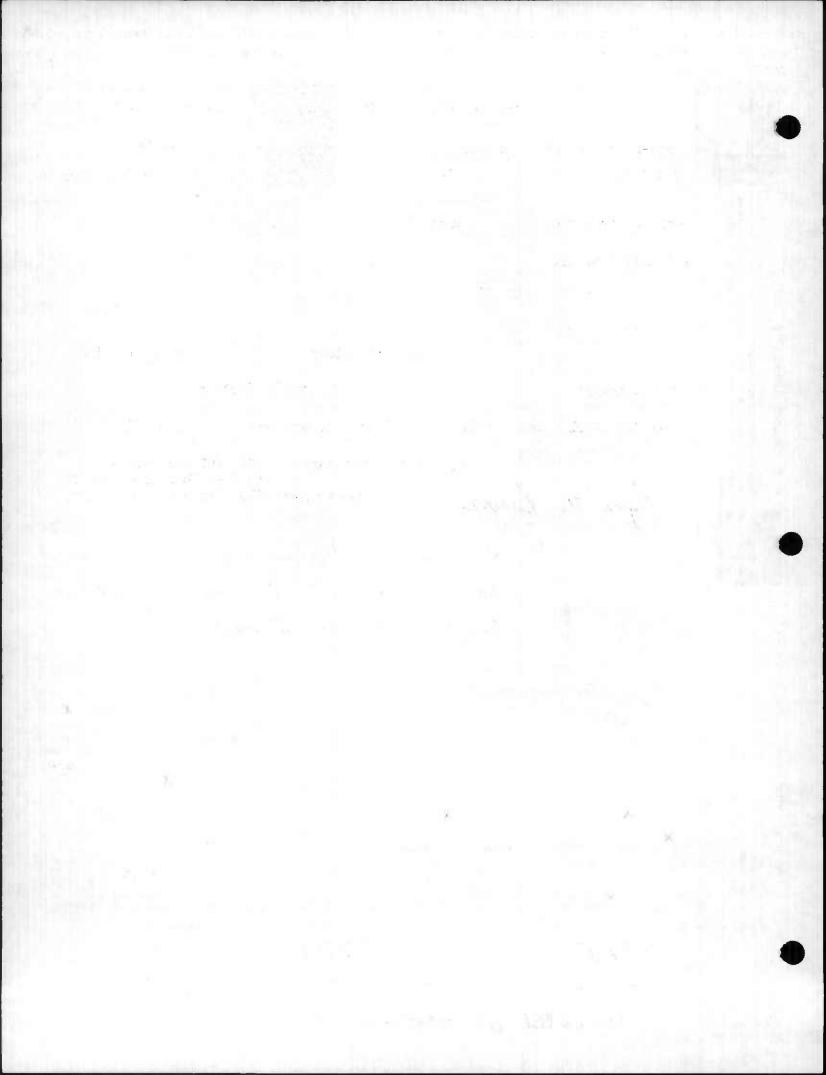
				(Certifica	ate of	Death	R	eg. No.	0)	C C U
Physic	ian	1. Decedent's Neme (First, Middle, Las						2. Dete of Deel			3. Time of Death
/Medi		John	Garret	HENN	ESSY			Decembe	1		LO:30 A.M
Exami	ner	4e. Fecility Neme (If not institution, give 7627 Iron	gate Lane				Frederic		4c. County	Frede	
Funeral Director		5. Social Security Number 6. Security Number 6. Security Number 15. Security Number 6. Se	x 7. Age (In yr 57	s. lest birth Y	Month	der 1 Year				9. Birthplece Country) Cana	e (Stete or Foreign ada
Marylend	ctor	10e. Stete 10b. County Maryland Frede	rick 10c. 0	City, Town	or Location	F	rederick				Inside City Limits 1 ☐ Yes 2 ☑ No
23a or 26	rai Director	10e. Street end Number 7627 Iron	gate Lane		10f.	Zip Code	21702	1	-	Whet Country	,
hours effer death with the Marylend ural", or flems 23a or 28a-f show Emerine: Frust be notified at	by Funeral	11. Maritel Status 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever In Armed Forces? 1 (X) Yes 2 1 Aug. If Yes, Give			cedent of pecify Cut	Hispenic Origin? (5 ben, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)		ce - American ck, White, etc. y: Whi	
72	eted	15. Decedent's Edu (Specify only highest gred	ication le completed)	16e. C	Decedent's U	suel Occu work done	ipetion a during most of wo ad)	rking	16b. Kind of B	usiness/Indus	iry
iene.	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		suranc				Incili	rance	
意表	BeC	17. Fether's Neme (First, Middle, Last)			out with	C 119	1	me (First, Middle, I		-	
	ToB	John Culle	n Hennessy				Elise	Dassori			
She mand		19e. Informent's Neme/Reletionship (7)	(pe, Print)	19b. I	Mailing Addre	ess (Stree	nt end Number or R	ural Route Number	City or Town	Stete, Zip Co	de)
C = 0 +		Charlene K. Henne	ssy/Wife	76	27 Irc	ngat	e Lane, I	rederick	, Md. :	21702	
		20e. Method of Disposition 1	Removal from State	cemetery,	cremetory of 1997	r other ple		ret Cemet		City or Town,	
permit. Pages Department of Important: If it eny injury or once.		21. Signature of Funeral Service Licans	10 11	021	Keen	ey &		Funeral			701
Medical be executed ding physician and are as the burial-transit	al Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury	b. ——————		nsequence o					M	onths
oertif oding use as	n/Medical	thet initieted events resulting in deeth) Lest	Due to	(or es e co	nsequence o	f):					
0 0 0	Physician/	Pert II. Other eignificant conditions co	ntributing to death but not re	sulting in t	he underlyin	g cause g	iven in Pert I.	23b. Dld to	bacco uee co	entribute to the	e cause of death?
that the	by Phy							1 🗆 Y	2 No	3 Probab	ly 4 ☐ Unknown
aw requir	Completed							24a. Wes e perform		evailal	eutopsy findings ble prior to etion of cause th?
E es es	S							1 □ Ye	s 2 No	1 🗆 Ye	es 2 No
certificate	Be	25. Wes case referred to medical exeminer?						eth (Check only on	θ)		
Physician: this certific ral director,	P	10 165 20 140		□ ER/Outp		DOA		iome 5 Reside			
Attending Fir death.	ation:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28a. Dete of injury (Month, Day Year)	28b. Tin		28c. Inju Wo	ork?] Yes 2 □ No	28d. Describe ho	w injury occur	rred	
े दे के	Certification:	3 Suicide 6 Could not be 4 Homlcide determined	28e. Place of Injury - At building, etc. (Spec	home, fam	n, street, fect	ory, office		28f. Location (St City or Town	reet end Numi , Stete)	ber or Rurel Ro	oute Number,
n 24 hours n 24 hours ne Funerel plately filled	edical	29a. Certifier (Check only one) 1 Certifying Phy 2 Madical Exami	elcian: To the best of my kr ner: On the basis of examir end menner steted.	nowledge, onetion end/	deeth occurre or investigeti	ed et the ton, in my	ime, dete end plec opinion, deeth occ	e, end due to the courred at the time, do	use(s) end mate end pleca,	enner es state and due to the	d. e cause(s)
within 2 To the compla	X	29b. Signature and hitle of certifier	\		2	29c. Licen	se nu <i>m</i> ber	2	d. Date signe	d (Month, Dey	, Year)
		30. Neme end address of person who co	mpleted rause of death (to	D 23el /T	une Drint	D35	553		Decemb	ber 9,	1997
		Judith F. Henr				e Ro	ad. Joffe	rson Md	2175	5	
Sta	ite	31. Dete filed (Month, Dey, Yeer)	32, Registrar's Sign		TOATTI	C IV	ad, belle	LEONY PA	· 2113.		



		Decedent's Name (First, M	iddle. Las	t)		C	ertifica	te of	Death	2. Date of De	Reg. No.	3	9 2 2 9 3. Time of Deeth
Physici			ABET		SONG					Month	Dey G	Year 7	0939
/Medic Examin		4e. Facility Name (If not institu							4b. City, Town, o	r Location of Deet	/	of Death	0137
LAditiii	ICI	Washington C							Hagerst			hingt	On
r unerai Director		5. Social Security Number 215-32-2606		9x 7 □ M 2√ F	. Age (In yrs. 91		y) If Und Month	er 1 Yaar	If Under 24 H Hours Mi	n. 8. Date of Bi		9. Birthp Coun	lece (Stete or Foreign try)
land ow		Usuel Residence of Decedent 10a. Stata 10b. Cou			10c. Ci	ty, Town or	Location					1	Od. Inside City Limits
n the Maryland r 28a-f ahow Inotified at	tor	Maryland Free	lowio	. le	Marco	warri 1	1.						1 ☐ Yes 2 ☐ No
or 28s	rec	10e. Street end Number	Terro	K.	Муе	rsvil		ip Code			10g. Citizen of	Whet Coun	itry?
23a or	a D	12719 Hayes Ro	ad				2	1773			USA		
items items	by Funeral Director	11. Maritel Status 1 Naver Married 2 Naver Married 2 Nover 4 Divor		12. Wes Deced Armed Ford 1 Yes 2 If Yes, Give Year or Dat	es? !DNo	,S. 13			fispenic Origin? an, Mexican, Pus Specify:	(Specify Yas or No arto Rican, atc.)	14. Rac Bla Specif	ca - Amaric ck, White, y: Wh:	atc.
72 ho	Completed	15. Deca (Specify only hig	dent's Ed	ucation		16e. Dec	cedent's Us	uel Occup	petion duning most of w	and in a	16b. Kind of B	usiness/inc	dustry
ithin	npie	Elementery/Secondery (0-1		College (1-4	lor 5+)	life	DO NOT	use retire	d)	orking			
led w hygier that th		7	4- 1 - 1			Dom	estic				Privat		ne
war y rai of the file of should be file the ad Mental Hy it is marked other traumatic event	Be	17. Father's Neme (First, Midd								eme (First, Middla		na)	
hould d Me mark matic	To	James E. Hesso		Name Only 1		405 14	101 A 4-4			Branden			
d 2 s then trau		19e. Informent's Neme/Relett Dorothy Gouker		ype, Pnnt)						Rural Routa Numb rsville,			
Heal Heal other		20e. Method of Disposition			20b. F	Plece of Dis				Date	20c. Location		
pomit. Pages 1 end 2 should be filed within 72 hours at Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or any injury or other traumatic event, the Medical Example.		1 N Buriel 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other	(Specify,)						12-11-97			Maryland
permit Depart Import any in		21. Signetura di Furiorei Serv	Licans	9					ss of Fecility Funeral	50 Home My	4 Main S ersville		
Physician		23e. Part1. Enter the disease shock, or heart fulure.	or comp	dications that ceu	ised the deat th line.					-			Approximeta intervel Between Onset end Death
/Medicai Examiner		Immediete Ceuse (Finel disease or condition resulting in death)		. End	Sta	se c	icch	2:20	Asc	ites		1	yrs
	ner				Due to (d	or es e cons	equenca of):					
death certificate be executed e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury	1	b	Due to (c	or es e cons	equenca of):				F	
ificate be av	Medicai	Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest	1	C	Due to (o	r as a cons	equence of	:					
ding pl	Mec	and an account account	U	d									
ath certain for use	Physician/												
tha de ny the ached	issi	Part II. Other significent cond	litlona co	ntributing to dea	th but not res	ulting in the	underlying	ceuse giv	en in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death?
ires that the death cer signed by the attendir d be detached for use	by Pr	Coronar	, ,	Atery	Dizers	e				10	Yes 2□ No	3 ☐ Prot	bably Unknow
aw requisite should	Completed t									24e. Wes	en eutopsy ormed?	ave	ore autopsy findings bilebla prior to appletion of cause deeth?
	Son									10	Yes 2 No	10	Yes 2□ No
sicien: The cartificate irector, pag	Be	25. Wes case referred to med exeminer?	-		1				26. Plece of D	eeth (Check only	one)		
Physicien: rthis cartific rral director,	은	1 Yes 2 No				ER/Outpet			4 LI Nursing	Home 5 □ Resi		100)
l or Attending P after death. Director: After d in by the funer	ation:	Z L Moddont	stigation	28e, Date of (Month,	Injury Dey Year)	28b. Time Injury		28c. Injur Wor 1 🗆	y et k? Yes 22100	28d. Describe	how injury occur	rred	
Att de Bect de Dy t	Certification:	3 Suicide 6 Cou 4 Homlcide det	old not be ermined	28e. Place of building	Injury - At he , etc. (Specif	ome, farm, s	street, facto	ry, office		28f. Location (City or To	Street end Num t wn, Stete)	ber or Rura	l Route Number,
its after or sall of s	-	29e. Certifier 12 Certif	ying Phy	elcfen: To the be iner: On the besi	s of exemine	wledge, dec tion end/or	eth occurre Investigetion	d et the tin n, in my o	ne, date end pleo pinlon, deeth occ	ca, end dua to the curred et the time,	cause(s) end mo date and plece,	enner as st end due to	eted. the cause(s)
Hospital or 24 hours after Funeral Directory filled in 1864 by 1865 by 18		(Check only 2 Medic	- LAGITH										
To the Hospital or Attending Physicien: within 24 hours after death to the Funeral Director: After this certific completely filled in by the funeral director,	Medicai	Check only 2 Medic		200			2	c. Licans	e number		29d. Date signa	d (Month, I	Day, Year)
To the Hospital or within 24 hours afte To the Funeral Dir. completely filled in	edicai	one) 2 Medic		28	ins		2	C. Licans	e number		29d. Date signa	d (Month, I	Day, Year)
To the Hospital or within 24 hours after To the Funeral Dirt. Completely filled in 1	edicai	one) 2 Medic	ifier	and .	of deeth (Iten	n 23e) (Type		D 5	0362		12/10/	17	Day, Year)
To the Hospital or within 24 hours after To the Funeral Dirth completely filled in 1	edicai	29b. Signeture end title of card	ifier	and .	of deeth (Iten	23e) (Typ		bc. Licans	e number 0362 BIVL	Sm; ths	12/10/	17	Day, Year)



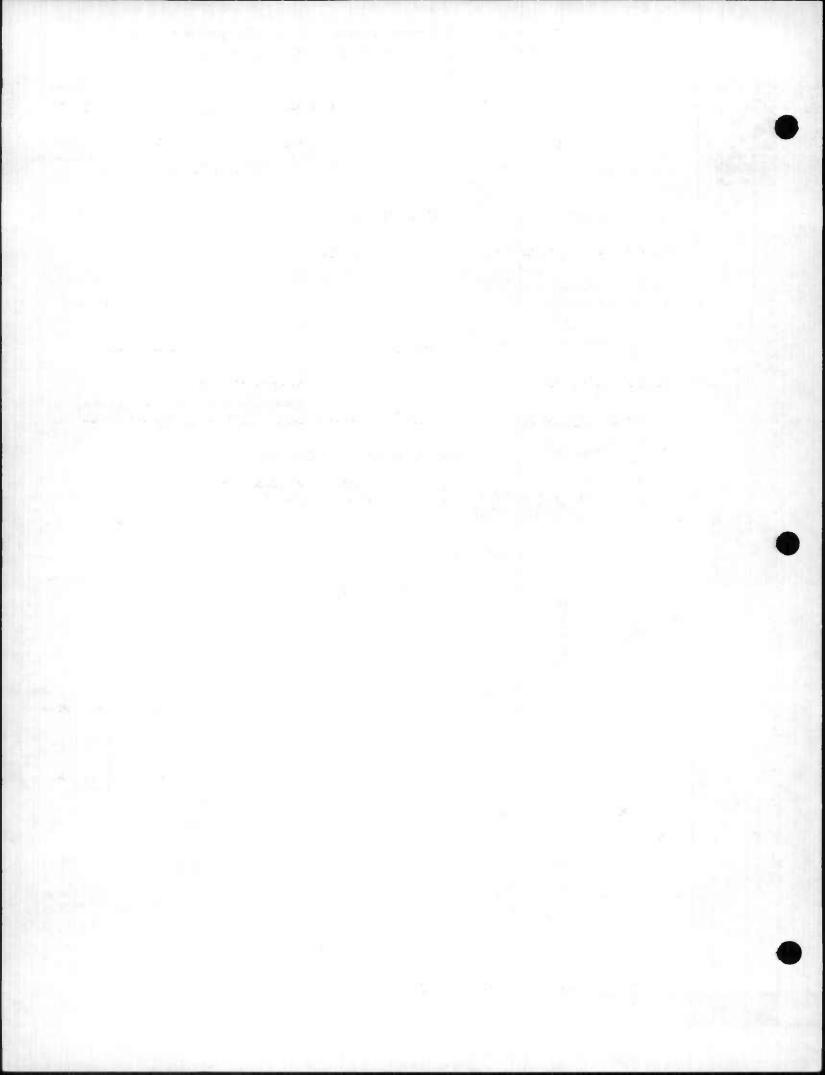
Consider by European Disperse of the Medical Examiner and the Medical Disperse of the Medical Disp	Funeral Director	Usuel Residence of Decedent 10e. Stete 10b. County Maryland Frederic 10e. Streel end Number 206 East K Street	ial Hospita ax ZM 2□F	1 In yrs. last birth		r 1 Year	4b. City, Town, or I Fredericl		h 4c. Cou	1997 inty of Deeth	12:22
Examiner must be notified at more control of the most of the control of the contr	Funeral Director	Frederick Memor 5. Sociel Security Number 6. Si 220-05-6992A 1. Usuel Residence of Decedent 10e. Stete 10b. County Maryland Frederic 10e. Street end Number 206 East K Street	ial Hospita ax ZM 2□F	81 Y	Months	r 1 Year	Frederic		_	inty of Deeth	1
Examiner must be notified at	runeral Director	220-05-6992A Usuel Residence of Decedent 10e. Stete 10b. County Maryland Frederic 10e. Streel end Number 206 East K Street	ZM 2□F	81 Y	Months	1 Year		<	T.		
Examiner must be notified at	runeral Director	220-05-6992A Usuel Residence of Decedent 10e. Stete 10b. County Maryland Frederic 10e. Streel end Number 206 East K Street	ZM 2□F	81 Y	Months					ederic	k
Examiner must be notified at	runeral Director	Usuel Residence of Decedent 10e. Stete 10b. County Maryland Frederic 10e. Streel end Number 206 East K Street	1	01	15.	Days	If Under 24 Hrs. Hours Min.	8. Dete of Bi	rth ay, Yaar)	9. Birth	piece (State or Fo intry)
"natural", or items 23s or 23s-1 show suital Examiner must be notified at	runeral Director	10e. Stete 10b. County Maryland Frederic 10e. Streel end Number 206 East K Street		0c. City, Town				Jan.	16, 191	6 Pen	nsylvani
"natural", or thems 23s or 25s-7 shealest Evanding must be notified	runerai	10e. Streel end Number 206 East K Street	K		or Location						10d. Inside City Li
"natural, or items 23s or 28 suical Examinar must be not	runerai	10e. Streel end Number 206 East K Street		Brunswi	ick						1 Yas 2
"natural", or items 23a edical Examinar must be laboral by Ermonni I	runerai				10f. Zip	Code			10g. Citizen	of Whet Cou	intry?
"natural", or Items edical Examinar in					21	716			USA		
"natural", or i		11. Maritai Status	12. Wes Decedant Eve Armed Forces?	er in U,S.	13. Was Dace If Yas, spe	dent of I- cify Cub	lispenic Origin? (S an, Mexican, Puart	pecify Yes or No o Rican, etc.))- 14. F	Race - Amar Bieck, White	
natural edical Ex		1 Navar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 ☑ No If Yes, Give X		1□ Yes					eity:	
a di		15. Decedent's Ed	Yaer or Datas:	160 [Decedent's Usu	A Coour	nation		16h Kind o	Wh f Business/li	ite
	Jec	(Spacify only highest gra	de completed)		Giva kind of wo	rk dona se retire	during most of word)	king	100. Kirid 0	Dusiness/ii	idustry
	E	Elemantary/Sacondary (0-12)	College (1-4or 5+)		ci Cab				Trans	porta	tion
8 9		17. Fether's Neme (First, Middle, Last)					18. Mother's Ner	ne (First, Middle	, Maiden Sun	nama)	
	0	Roy G. Hengst					Bertha	Portner			
7 is marke traumatic		19a. Informent's Neme/Raletionship (7	ype, Print)	19b. I	Mailing Addras	s (Street	end Number or Ru	ral Routa Numb	er, City or To	wn, State, Zi	ip Coda)
N L	-	Mary Ida Clark H	egnst, wife				, Brunsw			2171	
		20e. Method of Disposition 1 □ Burial 2 □ Cremetion 3 □		20b. Plece of E cemetery,	, crematory or	me or other pla	ce)	Date	20c. Location	on - City or T	own, State
ortant: Injury		4 Donetion 5 Other (Specify		Hagerst	town Cr	emat	ory	12/12/9	7 Hager	stown	, MD
Important: If any Injury or once.		21. Signature of Funerei Service Licen	saa O					tauffer			
		Kyan M.	Derger				umtown P			c, MD	21702
	1	23a. Part1. Enter the disease, or companies abook, or neert feilure. List only of	plications that chused the one ceuse on such line.	e deeth. Do no	ot enter the mod	de of dyli	ng, such es cardied	or raspiretory e	rresi,	i	Approximete Intarvai Batwee Onset and Deat
ician dical	6	Immediate Ceuse (Finel			,					-	onset and bear
niner	1	disaasa or condition resulting in deeth)		tricu			brillat	noi			Ihour
3	5			le to (or es a co				11.		1	>2.
iel-transit		Sequentially list conditions		le to (or es a co			lomgo			-	/ dy rs
		Sequantially list conditions, if eny, laeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants	100	2000	4	.1-	ry Di				unknow
physician and is the buriel-transit	200	that initiated avants resulting in deeth) Lest	C. Du	a lo (or as a co	nsequence of):		7	Jean se			
D) 65			d								
offer use a	0									i	
eteched for use a	731	Pert il. Other significant conditions co	ntributing to death but r	not resulting in t	the underlying	ause giv	ven in Pert I.	23b. Dld	tobacco use	contribute	to the cause of d
ed by the e deteched f								1 🗆	Yes 2 N	o 3 Pro	obably 4 Uni
2 20								24a. Wes	en eutopsv	24b. V	Vara eutopsy findi
sata has been signed to pega 2 should be det	100							perf	ormed?	C	veileble prior to completion of caus of deeth?
has 2a 2								10	Yes 2 N		Yes 2 No
certificata rector, peg		25. Was case referred to medical					26. Placa of Dea		/('	L 165 2L 140
I director,		axeminer?	Hospitel:	2 FB/Outo	petient 3 De	Ott	200	ome 5 Res		Other (Spec	rify)
		27. Manner of Deeth	28e. Dete of Injury (Month, Day Y	28b. Tir			Xet N/A	28d. Describe		(-)	.,,,
in fur	2	1 Netural 5 Pending invastigation	NIA	N		1 🗆	Yes 2 □ No	N	/A		
ed in by the funer		3 ☐ Suicide 6 ☐ Could not be detarmined	28e. Plece of Injury building, etc. (Specify)		y, office		28f. Location City or To	wn, Stata)		ral Route Number,
Funeral Director: After the letaty filled in by the funeral certification:				NI	A				/	VIA	
pletaly fi	2	(Check only 2 Medical Exam	sician: To the best of n iner: On the besis of ex	aminetion end/	daath occurred or investigetion	at tha til	ma, date end piece opinion, daeth occu	, and due to tha rred et tha time,	date end pie	mannar as ce, and due	statad. to the cause(s)
To the Funeral Director: After the completely filled in by the funeral Medical Certification:		one) 29b. Signature and little of certifier	and manner stated	d.			se number		29d. Date sig		
2 8 1		na-//	1		23					11/97	,, , , , , ,
	-	MAM		h /h 00 :		D4	7397		104/	1117/	
		30. Name and address of person who of michael W. Lev				0 -	YE	0	1		



State of Maryland / Department of Health and Mental Hygiene 7 3923

					Certifi	cate of	Death		Reg. No.	0)	
hysicia	an	1. Decedent's Name (First, Midd		T.	7	Barrie		2. Dete of Dec	eth Dey	Yeer	3. Time of Death
Medic	_		WALTER		7.		LLEGAS S		er 8,19		11:56 pm
xamin	er	4a. Facility Nama (If not institution	n, giva street end number)		4	lb. City, Town, or L	ocation of Deeth	4c. County	of Death	
		Memorial Hos					Cumber1a		Alle		
erai tor		5. Sociel Security Number 214-07-0902 Usuel Residence of Decedent		ga (In yrs. last b 92	111100)	Under 1 Yaar onths Deys	if Undar 24 Hrs. Hours Min.	8. Data of Bird Month, Ba Dec 2	^h 1905	9. Birthpla	ca (State or Foreigr y)
	1	10e. Siete 10b. County	,	10c. City, Tox	vn or Locatio	ก				100	d. Inside City Limits
Median	ctor	MD Alleg	any	Cur	nberla	nd					Yas 2□No
ust be no	Funeral Director	10e. Street end Number 454 Pennsylvar	nia Avenue		1	of. Zip Coda 21502			10g. Citizen of V US		y?
	by	11. Marital Status 1 Never Merried 2 Mar 3 Widowed 4 Divorced	If Yes Give	?		Decedent of H s, specify Cubs res 2 No	ispenic Orlgin? (Sp an, Mexicen, Puerto Specify:	pecify Yes or No Ricen, etc.)	Specify	e - American ck, White, et	
	eted	15. Deceder (Specify only highe	nt's Education est grade completad)	166	Decedent'	S Usuel Occup	etion during most of world	king	16b. Kind of B	usiness/îndu	stry
	Completed	Elementary/Secondary (0-12)	College (1-4or	5+) Re	tired	IOT use retired	1)		Tire C	ompan	Y
	Be C	17. Fether's Neme (First, Middle,	Last)				18. Mother's Nem	e (First, Middla,	Meiden Sumen	10)	
anc ex	ToB	Harry Hilleg	ass				Minerva	(Diehl))		
any injury or other treumatic event, the Madical Examinet must be notified at once.		19e. Informent's Name/Relations Walter Hillega					and Number or Ru Avenue S				
		20e. Method of Disposition 1 Bunal 2 Cremetion 4 Donetion 5 Other (S		20b. Place cemete Restl	rv. cremeto.	v or other pled	Gardens	Date 12/11	20c. Location -		n, Stete
any inj		21. Signature of Funeral Service	Licensee	nalt	22. Na Si	carpell mberla	i Funera and MD 21	1 Hame 502			
ian		23a. Part1. Enter the disease, or shock, or heart failure. List	complications that cause confly one cause on each	d the deeth. Do	not enter th	a mode of dyin	g, such es cardiac	or respiretory er	rest,	1	Approximete Interval Between Onsat and Deeth
ical ner		Immediate Ceuse (Fine) diseasa or condition resulting in deeth)	e. Renal	Failure							ne Year
	-e		C	Due to (or es e						U	nknown
s the bunal-transit	Examiner	Convention by list conditions	b. Conges	Due to (or es e		-				1	
		Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury		Due 10 (01 e3 e	Colladada	o 01).				1	
	Medical	Cause (Disease or Injury that initiated events rasulting in deeth) Lest	С	Due to (or as e	consequand	e of):					
			d								
ache	y Physician	Pert ii. Other elgnificant condition	ons contributing to deeth t	but not resulting	in the under	ying ceuse giv	en in Pert I.				he causa of death?
2 should be det	Completed by							24e. Was perfo	en autopsy rmed?	com	e autopsy tindings abla prior to pletion of ceuse eth?
page 2	E							101	res 2 No	10	Yes 2 No
	Be	25. Wes cese referred to medice exeminer?	1				26. Plece of Dee	th (Check only o	пө)	1	
0	2	1 ☐ Yes 2 No	Hospital:	lent 2 ER/O	utpatient 3	□ DOA Oth	4 Li Nursing H	ome 5 Resid	dence 6 Oth	er (Specify)	
the funeral	sation:	27. Manner of Death 1 Neturel 5 Pendir 2 Accident investi	gation	by Year) 28b.	Tima of Injury	28c. Injun Work	y et k? Yes 2 □ No	28d. Describe t	now injury occur	red	
ed in by the t	Certification:	3 Suicide 6 Could 4 Homicide detarm	nined 288. Piece of in	jury - At home, f tc. (Specify)	arm, street, t	ectory, office		28f. Location (S City or Tov		er or Rural I	Routa Number,
pletely fill	edical	29a. Certifier (Check only one) Medical	ng Phyalcien: To the best Examiner: On the basis of and manner si	of examinetion er	e, deeth occ nd/or Investig	urred et the tingetion, in my o	ne, dete end piece, pinion, deeth occur	end due to the red et the time,	ceuse(s) end ma dete and plece,	anner as ster and due to t	ted. he ceuse(s)
COU	Σ	29b. Signeture and title of dertifie	# 11			29c. Licens	e number		29d. Date signe		
		11/1/10	49			D 36	766		Deanh	9,1	999
8	-	30. Neme end eddress of person	/ /		-						

Registrar



in ai er	Decedent's Name (First, Middle, MICHAEL RAYDEA 4a. Facility Nama (If not institution, g	N HOWARD						2. Data of De			Time of Death
ai			1					Month	Day	Year	
er	tat I donny I danie (in 11 of motitotion)	rive street and numb					4b. City, Town, or L	DECEME			0215AM
	11725 VEDNIONI DO		761)					ocation of Doati			
	11735 VERNON RC 5. Social Security Number 6	. Sex 7.	Age (In yrs	s. last birt		Indar 1 Ya		8. Date of Bird	th	ES COU 9. Birthplac	e (Steta or Foreign
	215-27-2255 Usual Residence of Decedent	1 M 2□F	20	,	rs. Mor	nths Da	ays Hours Min.	Oct. 2,	1977	Washin	gton DC
	10a. State 10b. County		10c. C	ity, Town	or Location					10d.	Insida City Limits
cto	Maryland Charle	es_		Wal	dorf						1 ☐ Yes 2X No
Dire	10e. Street and Number				10				-		7
La	11735 Vernon									ISA	
nue	11. Marital Status	Armed Force	es?	U,S.	13. Was D	acedent specify (of Hispanic Origin? (Sp Cuban, Mexican, Puerto	pecify Yas or No Rican, atc.)	- 14. Rad Bla		
þ	1 Never Married 2 Married 3 Widowed 4 Divorced	If Yas, Give			1 🗆 Y	es 2 🔯	No Specify:		Specif	y: Wh	ite
ete	15. Decedant's (Specify only highest)	Education grede completed)		16a.	Decedent's (Giva kind o	Usual Och f work do	cupation one during most of work	king	16b. Kind of B	usiness/Indus	try
Comp	Elementary/Secondary (0-12)		or 5+)			Ji use re	tired)		В	akery	
Be											
2											
										State, Zip Co	oda)
1		Grandfatr								City of Town	Chata
	1 ☑ Burial 2 ☐ Cremation 3		ate	cem eter	y, cremetory	or othar	plece)				, Stata
-			Tr	init				12-17-97	Waldor	f, MD	
		//	18-		Hunt	t Fu	neral Home	. Inc.			
_					P. 0	. Bo.	x 156, Wald	dorf, MI	20604-	0156	
	23a. Part1. Enter the disease, or co shock, or haart failure. List on	mplications fhat cau ly one cause on eac	ised the dea th line.	ath. Do n	ot antar the	mode of	dylng, such as cardiac	or respiratory ar	rrest,	In	oproximate tarval Between
	Immediate Cause (Finel										nset and Death
	disaase or condition resulting In daath)	a Rifle	wound	d to	the h	nead					
-			Due to	(or as a c	onsequence	of):				l l	
盲	Convention, that are distant	b	Due to	01.00.00	OBSOGUADOS	່າຄາ					
	if any, laading to immediate causa. Enter Underlying		200 10	01 43 4 0	onsequence	017.					
cal	triat irritiated avants	C	Due to (or as a co	onsequence	of):				-	
Med	resulting in death) Last										
clan	David Other design			h							
hys	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.										
								10	188 208 NO	3 Probas	ry 4 □ Unknowr
										availa	autopsy findings bie prior to letion of cause
900							INSPE	CTTON			
ဒီ								101	Yes 2 No	1 🗆 Y	es 2 No
20	25. Was case rafarrad to medical examiner?	Hospital:						th (Check only o	na)		
9	1 ☑ Yes 2 ☐ No 27. Mannar of Death	1 Linp		ER/Out		J DON		ome 5 Resid			
		28a. Date of	Dey Year)	28b. T	jury		njuryat Work? 1 □ Yes 2 M2 No	28d. Dascribe f	how Injury occur	red	
Certification:	1 □ Natural 5 □ Pending 2 □ Accident Investigat 3 窗 Suicide 6 □ Could not	ion 12/14/	1997		М		I Tes Z MINO				
	Be Completed by Physician/Medical Examiner To Be Completed by Funeral Director	Usual Residence of Decedent 10a. State 10b. County Maryland Charle 10e. Street and Number 11735 Vernon R 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedant's (Specify only highest s Elementary/Secondary (0-12) 10 17. Fathar's Name (First, Middle, La Ray Dean Howard 19a. Informant's Name/Ralationship George Walls - 20a. Method of Disposition 1 N Burial 2 Cremation 3 4 Donation 5 Other (Space) 21. Signature of Funaral Service Lick Shannon W. 23a. Part. Enter the disease, or conshock, or heart failure. List on Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last Part II. Other eignificant conditions 25. Was case referred to medical examiner?	Usual Residence of Decedent 10a. State 10b. County Maryland Charles 10e. Street and Number 11735 Vernon Road 11. Marital Status 12. Was Deceded Armed Force 1 Yas 2 Married 3 Widowed Divorced 15. Decedant's Education (Specify only highest grede completed) Elementary/Secondary (0-12) Collega (1-4) 10 17. Fathar's Name (First, Middle, Last) Ray Dean Howard 19a. Informant's Name/Relationship (Type, Print) George Walls - Grandfath 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 1 1 1 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 1 4 Donation 5 Other (Spacify) 21. Signature of Funaral Service Licensee Shannon W. Ramirez Name/Relationship (Type, Print) 23a. Part1. Enter the disease, or complications that caushock, or heart failure. List only one cause on each shock, or heart failure. List only one cause on each shock, or heart failure. List only one cause on each each print of the state of the	Usual Residence of Decedent 10a. State 10b. County 10c. C Maryland Charles 10c. Street and Number 11735 Vernon Road 11. Marital Status 12. Was Decedant Ever in Amed Forces? 1	Usual Residence of Decedent 10a. State 10b. County Maryland Charles Wal 10c. Street and Number 11735 Vernon Road 11. Martial Status 1 Mindrial Status 1 Mi	Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Maryland Charles Waldorf 10735 Vernon Road 11. Marital Status 112. Was Decedant Evar in U.S. Armed Forces' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Usual Residence of Decedent 10c. City, Town or Location Maryland Charles Waldorf	Usual Residence of Decedent 10b. County Maryland Charles 10c. Street and Number 11735 Vernon Road 11735 Vernon Road 12 Was Decedant Ever in U.S. Amed Forces? 112 Was Decedent U.S. Amed Forces? 112 Was Decedent U.S. Amed Forces? 112 Was Decedent of Hispanic Origin? (Sp. Amed Forces?) 112 Was pacedent of Hispanic Origin? (Sp. Amed Forces?) 112 Was Decedent U.S. Amed Forces? 12 Was Decedent U.S. Baker 13. Was Decedent U.S. In Yes, Specify Cuban, Mexican, Puerit U.S. Amed Forces? 12 Was Decedent U.S. Baker 13. Was Decedent U.S. In Yes, Specify Cuban, Mexican, Puerit U.S. In Yes, Specify U.S. In Yes, Specif	Usual Residence of Decedent 10c. City, Town or Location Maryl and Charles 10c. City, Town or Location 10c. Street and Number 10c. Market 10c. Street and Number 10c. Market 10c. Market 10c. Street and Number 10c. Market 10c. Market	Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location Waryl and Charles 10b. State 10b. Street and Number 11735 Vernon Road 10l. Ze Code 11735 Vernon Road 11. Merital Status 12. Was Decedent Evar in U.S. Amed Forces 1. State 1. St	Usual Residence of Decedent 10c. City, Town or Location 10d. Zip Code 10g. Citizen of What Country 10d. Zip Code 11/35 Vernon Road 10g. Citizen of What Country USA 11/35 Vernon Road 10g. Citizen of What Country USA 11/35 Vernon Road 10g. Citizen of What Country USA USA

State Registrar

Donald G. Wright M.D.
31. Data filed (Month, Dey, Yaar)

30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)

29b. Signature and title of cartifier

Wright M.D.

Dev, Year)

111 Penn Street, Baltimore, Maryland 21201

DEC 1 6 1997

Juli Division Review

29d. Date signed (Month, Dey, Year)

DECEMBER 14, 1997

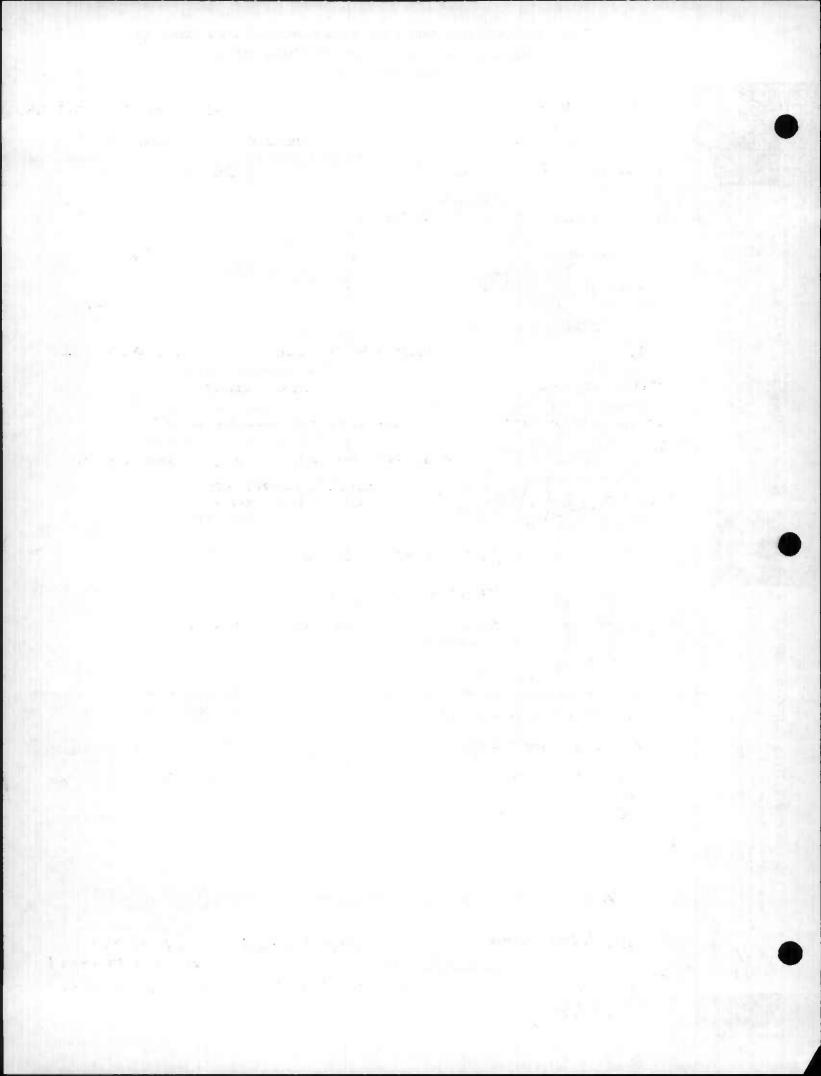
29c. License number

O.C.M.E.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day Month **Physician** HOWARD H. HILL **DECEMBER 16, 1997** 2320 P.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SACRED HEART HOSPITAL CUMBERLAND ALLEGANY If Undar 1 Yaar Months Days 6. Sex 1 M 2 □ F 5. Social Security Number 7. Aga (In yrs. last birthday) If Undar 24 Hrs. 9. Birthplaca (Stata or Foraign Country) **Funeral** Hours 212-24-2461 68 Yrs. Director Usual Rasidance of Decedant with the Merylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-1 show traumatic event, the Medical Examiner must be notified at Cumberland 1 X Yas 2 □ No Allegany Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2 Utah Avenue 21502 USA Pages 1 end 2 should be filed within 72 hours effer death nent of Health and Mental Hygiene.
snt: If Item 27 is marked other then "natural", or Itema 23 Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No if Yas, Giva Yaar or Datas: 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married Maryland 21215-0020 1 Yas 2 No þ Specify. 3 Widowed 4 Divorced white Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coltega (1-4or 5+) Retired Steel Worker Lukens Steel Mill 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be William Guy Hill Edna (Miller) 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Dorothy L. Hill--wife 2 Utah Avenue; Cumberland, MD other Baltimore. 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a, Method of Disposition 20c. Location - City or Town, Stata Depertment of H important: If ite any injury or of 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Sunset Memorial Park 4 ☐ Donation 5 ☐ Othar (Specify) 12/19 Cumberland, MD 21. Signatura of Funeral Sérvica Licenses 22. Nama and Address of Facility
Scarpelli Funeral Home Cumberland, MD 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Finat disaasa or condition rasulting in daath) KESPIRATORY TEN MINUTES Examiner Dua to (or as a consequance of): Examiner TEN KEMRS EURAL FIBROSIS or Attending Physician: The lew requires that the death certificate be executed burief-tran Sequentially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or Injury Dua to (or as a consequance of): pue Box 68760, PAREWCHYMAL physicien PULMOWARY Physician/Medical the that initiated evants rasulting in death) Last Dua to (or as a consequence of): 80 Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. P.0. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detach 1 Yee 2 No 3 Probably 4 Unknown CORONANT ARTENY DISEASE Division of Vital Records, þ 24b. Wara autopsy findings available prior to complation of ceusa of death? Completed 24a. Was an autopsy performed? CARDIAC ARHYTHMIA CONGESTIVE 2 No 1 ☐ Yas 2 No this certificate 25. Was casa rafarrad to medical Be 26. Placa of Death (Chack only ona) Hospital: 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yas 2 No Certification: To funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? After 1 Natural 2 Accident 5 Panding Invastigation after death. 1 Yas 2 No the 6 Could not be datarmined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) in by 4 Homicida To the Hospital of within 24 hours a To the Funeral D Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Cartifiar Medical 29b. Signature and title of certifier 29c. Licansa number 29d. Data signad (Month, Day, Year) D33419 (MO) (2/17/1997)
(DECEMBER 17,1997) - MA 4 THIS 30. Nama and addrass of person who completed ceusa of death (Itam 23a) (Type, Print), Sational Highway Lavale, MD 1068 State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Phillip Thomas Jenkins 10:15PM December 12,1997 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 105 Linthicum Drive Cambridge Dorchester 5. Social Security Number 6. Sex 1 M 2 □ F If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours Yrs. Director 224-22-9860 74 Sept 5,1923 Virginia Usual Residence of Decedent 10a State 10c. City, Town or Location 10h Counts ir than "naturel", or itema 23e or 28a-f show the Medical Examiner must be notified at 10d. fnside City Llmita Director 1 ☐ Yes YNO No Dorchester Maryland Cambridge 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 105 Linthicum Drive 21613 US Funeral 12. Was Decedent Ever in U,S. Armed Forces? XIXYes 2 □ No II Yes, Give Yeer or Dates: WW II 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours aftar 1 ☐ Never Married XX Married 21215-0020 1 ☐ Yes XX No Specify: White by Specify: 3 ☐ Widowed 4 ☐ Divorced Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Self Employed Barber f and 2 should be filed viealth and Mental Hygie m 27 is marked other the traumatic event, in Saltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) 2 William Jenkins Winnie Somers 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health a important: If them 27 is any injury or other training Mary Jenkins Wife 105 Linthicum Drive Cambridge, Maryland 21613 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State Donation 5 Other (Specify) MD Veterans Cemetery 12/15/97 Hurlock, Maryland 21. Signature A Funeral Service Lices 22. Name and Address of Facility Thomas Funeral Home, P.A. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or heert failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical fmmediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of NiDDM Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In death) Last The law requires that the death certificate be axec Box 68760. Physician/Medicai the of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 No Be 25. Was cese referred to medicel examiner? 28. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 1 Yes 2 No Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred After ! Division or Attending 1/ENatural 5 Pending Investigation s after death.

I Director: Aft
od in by the fur 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) illed in by 4 Homicide To the Hospital within 24 hours a To the Funerel D Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

| Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

State Registrar 31. Date filed (Month, Day, Year)
DEC 1 6 1997

29b. Signature end title of certifier

HMED

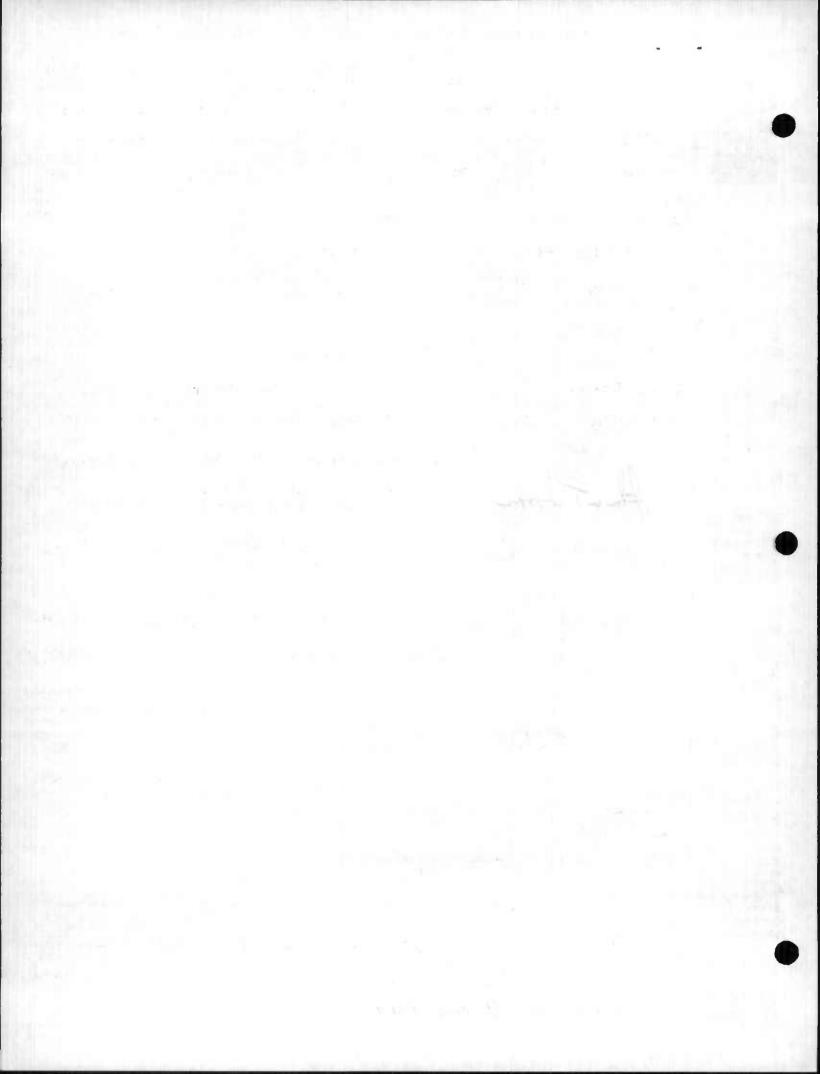
Aurora scret cambridge MO 21613. NAWAZ 105 32. Registrar's Signeture

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

29c. License number

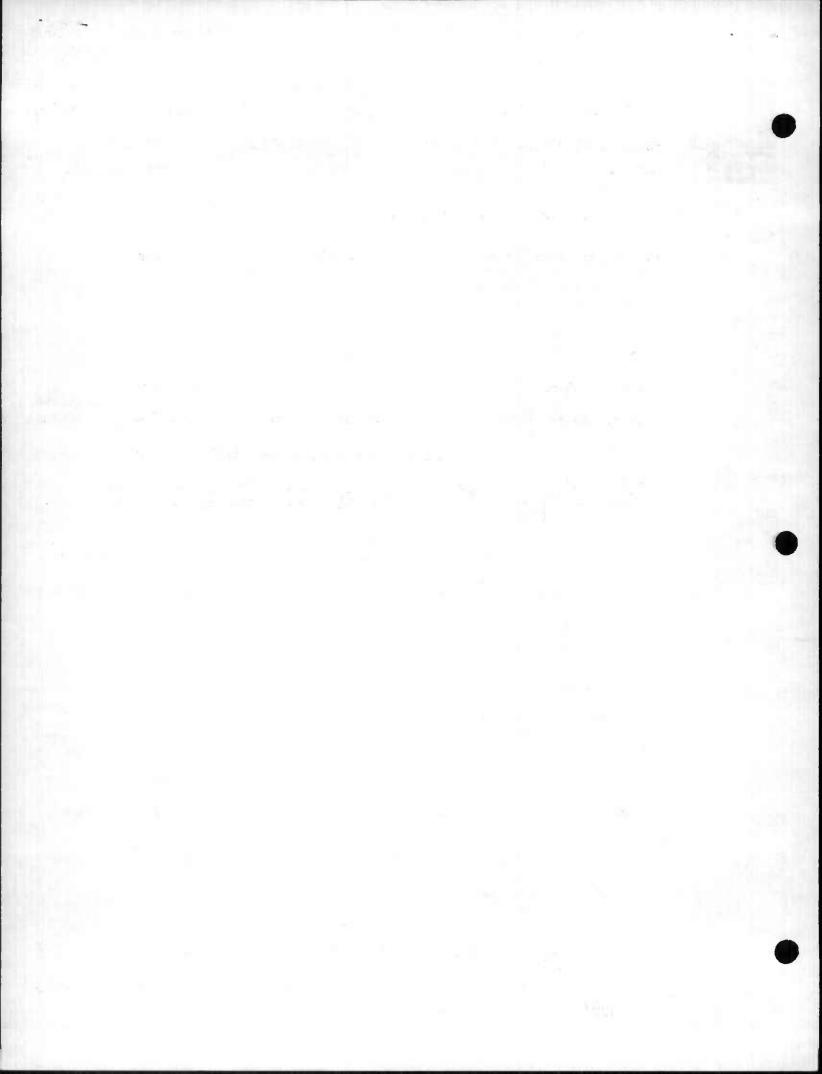
D0050987

29d. Date signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 7 3923

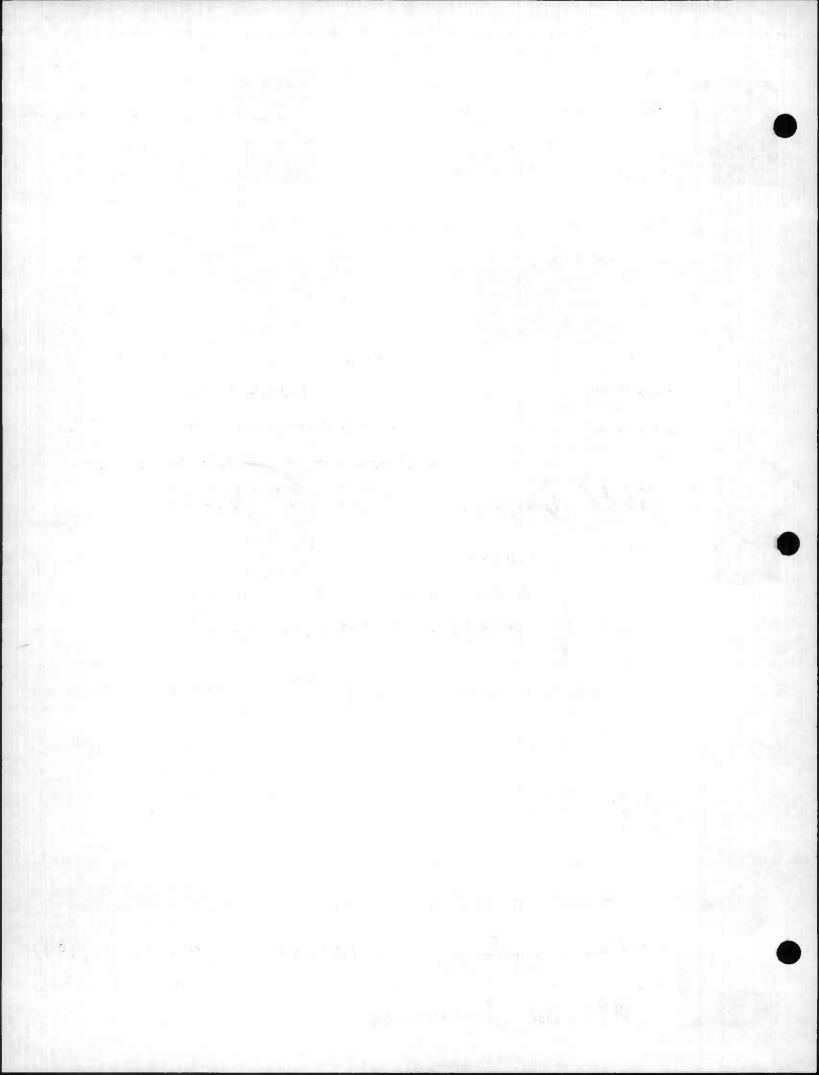
					Cen	ificate of	Death		Reg. No.		
Physic	ian	Decedent's Neme (First, Middle, La	st)					2. Dete of De Month	eeth Dey	Yeer	3. Time of Deeth
/Medi		Carson L						Nover		, 1997	1132 pm
Exami	ner	4e. Fecility Neme (If not institution, give	e street and number)				4b. City, Town, or	Location of Dee	th 4c. County	of Deeth	1
		SHADY GROVE AD 5. Sociel Security Number 6. 3		SPITAL e (In yrs. last b	Lath ata A	If Under 1 Year	ROCKVII			GOMERY	
Funeral Director			M 2□F	86	Yrs.	Months Days	Hours Min.	8. Dete of Bi (Month, D May 2	2, Year) 2, 1911	9. Birthple Count Virg	ece (Stete or Foreign
		Usuel Residence of Decedent		00				may 2	2, 1911	VILE	IIIIa
72 hours effer death with the Maryland natural, or frems 23a or 28s-1 show deal Evaning must be notified at		10e. State 10b. County		10c. City, To	wn or Loc	ation				10	d. Inside City Limits
1	tor	Maryland Montgom	ery	Germa	ntown	n					1 ☐ Yes 2√€ No
or 28	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Count	ry?
23a	aic	19611 Crystal Ro	ck Drive			2087	4		Amer	American	
15	Funeral	11. Maritel Status	12. Wes Decedent Armed Forces?	Ever in U,S.	13. W	as Decedent of H	fispento Origin? (S en, Mexican, Puer	pecify Yes or N	Specify		
el", or Items 23s or 28s-f show Examiner must be notified at		1 Never Married 2 Married	1 ☐ Yes 2121			☐ Yes 2X No	Specify:				
"natural", adical Ext	d by	3⊠ Widowed 4 □ Divorced	Yeer or Dates:					W		te	
	Completed	15. Decadent's E (Specify only highest gre	ducation ade com <i>pleted)</i>	160	e. Decede	int's Usuel Occup ind of work done	cupetion ne during most of working tired)		16b. Kind of B	usiness/Indi	ustry
then	d L	Elementery/Secondary (0-12)	College (1-4or 5	5+)		borer	u)		Farm		
d other evant, t		17. Fether's Name (First, Middle, Last,)		По	ibolei	18. Mother's Na	ne (First, Middle	, Maiden Suman		
ked c	To Be	Arthur Jenkin	S				Mary Marga		et Mum	aw	
1 and 2 should be filed Health and Mental Hygisem 27 is marked other other traumatic event,	-	19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street					-		State, Zip	Code) 46545	
		Norman E. Jenkin	s - Son				ann Stre				
		20e. Method of Disposition	20b. Place of Disposition (Name of cametery, cremetory or other place) Metropolitan Crematorium					Dete	20c. Location	City or Tov	vn, Stete
int: If		1 ☐ Burial 2 ☑ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification 5 ☐ Other (Specification 2 ☐		Metr	opo1	itan Cre	matorium				Virginia
important: any injury once.		21. Signature of Funeral Service Licer	isee 0			Neme end Addre				.c.anurra, viiginia	
Important: I any injury o		Olin Th) oleswat	th	01	in L. Mo	lesworth	, P.A.,	Funeral	Home	
		23a. Pert1. Enter the diseese, or com shock, or heert failure. List only	dications thet caused	the deeth. Do	not enter	the mode of dyir	e Road, ng, such es cardie	or respiretory	s, Maryl		20872-0117 Approximete
sician		SHOOK, OF HEER FAILURE. LIST ONly	One cease on eech iii	110.						I	Intervel Between Onset end Deeth
edicai		Immediate Ceuse (Finel disease or condition	Av	xy +1	am	10				in	in to e
miner		resulting in death)	0	Dueto (or es e	consequ	ence of):					moores
, te	ine		tion				Horz		ours		
physician and s the buriel-transit	Examine	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	0.	Due to (or es e		ence of):					
burie		Ceuse (Diseese or injury	С.								
s the	/Medical	thet initieted events resulting in death) Last			i						
Se esn											
o d	Physician								000 014 44 44 44 44 44 44 44 44 44 44 44 44 4		
by the teched	hys	Part II. Other eighticant conditions of	ontributing to death bi	buting to death but not resulting in the underlying cause given In					23b. Did tobecco use contribute to the		
88	by P	Epstapis -	Severe					10	Tes 2LINO	3 Probl	ably 4 Unknown
n sign uld be		EVA							s en eutopsy	re eutopsy findings	
s peen si	piet	CV/4						реп	ormed?	com	ileble prior to apletion of cause eeth?
ate has page 2	Completed							1	Yes 2 No		Yes 2□ No
or,	Bec	25. Wes case referred to medical					26. Plece of De		/ /		100 20110
	To E	exeminer? 1 Ves 2 No	Hospitel: 1 ☐ Inpatie	nt 2 VER/C	Outpetient	3□ DOA Oth	or.		idence 8 700th	ner (Specify	ER
After this funeral d		27. Manner of Deeth 1 Naturel 5 Pending	28e. Dete of Injur	y Year) 28b.	Time of Injury	28c. Injur Wor			how injury occur		
the fu	atic	2 Accident Investigation	1	, , , ,	,,		Yes 2 □ No				
Diractor:	Certification:	3 Suicide 6 Could not be determined	28e. Place of Inju- building, etc		farm, stree	et, factory, office		28f. Location City or To	(Street and Numb wn, State)	ber or Rurel	Route Number,
= = = = = = = = = = = = = = = = = = =									or Town, Stete)		
Funeral stely filled	edical	(Check only 2 Medical Exer	ysician: To the best on the basis of	examination e	e, deeth ond/or inve	occurred et the tirestigetion, in my o	me, dete end pleca pinlon, deeth occu	, end due to the	ceuse(s) end me	enner es ste	eted. the cause(s)
To the Funeral C completely filled	Med	one)	end menner sta	ited.		29c. Licens	100				
200		29b. Signeture and title of certifier							29d. Date signe		
		A mon	+5-a	2	MC		47409		Novemb	per 2	8 1997
		and my	ompleted cause of de	eeth (Item 23e)	(Type, P	rint)	Dadle	, m	1-	1	1.6.6
01		30 Carofiled (Month, Day, Year)	ICAI CE	nter or's Signature	Ln	ve t	Pockvil	ie, III	arylar	nd c	20850
Sta Regist		DEC 0 1 1997 9	32. Registre	Rock					/		
- 3		0		call							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 20236

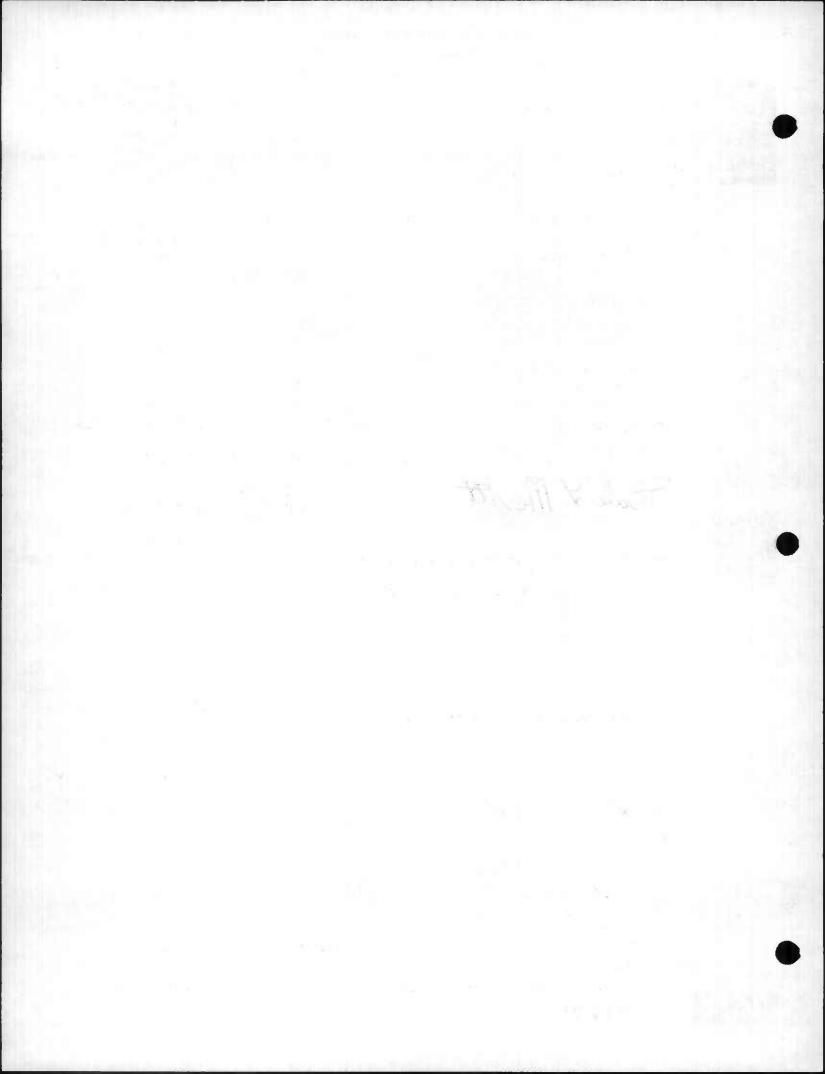
					Certific	ate of	Death	F	Reg. No.	332	. 0 0	
Di		1. Decedent's Neme (First, Middle, L	.ast)	A STORY				2. Dete of Dee	th		Time of Death	
Physician Medical/		Shirley Virg	inia Ke	ern				Novembe	er 26.	Yeer 1997 6	50 A.M	
Examiner		4e. Fecility Name (If not Institution, g				4	4b. City, Town, or	Location of Deeth				
		Frederick Memor	rial Hospit	tal			Frederic	ck	Frede	rick		
uneral		5. Sociel Security Number 6.		ge (In yrs. last	Mon	nder 1 Year ths Deys	If Under 24 Hrs Hours Min		Year)	9. Birthplece (Country)	State or Foreig	
irector		233-50-9653	72 W 2X 1	71	Yrs.			Sept. 5,	1926	West Vi	rginia	
2	-	Usuel Residence of Decedent 10a. Stete 10b. County		10c, City, To	own or Location					10d In	side City Limit	
S S	5										Yes 2 N	
be notified	3	Md. Washing	gton	Knox	ville	Zip Code			log. Citizen of V		X	
Examination 23a or 28a-f show Examination at the notified at the Primaral Director	5		august Dand									
r items 23.	5	1137 Harpers Fe	12. Wes Decedent	Ever in U.S.		21758	5 f Hispanic Origin? (Specity Yes or uben, Mexicen, Puerto Rican, etc.)			ISA e - American Inc	tien	
free m		1 ☐ Never Married 2 ☑ Married	Armed Forces					to Rican, etc.)	Bled	ck, White, etc.	31011,	
natural, or	2	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1 🗆 Y e	s 2 No	Specify:		Specify	White	,	
		15. Decedent's I	Education	16	Se. Decedent's	Jsuel Occup	etion		16b. Kind of Bu	will Ut		
f, the Medical	2	(Specify only highest g Elementery/Secondery (0-12)		on mpleted) College (1-4or 5+) 16e. Decedent's U (Give kind of life. DO NO)			during most of wo d)	rking				
4	5	5	College (1-40)	J.,	Housew	ife			Homema	ker		
To Be Comp		17. Fether's Neme (First, Middle, Las	st)				18. Mother's Ne	me (First, Middle,				
other traumatic event, the Medical		Raymond Fry	Mable	V. Dillo	W							
emn.		19e. Informent's Neme/Relationship	ress (Street		u <i>ral Route Numbe</i>		Stete, Zip Code)				
T. C.		Robert W. Kern -	Son		1137 H	arpers	Ferry F	Road - Kn	oxville	MD 21	758	
		20a. Method of Disposition		20b. Pleca	of Disposition tery, cremetory	(Neme of or other plea	ce)	Dete	20c. Location -	City or Town, S	tete	
any Injury or other tr once.		1 Buriel 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spec			les Mar		-	11/29/97	Sharns	huna M	arvlan	
분		21. Signeture of Funerel Service Lice	ensee	Junip	22. Nem	e end Addres	ss of Fecility			burg, m	arylan	
any Ir		PIHT	P		Eac	kles-S	pencer F	uneral H / 25425-0	lome			
	+	23a. Part1. Enter the diseese, or co shock, or heart feilure. List orfi	plicetions that cause	the death. D	e not enter the	pers F	erry, W	/ 25425-0	028	Annr	ovimete	
cian	П	shock, or heart feilure. List orff	y one cause on each li	ne.						Inten	oximete vel Between at end Deeth	
licai		Immediete Ceuse (Finel	50.1								- 1	
iner	1	disease or condition resulting in deeth)	e. 30ps	Sup to /or on	e consequence	-0.					1-2 day	
e e	5		11				0 01.1	1		1 2	41	
fel-transit		Sequentially list conditions.	b. Orthan	Due to (or es	Small e consequenca	of):	COSI	rychor	,	1 2	iny	
He X		Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury	11.10	1.4.5	Halige		(T	Unknown		7	-	
Medical	3	Ceuse (Diseese or Injury thet Initieted events resulting In deeth) Last	MUKUOM)	3-	Syvs						
Wed Tee		resulting in doorn Last								1		
			d									
detached for us	1	Pert II. Other significant conditions	contributing to death b	ut not resulting	in the underlyi	ng cause give	23b. Did tobacco use contribute to the cause			ause of death		
Phy										3 Probably	4 Unknow	
مَ 8										т		
should t								24e. Wes e	n autopsy med?	24b. Were au evelleble	prior to	
- I m										completi of deeth	on of ceuse	
2 2 9								1 🗆 Y	es 20 No	1 ☐ Yes	2□ No	
page 2 s	3						26. Piece of De	eth (Check only or	ne)			
Page 2		25. Wes case referred to medical	1.1. 1. 1. 1	ent 2 ER/	Outpatient 3	DOA Othe	er: 4 Nursing H	lome 5 Reside	ence 6 Othe	er (Specify)		
director, page 2	3	25. Wes case referred to medical exeminer? 1 Yes 2 No	Hospitel: 1 Inpatie	0.01	. Time of	28c. Injun	y et k?	28d. Describe h	ow Injury occurr	red		
To Be Comp		exeminer? 1 Yes 2 No 27. Menger of Death	1 Minpatie	y Year) 280	Injury							
To Be Comp		exeminer? 1 Yes 2 No 7. Menper of Death 1 Naturel 5 Pending 2 Accident Investigation	28e. Dete of Inju (Month, De	y Year)	Injury M	2 Accident Investigation M 1 Yes 2 No 3 Suicide 6 Could not be determined be determined by the suicide 28e. Pleca of Injury - At home, farm, street, fectory, office						
cation: To Be Comp		exeminer? 1 Yes 2 No 7. Menper of Death 1 Naturel 5 Pending 2 Accident Investigation	28e. Dete of Inju (Month, De	ury - At home,	М		Yes 2□No	28f. Location (Si		er or Rural Rout	e Number,	
cation: To Be Comp		exeminer? 1 Yes 2 No 27. Memper of Death 1 Naturel 5 Pending Investigative 3 Suicide 6 Could not	28e. Dete of Inju (Month, De		М		Yes 2□No	28f. Location (S City or Town		er or Rural Rout	e Number,	
tha funeral director, page 2 cation: To Be Comp		exeminer? 1 Yes 2 No 27. Menper of Death 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not determined 29a. Certifier 1 Certifying P	28e. Dete of Inju (Month, De	ury - At home, c. (Specify)	farm, street, fed	ctory, office	ne, dete end place	City or Tow	n, State)	nner es steted		
cation: To Be Comp		exeminer? 1	28e. Dete of Inju (Month, De on 28e. Pleca of Inju building, et	ury - At home, c. (Specify) of my knowled	farm, street, fed	red et the tim	ne, dete end plece pinion, deeth occu	City or Tow	n, State)	nner es steted		
cation: To Be Comp		exeminer? 1 Yes 2 No 27. Menper of Death 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not determined 29a. Certifier (Check only) 1 Yes 2 No 5 Pending Investigation determined	28e. Pleca of Inju (Month, De bed 28e. Pleca of Inju building, et	ury - At home, c. (Specify) of my knowled f exemination of ated.	farm, street, fed ge, deeth occur and/or investige	red et the tim tion, in my op 29c. License	ne, dete end plece pinion, deeth occu e number	City or Town	euse(s) end ma lete end plece, s	nner es steted. end due to the c	euse(s)	
cation: To Be Comp		exeminer? 1	28e. Pleca of Inju (Month, De bed 28e. Pleca of Inju building, et	ury - At home, c. (Specify) of my knowled f exemination of ated.	farm, street, fed ge, deeth occur and/or investige	red et the tim tion, in my op 29c. License	ne, dete end plece pinion, deeth occu e number	City or Town	euse(s) end ma lete end plece, s	nner es steted. end due to the c	euse(s)	
ma funeral director, page 2		exeminer? 1	28e. Dete of Inju (Month, De on be 28e. Pleca of Inju building, et on the best miner: On the best on end menner str	ury - At home, c. (Specify) of my knowled f exemination of ated.	farm, street, fed ge, deeth occur and/or investige	red et the tim tion, in my op 29c. License	ne, dete end plece pinion, deeth occu e number	City or Town	euse(s) end ma lete end plece, s	nner es steted. end due to the c	euse(s)	
pletaty filled in by the funeral director, page 2 edical Certification: To Be Comp		exeminer? 1 Yes 2 No 27. Menper of Death 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not determined 29a. Certifier (Check only one) 29b. Signeture end title of certifier	28e. Dete of Inju (Month, De	ury - At home, c. (Specify) of my knowled f exemination of ated.	farm, street, fed ge, deeth occur and/or investige	red et the tim tion, in my op 29c. License	ne, dete end plece pinion, deeth occu e number	City or Town	euse(s) end ma lete end plece, s	nner es steted. end due to the c	euse(s)	



State of Maryland / Department of Health and Mental Hygiene

							Certif	ficate (of D	eath			Reg. N	0.	J .	120	1
Phys	cian	1. Decedent's Neme (Firs				911			77			2. Dete of D Month		ev	Yeer	3. Time	of Death
	dical	OPAL LOUI		ING								DECEM		12 1	997	8:2	0 AM
Exam	niner	4e. Fecility Neme (If not in MEMORIAL HC			number)					. City, To		ocation of Dee D	th 4		of Death		
Funer Directo		5. Social Security Number 218–26–8642	1	ex I□M 2√F		(In yrs. last birt) 67		Under 1 Y lonths De		H Under: Hours	24 Hrs. Min.	8. Dete of B	irth lay, Yea 19	29	9. Birth	plece (Stete LAND	or Foreign
nylend		Usuel Residence of Dece 10e. Stete 10b.	County		1	10c. City, Town	or Locati	ion								10d. Inside (City Limits
Be-f	oto	MARYLAND	ALLEG	ANY		CUMBI	ERLAN	ID								1 Yes	2 □ No
vith th	Director	10e. Street and Number	amp n	nm.				10f. Zip Cod							Whet Cou	ntry?	
eath v	eral	319 BEDFORD	STRE	12. Was De	andont Fu	or in II C	12 M/oc		.502		-1-0 (6-	acife Van an N		U.S.		non Indian	
at yiding X.I.Z. i 3-00.Z.O. should be filled within 72 hours efter death with the Menyland and Mental Hygiene. I Hygiene I Hygiene I Hygiene Pale when the marked other than "netural", or items 28e or 28e-f show urmatic event, the Medicial Examiner maint be notified at	i by Funeral	1 Never Married 2 3 Widowed 4 XD		Armed	Forces? 2 2 No Sive			13. Wes Decedent of Hispenic Origin? (Specify Yes of If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2XXNo Specify:								etc.	
mit. Pages 1 and 2 should be filed within 72 hours of pages 1 and 2 should be filed within 72 hours of pagement of health end whenlat hygiens. Properties it flem 27 is marked other than "natural", or y injury or other traumatic event, tra Maulical Example Injury or other traumatic event, tra Maulical Example.	Be Completed	15. D (Specify only Elementery/Secondary		ide complete	d) (1-4or 5+)		Decedent (Give kind life. DO	ont's Usuel Occupetion ind of work done during most of working O NOT use retired)					16b.	Kind of B	usiness/in	dustry	
filed withi Hygiene. other than	Con	12			(1 10.01)		SING	ASSIS	STAN	IT			N	URSI	NG		
permit. Pages 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, tra M.	To Be	17. Fether's Neme (First, I										e (First, Middle ADYS SI			ne)		
2 sho end is me		19e. informent's Neme/Re	elationship (Type, Print)		19b.	Meiling A	ddress (St	reet en	d Numbe	r or Aur	al Route Numi	ber, City	or Town,	State, Zij	Code)	
1 and 2 Health e		ETTA O. JAC			DAUGH	TER 319				REET	CUM					21502	
Pages 1 nent of H int: If ite		20a. Method of Disposition 1 ☐ Burial 2 ☐ Crer 4 ☐ Donetion 5 ☐ C	netion 3		n Stete	20b. Place of cometers CUMBERI	y, cremeto	ory or other	plece)		rc 1	Dete 2 1997				own, Stete IARYLA	ND
permit. F Departme Importan any Injur	a l	21. See ture of Funeral S		,	, ,	COLIDERA		ame end Ad				2 1771	GOII	DLKL	AND 1	LIKI LA	ND
Ded de la grand de		0	9	Mar	91	-					*	AL HOME	Ξ				
		23a. Pert1. Enter the dise	ese, or com	plications the	caused th	ne death. Do n	404 ot enter th	DECAT	CUR- dying,	STRI such es	Cardiec	CUMBERI or respiretory	JAND errest,	-MAR	YLANI	Approxime	te
Physicla	n	shock, or heart feitur	e. List only	one cause or	each line.										i	Onset end	tween Deeth
/Medica	ı I	Immediete Ceuse (Finet diseese or condition		Lar	ao Co	11 Lung	· Con	2002							ļ.	hron	Month
Examine		resulting in deeth)		e. Lal	-	ue to (or es e c										hree	MOILLII
ed sit	line			b. Bac	teria	1 Pneur	monia	ı							- 0	ne We	ek
end end	Examiner	Sequentially list condition if any, leeding to immedia cause. Enter Underlying Ceuse (Disease or Injury	s, te		Du	ue to (or es e c	onsequen	ca of):									
sician bunie		Cause. Enter Underlying Ceuse (Disease or Injury that initiated events	~	c											i		
certificate be executed ding physician and se es the bunel-transit	Medical	resulting in deeth) Lest Due to (or es e consequence of):															
6 3	Physician	Date On the Man										1					
that the de ed by the e	hysi	Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I.								23b. Did tobacco use contribute to the ceuse of de							
igned b	by P	Chronic	Chronic Obstructive Pulmonary Disease.									182	Yes	2□ No	3 Pro	Dabiy 4	Unknown
lew requires that the death es been signed by the etter 2 should be detached for	ed t											24a. We	s en eut	opsy	24b. W	ere eutopsy eliable prior	findings
hes begge 2 sho	Completed								_			pen	OI NOO?		of	mpletion of deeth?	cause
The ate h	Eo											10	Yes 2	No	11	☐Yes 20	No
Physician: The rthis certificate and director, page	Be (25. Was case referred to a exeminer?	medical						2	26. Plece	of Deetl	h (Check only	one)				
	2	1 ☐ Yes 2 No			Inpatient		tpetient :	3□ DOA	Other:	4 🗆 140	rsing Ho	me 5 Res	Idence	6 □Oth	er (Speci	(y)	
auth. Ar: After this	Certification:	2 Accident	Pending Investigation	1	e of Injury onth, Dey Y	/ear) 28b. Ti	njury		Injury e Work? 1 □ Ye	et es 2⊡1		28d. Describe	how inj	ury occur	red		
al or Atte	Sertific	3 ☐ Sulcide 6 ☐ 4 ☐ Homicide	Could not be determined	28e. Plac buil	ca of Injury ding, etc. (- At home, fan (Specify)	m, street,	factory, off	ica			28f. Location City or To			ber or Run	el Route Nur	nber,
To the Hospital or Attending P within 24 hours after death. To the Funeral Director; After t completely filled in by the funeral	edical (29a. Certifier 1 C (Check only 2 M	ertifying Phedical Exan	niner: On the	ne best of r basis of ex	ny knowledge, ke <i>m</i> inetion end d.	deeth oc	curred et th	e time, ny opin	, date end nion, deet	d plece, th occurr	end due to the red et the time	ceuse(, date er	s) end <i>m</i> e nd pleca,	enner es s end due t	teted. o the cause(s)
withir To th	Me	29b. Signature and title of	continu					29c. Lic	ense r	nu <i>m</i> ber			29d. D	ate signe	d (Month,	Dey, Yeer)	-
3		14/	M	_ 10					434	97				DEC	912	,199	7
nus		30. Name and address of DANIEL LEI		I.D., M	IEMOR:	IAL HOS			TE	400.	CIIM	BERI.AN	D . M	D 2	1502		
S Regis	tate trar	31. Date filed (Month, Day DEC 1 2	Year)	# 32.	Registrar's	s Signature				,	202		- , - 6		2302		
				4													

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Dacedent's Nama (First, Middle, Last) 2. Date of Death November 23, 1997 12:30 PM Anna Virginia LAWSON 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Frederick 5722 Mains Lane Frederick If Under 1 Yaar If Undar 24 Hrs. Months Days Hours Min. 5. Social Security Number 8. Date of Birth Month Day Year) April 6, 1923 Maryland 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign Months 1 ☐ M 2 💢 F 220-16-4170 74 Yrs. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Frederick Frederick Maryland 10g. Citizen of What Country? U.S.A. 10e. Street and Number 10f. Zip Code 5722 Mains Lane 21704 12. Was Dacadent Ever in U,S. Armed Forces? 1 ☐ Yes À ANo If Yes, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American indian, Black, White, etc. 1 ☐ Navar Marriad 2 ☐ Married 1 Yes XXNo Specify: Specify: White 3 X Widowad 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Assembly Electronics 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) THOMPSON Mary KUSSMAUL John 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code, Mrs. Sylvia D. Richendollar, Day. 5722 Mains Lane, Frederick, Maryland 21704 20b. Place of Disposition (Neme of commetery, crematory or other place) Resthaven Memorial Gardens, Nov. 26, 1997 Frederick, Md. 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Servica Licenses 22 Name and Address of Facility Tord P.A. Funeral Home M00255 106 East Church St., Frederick, Md. 21701 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death CVA (Ceetro Vascular Acada Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events rasulting In death) Last Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? multilyaret of 2X No 3 Probably 4 Unknown 1 ☐ Yes 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy 1 Yes 1 ☐ Yes 2 ☐ No 28. Place of Death (Check only one) Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending Investigation 2 Accident 1 Yes 2 No 3 Suicide 28e. Place of Injury - At home, farm, street, lactory, office building, etc. (Specify)

Examiner The law requires that the death certificate be executed pue buriel-tren Division of Vital Records, P.O. Box 68760, Physician/Medical the USB as signed by the et d be deteched for þ Completed this certificate has or Attending Physician: efter deeth. Director: After this certifica funeral director. Be Certification: To completely filled in by the

Physician

/Medical

Examiner

Funeral

Director

"natural", or Items 23a or 28a-f show edical Examiner must be notified at

Peges 1 and 2 should be filed within 72 hours after c near of Health and Mental Hygiene. mt: If item 27 Is marked other than "natural", or Ner my or other traumatic avent, Its Medical Experimany

permit. Pege Department of Important: If any Injury or

Physician

/Medical Examiner

Baltimore, Maryland 21215-0020

Director

Funeral

Completed by

Be

0

the Maryland

death with

25. Was case referred to madicel examiner?

1 Yes 2 No

6 ☐ Could not be

28l. Location (Street end Number or Rurel Route Number, City or Town, Stete)

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifian

4 Homicide

29a. Certifier (Check only one)

A Hysain

29c. License number D 46861

29d. Date signed (Month, Day, Year) November 24, 1997

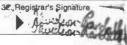
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

195 Thomas Johnson Drive, Frederick, Maryland 21702 Naaz Hussain MD 31. Date filed (Month, Dey, Year)

State Registrar

Medical

ההחה ה

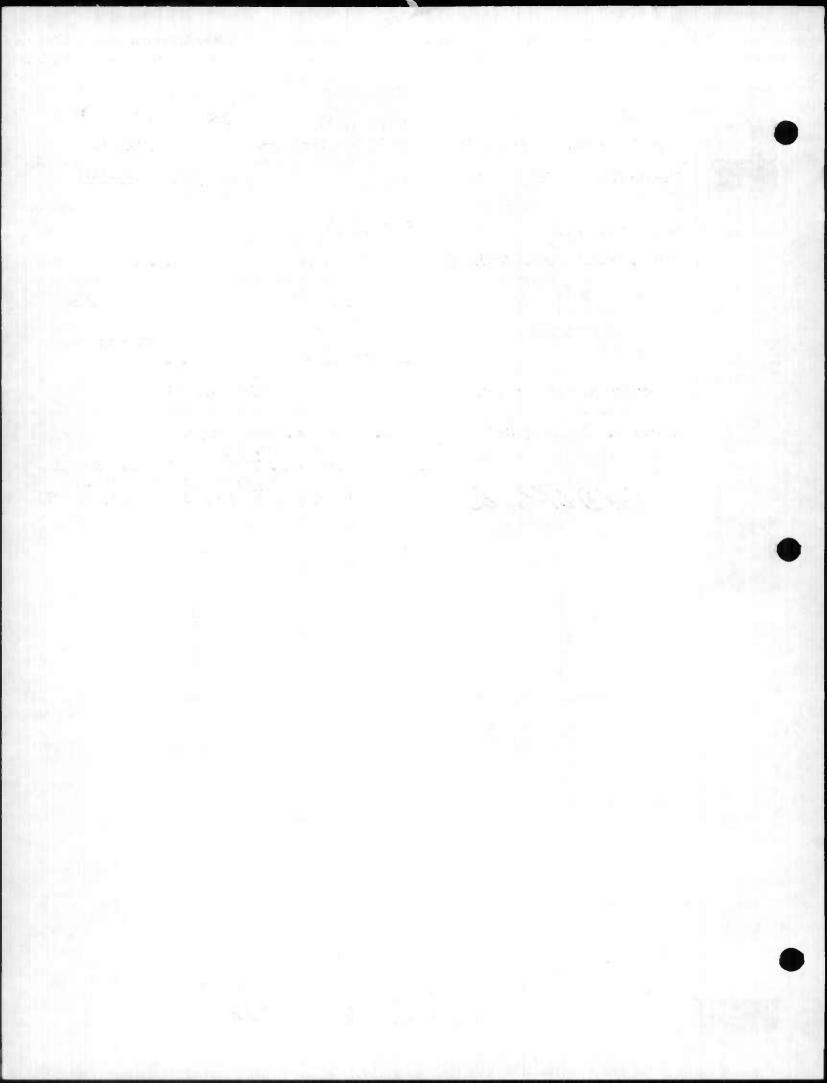


DHMH 16 Rev 6/95

Hospital 24 hours 24 hours e

To the Within 2 To the

		Decedent's Nema (First, Middle	o, Last)		Cer	tificate of	Dealli	2. Dete of De	Reg. No.	3. Tima of De	
Physici Medic		Albert						Month DEC.	Day 13, 15	Yeer 2.30	
Examin	er	4a. Facility Name (If not institution Charlotte Hal					4b. City, Town, or Charlott			of Deeth Marv's	
uneral irector		5. Social Security Number 579–14–0596	8. Sex 1 M 2 □ F	7. Age (In yrs. 75	. last birthdey) Yrs.	If Under 1 Yeer Months Deys	If Under 24 Hr: Hours Min	s. 8. Date of Bi	rth ev. Year)	9. Birthplace (State or For Country). Virginia	
*		Usual Residence of Decedent 10a. Stete 10b. County		10c. C	ity, Town or Loc	eation				10d. Inside City L	
28a-f show	tor	Virginia Arling	ton		Arling					1 ☐ Yes &	
or 28a-f	irec	10e. Street end Number	COLL		122119	10f. Zip Code			10g. Citizen of V		
23a c	al D	822 S. Veitch	Street			2		U.S.A			
to Health end Mentel Hygiene. If item 27 is marked other than "natural", or Itema 23a or 28a-f show or other traumatic event, the Medical Examinational Be notified.	by Funeral Director	11. Marital Stetus 1 ☐ Never Married 2 ☐ Marri 3 ☐ Widowed 4 ☐ Divorcad	Armed Fo	2 □ No /e	J,S. 13. V	Specify	e - American Indian, ck, White, etc. White				
	Be Completed	15. Decedent (Specify only highes			16e. Deced	ant's Usual Occup	pation during most of we	orkina		usiness/industry	
	mpi	Elementary/Secondary (0-12)	College (1	I-4or 5+)			t's Usual Occupation of of work done during most of working NOT use retired) A/P Retired			overnment	
	Co	17. Father's Name (First, Middle, I	Last)		Citter	A/P REC	1	ame (First, Middle	U.S. Na	-ds	
	To Be	17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sui Ethel Lee Selph								,	
s mar sumet	-	19a. Informent's Name/Relationsh	per, City or Town,	Stete, Zip Coda)							
em 27 is other trau		Frances P. Lumpkin (Wife) 822 S. Veitch St. Arlington, VA 22204 Oa. Method of Disposition (Name of Dec Date 20c. Location - City or Town, State									
Depertment of Health Important: If item 27 any injury or other to once.		20a. Method of Disposition 1	3 □Removal from	State	cematary, crem	atory or other ple	,	Date			
		4 Donation 5 Other (Sp	ecity)	Aı	_		al Cem.			ton Virginia	
Important: any injury once.		21. Signature of Funaral Service L	Hon	1	60	633 Old .		ia Ferry	Rd Cli	e, Inc. nton, MD 207	
sician ledical		23a. Part1. Enter the diseesa, or shock, or heart failure. List of Immediate Cause (Finel	only one cause on e	ach line.				ec or raspiretory e	errest,	Approximate interval Betwee Onset and Dee	
miner		disease or condition resulting in death)	a			, Preum	onia			3 d.	
	ner				or as a consequ					3 d .	
iransi	Examiner	b. Due to (or and consequence of):									
physician end the buriel-transit	E	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated evants resulting in daath) Last Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
physi s the	dical										
nding use esu	NW.		d								
d for	icia	Pert ii. Other aignificant condition	ne contributing to de	tributing to death but not rasuiting in the underlying cause given in Part I.					tohacco usa cor	ntributa to the cause of d	
by the	Physician/M				Juling in the on	donying oddso gn	voir iir r air i.			3 Probably 4- Uni	
been signed by the ettending p should be detached for use es	þ	Prostate	ana	r.	-						
hould	eted							24a. Was perfe	an autopsy ormed?	24b. Wara autopsy find evailable prior to completion of caus	
S CA	Completed									of deeth?	
certificate hes rector, page 2	င္ပ	25. Was casa referred to medical					U. 200012		Yes & No	1 ☐ Yes 2 ☐ No	
	To B	examiner?	Hospital:	nnationt 2	ER/Outpatient	3□ DOA Oth	nor:	nath (Check only Home 5 ☐ Res		or (Snacihi)	
프 교		27. Manner of Deeth	28e. Date		28b. Time of	28c. Inju			how injury occur		
ctor: After y the funer	atio	1√□ Natural 5 □ Pending investig	ation	n, Dey rear	Injury		Yes 2 □ No	23. 2300 not not rijer, severiou			
i Director:	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide datarmii	and 200 Placa	of injury - At h ng, atc. (Special	ome, farm, stre	et, factory, office			ion (Street end Number or Rural Route Number, r Town, Stete)		
To the Funeral Director: completely filled in by the	edicai (29a. Cartifier (Check only one) Cartifying 2 Medical E	Phyaiclan: To tha examinar: On the ba and mann	bast of my knousis of examination stated.	owledga, daath ation and/or Inve	occurred at tha til astigation, in my o	ma, data and plac opinion, death occ	e, and due to tha urred et tha time,	cause(s) end me date and placa,	enner as steted. end due to the ceusa(s)	
omp	Me	29b. Signature and titla of cartifier				29c. Licens			29d. Date signer	d (Month, Day, Year)	
		1 /12	Di.		7		45365			-13-97	
		30. Name end eddress of person w	the complated caus	e of deeth (Iter	m 23a) (Type, F	Print)	Rd H bi	ft wa	slington	mn 2= 744	



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle | ast) 2. Dete of Deeth 3. Time of Deeth **Physician** Dev Vee LESLIE HOWARD LEATHERMAN DECEMBER 14 1997 7:00 AM /Medical 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 305 PENNSYLVANIA AVE. CUMBERLAND ALLEGANY If Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) **Funeral** Birthplece (State or Foreign Country) Deys Months 17 M 2□ F 218-40-3369 54 Yrs. Director JUNE 13 1943 MARYLAND Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show event, the Medical Examiner naust be notified at 1 ☑ Yes 2 ☐ No MARYLAND ALLEGANY CUMBERLAND Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 21502 U.S.A. 305 PENNSYLVANIA AVE. 234 Funeral Heme 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Maritel Status 14. Race - American Indian. Bleck, White, etc. 72 hours after 1. Ves 2 No If Yes, Give Yeer or Dates: US ARMY 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 'natural', or 1□ Yes 2√ No Specify: by Specify: WHITE 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filled within 7 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "n any injury or other traumatic event, to a Mexicological. Elementery/Secondery (0-12) College (1-4or 5+) EQUIPMENT OPERATOR CUMBERLAND FIRE DEPT. 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be MAHLON ALSTON LEATHERMAN 2 LORRAINE ALPHA CLAYTON 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SUE CAROL LEATHERMAN WIFE 305 PENNSYLVANIA AVE. CUMBERLAND MARYLAND 21502 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) Dete 20c. Location - City or Town, SteteR FD 1 NBuriel 2 Cremetion 3 Removal from State ROCKY GAP VETERANS CEMETERY DEC16 1997 FLINTSTONE MD. 4 Donetion 5 DOther (Specify) 22. Neme end Address of Fecility MERRITT-ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAND MARYLAND thet caused the death. Do not enter the mode of dylng, such as cerdiec or respiretory errest, on each line. Pert1. Enter the diseese, or com shock, or heart failure. List only Approximate Intervel Between Onset and Deeth **Physician** Immediate Cause (Figal disease or condition resulting in death) /Medical Examiner Due to (or es e consequence of) Physician/Medical Examiner The lew requires that the death certificate be executed physician end the burief-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequence of) Box 68760. thet Initiated events resulting in deeth) Lest Due to (or es e consequence of): USB BS ed by the e P.O. Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert II. 23b. Did tobacco use contribute to the cause of death? signed by the 2 No 3 Probably 4 Unknown Records, by Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings aveilable prior to completion of cause of death? certificate hes page 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 A Residence 6 Other (Specify) 2 1 Yes 2 No this funeral 27. Menner of Deeth 28c. Injury et Work? 28a. Dete of Injury (Month, Day Year) Certification: 28d. Describe how Injury occurred After Division or Attending 5 Pending investigation 1 Neturel efter death. Director: Af 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 2 4 Homicide filled in To the Hospital of within 24 hours a To the Funeral C completely filled 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date end plece, and due to the cause(s) end manner stated. 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) wan MY D 25406 DECEMBER 15 1997 Wan mes 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 47 VIRGINIA AVE CUMBERLAND MARYLAND DR. WILLIAM LAMM 31. Dete filed (Month, Dey, Year)
DEC15 1997 State Registrar

Fale & Mersitt

British A. Charles C. Lander P. C.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Anunded # 8, mgs Please State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Deta of Death 3. Time of Death Dec 9, 1997 **Physician** 3:00 a.m JOHN J. LOIBEL /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 924 BEDFORD STREET CUMBERLAND ALLEGANY 8. Data of Birth Month, Day, Ye Jun 15, 6. Sax 12 M 2□ F If Under 1 Year 5. Social Security Number 7. Aga (In vrs. last birthday) If Under 24 Hrs. Birthplaca (Stata or Foreign Country)
 MD **Funeral** Year 1915 Months Days Hours 214-07-2194 82 Director Usual Rasidence of Dacedani 10a. State 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Director MD Allegany Cumberland 1X Yas 2 No the 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò 924 Bedford Street 21502 USA or items 23a Funerai death 12. Was Decedent Evar in U,S. Armed Forces? 1 ∑Yes 2 ☐ No 11 Marital Status Was Dacedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian. Black, Whita, etc. 72 hours aftar 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: If Yas, Giva Yeer or Datas: WW II by 3 ☐ Widowed 4 ☐ Divorced white "natural", Completed 16e. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade completed) 16b Kind of Business/Industry should be filed within 7 and Mental Hygiana. Elamantary/Secondary (0-12) 12 Collega (1-4or 5+) Retired Bartender Knights of Columbus 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meidan Sumama) 12 should be fill h end Mental H John J. Loibel Fredricka Mae (Custer) 19a. tnforment's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Straat end Number or Rural Route Number, City or Town, Stata, Zip Code) ages 1 and 2 nt of Heelth e If Itam 27 is Alverna A. Loibel--wife 924 Bedford Street; Cumberland, MD 21502 20b. Place of Disposition (Nema of cematary, cramatory or other place) Pages 1 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Crametion 3 □ Ramoval from Stata permit. Page Depertment of Important: If any Injury or SS Peter Paul Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 12/13 Cumberland, MD 21 Signature of Funeral Service Licenses 22. Nama end Address of Facility
Scarpelli Funeral Home 23a. Part / Entar tha diseasa, or complications that caused the death. Do not entar the mode of dying, such es cardiac or respiretory errest, shock, or heert failure. List only one cause on each line. Approximate Interval Batw Onset and Deeth **Physician** /Medical tmmediata Causa (Final disease or condition rasulting in death) Examiner Dua to (or as a consequence of) Examiner physician and the buriel-transit that the daath certificeta be executed Sequentially llst conditions, if any, leading to immadiate causa. Entar Undarlying Ceusa (Disaasa or Injury that initieted evants resulting in daath) Last Due to (or es a consequance of) Box 68760. a Physician/Medical Dua to (or as a consaquance of) pula 50 attending ŏ Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. tha 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown signed l Records, by 24b. Were autopsy findings available prior to completion of cause of death? peen s Completed 24a. Was an autopsy has 1□ Yas 2 No certificate 1 Yes 2 No 25. Was casa rafarrad to medical axaminar? Be 26. Place of Deeth (Check only ona) Othar: 4 Nursing Homa 1 Yas 2€ No Hospital: 2 1 Inpatiant 2 ER/Outpatient 3 DOA 5 Residence 6 Other (Specify) this eral 27. Mennar of Death 28a. Data of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28c. Injury at Work? after daath.

Director: After d in by the funer After 1 Naturel 5 Panding Invastigation 1 Yas 2 No 2 Accident 6 Could not be datamined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 3 ☐ Sulcida 28e. Plece of tnjury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide within 24 hours a Hospital 15 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the ceuse(s) and menner es steted.

2 Medicat Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier pletaly (Check only one)

P.O. Division of Vital

> This State

8

29b. Signeture end this of certifie

Dr. John Mehanna; 902 Seton Drive; Cumberland, MD 32. Registrar's Signetura hotelson-Birrican

akno

30. Nama and addrass of parson who completed cause of death (Itam 23a) (Type, Print)

29c. Licansa number

D17526

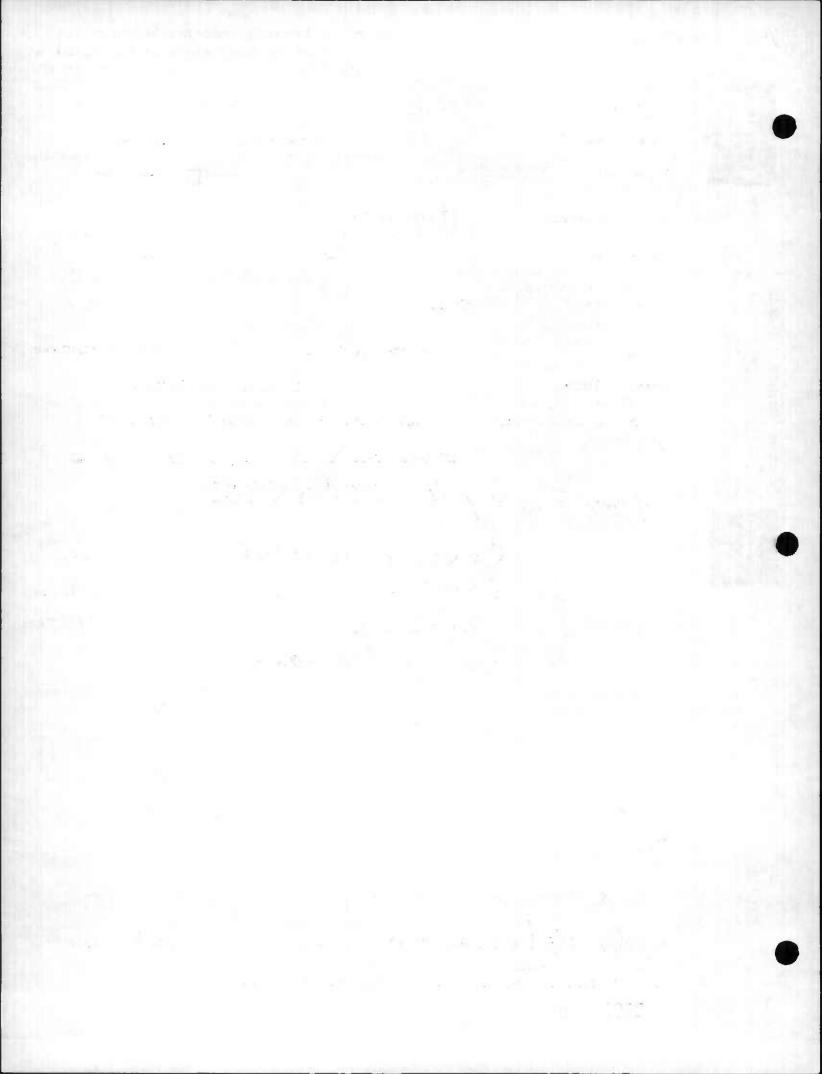
29d. Data signed (Month, Day, Year)

Dec.

21502

1997

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Max P. Miller December 5, 1997 3:00 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Mediplex of Montgomery Village Gaithersburg Montgomery If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) 6 Sex **Funeral** Birthplece (State or Foreign Country) 1⊠M 2□ F Months Yrs. 214-28-4510 66 Director Sept. 10, 1931 Virginia Usual Residence of Deceden Maryland 10a State 10b County 10c. City. Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1X Yes 2 No Director Maryland Montgomery Gaithersburg 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ö Items 23a 2 North Summit Avenue - #3 20877 American death Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Biack, White, etc. 11. Maritei Status 12. Was Decedent Ever in U,S. Armed Forces? 72 hours efter 1 ∑ Yes 2 □ No ff Yes, Give Yeer or Dates: 1953–55 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural, or 1 Yes 2 No Specify: Specify: White à 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry gas 1 and 2 should be filed within it of Health end Mental Hygiena. If Itam 27 is marked other than Elementery/Secondary (0-12) College (1-4or 5+) Landscaping Landscaping 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be John R. Miller Mamie Printz 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Ruth B. Woolwine - Sister 6409 Manor Woods Road, Frederick, Maryland 21703 20e. Method of Disposition 20b. Piace of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State Date permit. Pages 1
Department of H
Important: If Ital
any Injury or ot 1 Buriai 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12/8/97 Germantown Baptist Germantown, Md. 21. Signeture of Euneral Service Licenses 22. Name and Address of Facility Olin L. Molesworth, P.A., Funeral Home blicetions that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, one cause on each line. 20872 23a. Part1. Enter the disease, or com shock, or heart failure. List only Approximate Intervel Between Onset end Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) Metastatoc lung concer /Medical Examiner Due to (or as a consequence of) Examiner The lew requires that the death certificete be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last pue Due to (or as a consequence of): the burial-tran attanding physiclan for use as the buria Box 68760. Physician/Medical Due to (or es e consequence of): signed by the a P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Yes 2 No Records, à 24b. Were autopsy findings aveileble prior to Completed 24a. Wes an eutopsy completion of ceuse of death? page 2 s has 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificete Division of Vital Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4X Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA // safer dea. this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: or Attanding 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 ☐ Homicide To the Hospital within 24 hours a To the Funeral C completely filled Hospital edicai 1⊠ Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, end due to the ceuse(s) and manner es stated.

2☐ Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete end place, and due to the ceuse(s) end menner stated. 29e. Certifier (Check only one) 29b. Signeture and title of certifier. 29c. License number 29d. Date signed (Month, Dey, Year) D42518 December 5, 1997 30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

State Registrar 31. Date filed (Month, Dey, Yeer) 32. Registrer's Signature DEC 08

Gul Chablani, M.D.

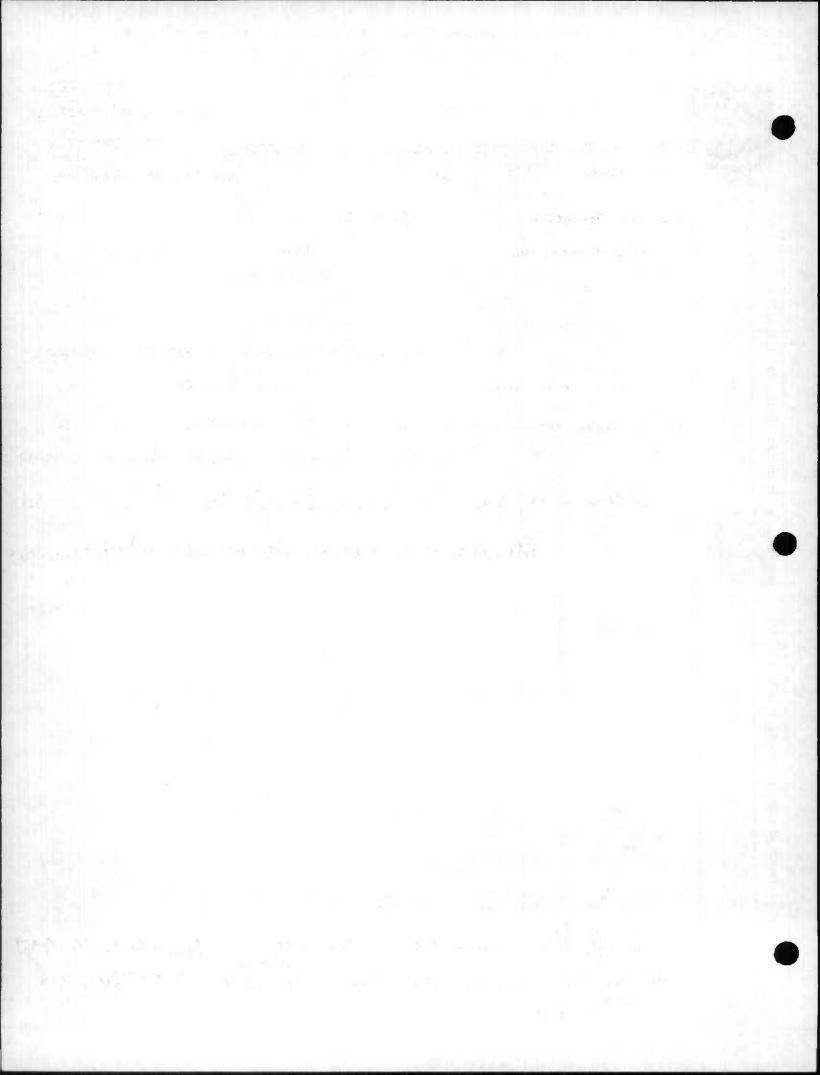
11119 Rockville Pike, Suite 316, Rockville, Maryland 20852

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Yaar **Physician** Karen Lynn Martin November 29, 1997 /Medical 4:00 AM 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL H Under 1 Year If Under 24 Ars. 8 Data of Birth
Months Davs Hours Min. (Month, Day, Year) MONTGOMERY Birthplaca (Stata or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1 M 2 F 212-62-7490 **Director** 38 June 6, 1959 New Jersev Usuel Rasidanca of Dacedant the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Exercises must be not led at 1 ☐ Yas 2 TNo Maryland Frederick Ijamsville Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21754 3128 Pheasant Run American Funeral 12. Was Decedant Ever in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status 72 hours eftar 1 ☐ Naver Marriad 2 ☑ Married 1 ☐ Yas 2 ☑ No If Yes, Giva Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Dacadant's Education (Specify only highest grade complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry al Hygiene. Collega (1-4or 5+) 4 Elamentary/Secondary (0-12) Private Contractor Environmental Consultant permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: If item 27 is marked oths any Injury or other traumatic event once. 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Grove Donna Jean Croft Walter Remle P 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 21754 3128 Pheasant Run, Ijamsville, Maryland Michael Burke Martin - Husband 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Data 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 12/02/97 4 ☐ Donation 5 ☐ Other (Specify) Mount Olivet Cemetery Frederick, Maryland 21. Signatura of Funeral Sarvice Licenson 22. Nama and Address of Fecility Olin L. Molesworth, P.A., Funeral Home oleswa lh 26401 Ridge Road, Damascus, Maryland 20872-0117 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximata Interval Batw **Physician** METASTATIC CECAL ADENOCARCINOMA Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner Dua to (or as a consequence of) Examiner physician and s the burial-transit be executed Saquantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence ot). Box 68760. Physician/Medical Dua to (or as a consequanca of): 98 USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. the 23b. Did tobacco use contributa to the cause of death? 1 Yae 2 No yd bengis 3 Probably 4 Unknown by 8 24b. Wara autopsy findings available prior to completion of cause of death? paga 2 should 24a. Wes an autopsy Completed Deen Sec certificate 1 ☐ Yas 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attanding Physician: 25. Was casa ratarrad to medical axaminar? Be 26. Placa of Death (Check only ona) 1 Yas 21 No Hospital: 1 Inpatlant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidanca 8 Othar (Specify) 2 this funeral 27. Mannar ot Death 28b. Tima of 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? After 5 Panding Invastigation 1 Natural 2 Accidant 24 hours efter death. 1 □ Yas 2 □ No 6 Could not be datarminad 3 Suicida 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, tarm, straat, factory, offica building, atc. (Spacify) 4 Homicida 10 Certifying Physician: To the bast of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as statad.
2 Medical Examinar: On the basis of axamination end/or invastigation, in my opinion, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar stated. 29a. Cartifian Medicai pletely (Check only one) within 2 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) CAROLYN HENDRINGS MM 9707 Mc 9707 MEDICA CONTER DR. HENDRICKS MI) 32. Registrar's Signature State

DHMH 16 Rev 6/95

Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Dete of Death 1. Decedent's Neme (First, Middle, Last) 0 ONR 4 Jr. 4a Facility Name (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death Hospita Year If Under 24 Hrs. 8. Date of Bight Dec. 14, Montgomery 1+0 CROSS 5. Social Security Number If Under 1 9. Birthplace (Stata or Foreign Country) Conn. Age (in yrs. last birthday) Days 100M 20 F 54 Yrs 345-34-7730 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Frederic's Purkittsville 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 1304 Arnoldstown Rd. 21718 U.S.A. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14, Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status 1 Yes 2 XNo If Yes, Give Year or Dates: 1 Never Married 2 N Married 1 Yes 2 XNo Specify: Specify: White 3 Widowed 4 Divorcad 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) federal College (1-4or 5+) Elementery/Secondary (0-12) gov't. epidemiologist 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Henry J. Malin Jr. Helen Mary Kuzemka 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Doris G. Malin (Wife) 1304 Arnoldstown Rd., Burkittsville, Md. 21718 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burlal 2 ☑ Cremation 3 ☐ Removal from State 4 Donation 5 Other (Specify) Smithsburg Crematory 11/29 Smithsburg, Md. 22. Name and Address of Facility Donald B. Thompson Funeral Home 21. Signature of Funeral Service Lig 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) meumouste Due to (or as a donsequence of) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): 23b. Did tobacco use contribute to the ceuee of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 3 Probably 4 Unknown 1 Yee 2 No 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of deeth? 2000 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury 27. Menner of Deat 28d. Describe how injury occurred 28b Time of 28c. Injury at Work? Natural 5 Pending investigation 2 No 1 Yes 2 Accident

29c. License numbe

ermanente

Examiner the burial-transit and certificate be axecu attanding physician Physician/Medical 88 980 Pop the . detached signed by þ 2 Completed certificata has Be To After this uneral Certification:

Physician

/Medical

Examiner

Director

Funeral

py

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72. Department of Health end Mental Hyglena. Important: If Item 27 is marked other than "na any injury or other traumetic event, the Media once.

Physician /Medical

Examiner

the Merylend

with 1

death

filed within 72 hours after

altimore, Maryland 21215-0020

Division of Vital Records. at or Attending P s after death. I Director: After i filled in by To the Hospital within 24 hours a To the Funerel C complately

> State Registrar

Medicai

Schoellmann

6 Could not be

3 Suicide

29a. Certifier

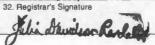
4 Homicide

(Check only one)

30. Name and address of

29b. Signature and title of certifie:

Bong + Scholl 31. Date filed (Month, Day, Year)



erson who completed ceuse of death (Item 23a) (Type, Print)

KAISER

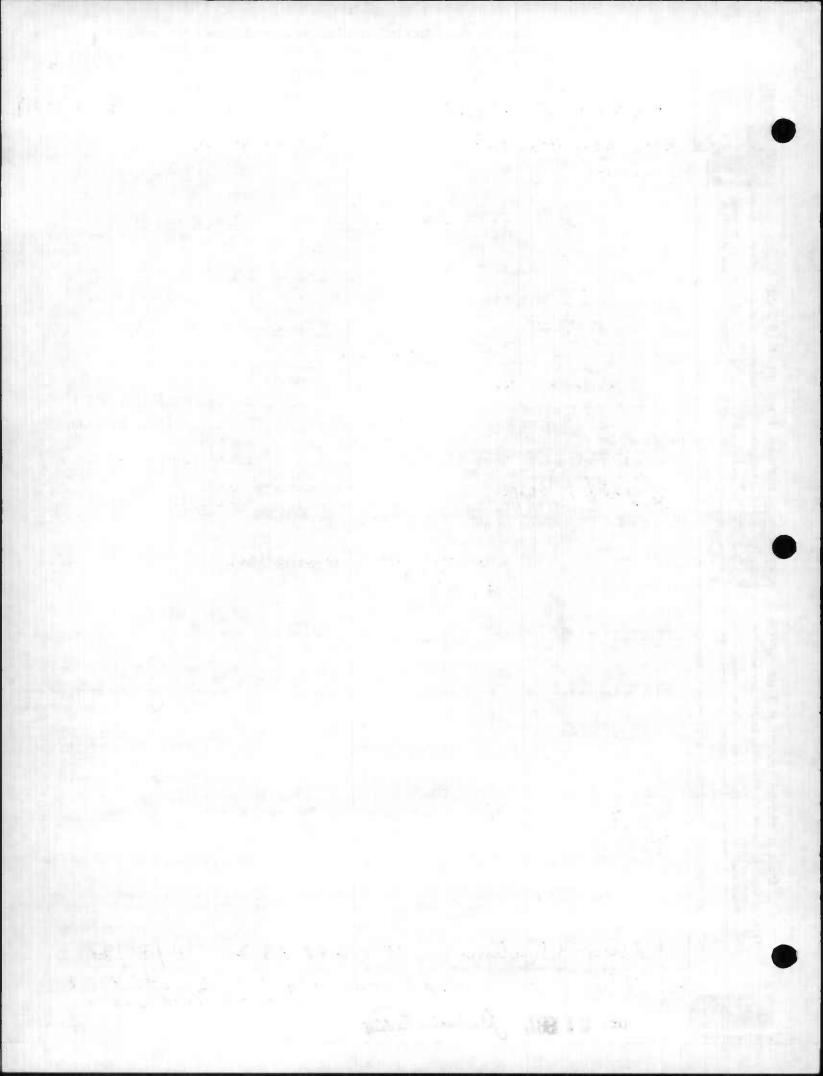
28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29d. Date aigned (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1.08/0 Connectice

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2 Date of Death Month Yaar **Physician** Anthony Lynn Mills Nov 4:15 1997 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Frederick Memorial Hospital Frederick

If Undar 1 Yaar | If Undar 24 Hrs. | 8, D Frederick 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey 9. Birthplace (Stete or Foreign Country) Frederick ML Funeral 1√ M 2□ F Days Hours Yrs. Director 217-56-0016 Usual Residence of Decedent 1952 10a. State 10h County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, its Medical Examinar musics notified at 10d. Inside City Limits UE Yes 2□ No Funeral Director Frederick Brunswick 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 211 Third Avenue 21716 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 262No It Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - American Indian, Black, Whita, atc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours effer nant of Heelth end Mental Hygiena. 1 Never Married 2 Married 1 Yes XX No Specify: Completed by White 3 ☐ Widowad 4 ☐ Divorcad 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry marked other than Elementary/Secondery (0-12) College (1-4or 5+) Trice Electric Electrician 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Anna Lee Reynolds Paul Kenneth Mills 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) or other train Melody A. Milla 20a. Method of Disposition Third Avenue Brunswick MD 21716 211 20b. Place of Disposition (Neme of cemetery, crematory or other pleca) 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from State permit. Page Department o Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Brownsville Heights Cemetery Brownsville MD 21. Signature of Fundral Service Licensee 21. Signature of Funeral Service Licensee

22. Name and Address of Facility

32. Name and Address of Facility

33. Part 1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart tailure. List only one cause on each line. Approximete Intervat Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Physician/Medical Examiner The law requires that the death certificate be asscuted Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Diseasa or Injury that initiated evants resulting in death) Last pue Due to (or as a consequence ot): Due to (or as a consaguanca ot): should be datached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy tindings evelleble prior to complation of cause of death? 24a. Was an autopsy performed? After this certificate has 1 Yes 2 No 1 □ Yes 2 □ No Be 25. Wes case reterred to medical examiner? 26. Plece of Death (Check only one) 1 Yes 2 No

27. Menner of Death
1 Natural 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of tnjury (Month, Day Yeer) 28c. Injury at Work? Medical Certification: 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28a. Place of Injury - At homa, tarm, streat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide

Box 68760. Division of Vital Records, P.O. after death.

Director: After this certifica To the Hospital or Attandin within 24 hours after death.
To the Funeral Director; At completely filled in by the fu

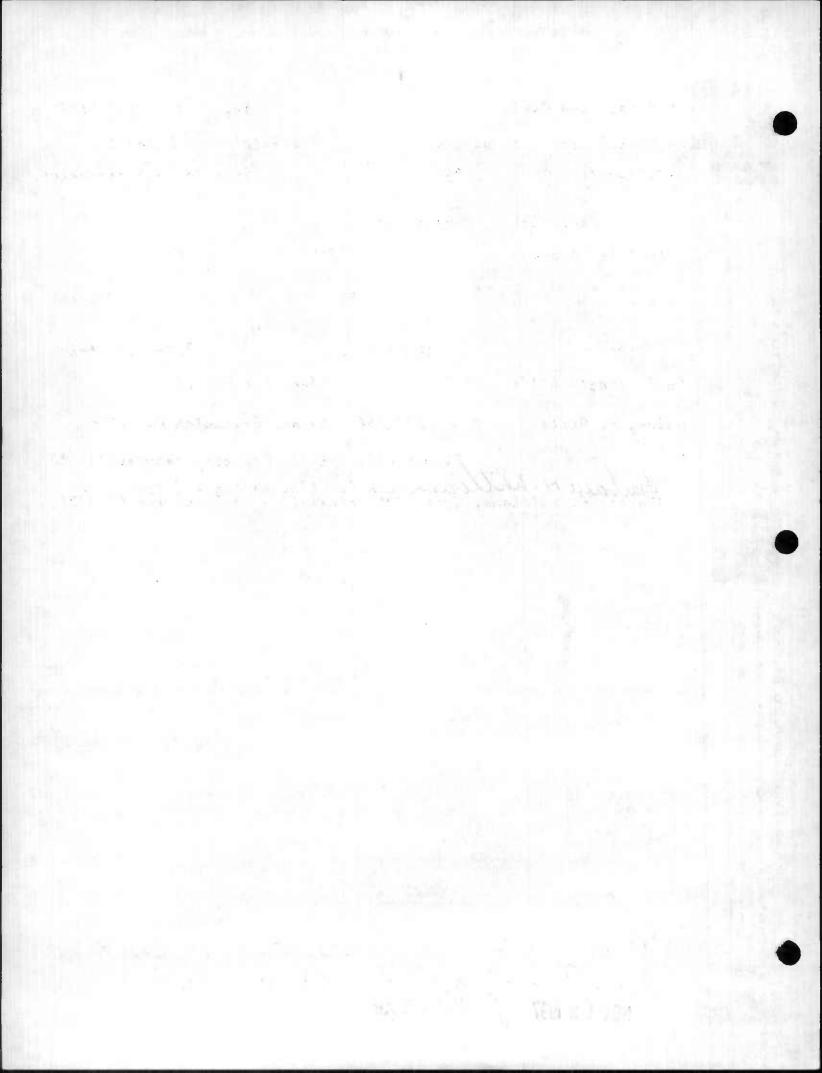
21215-0020

Baltimore, Maryland

Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

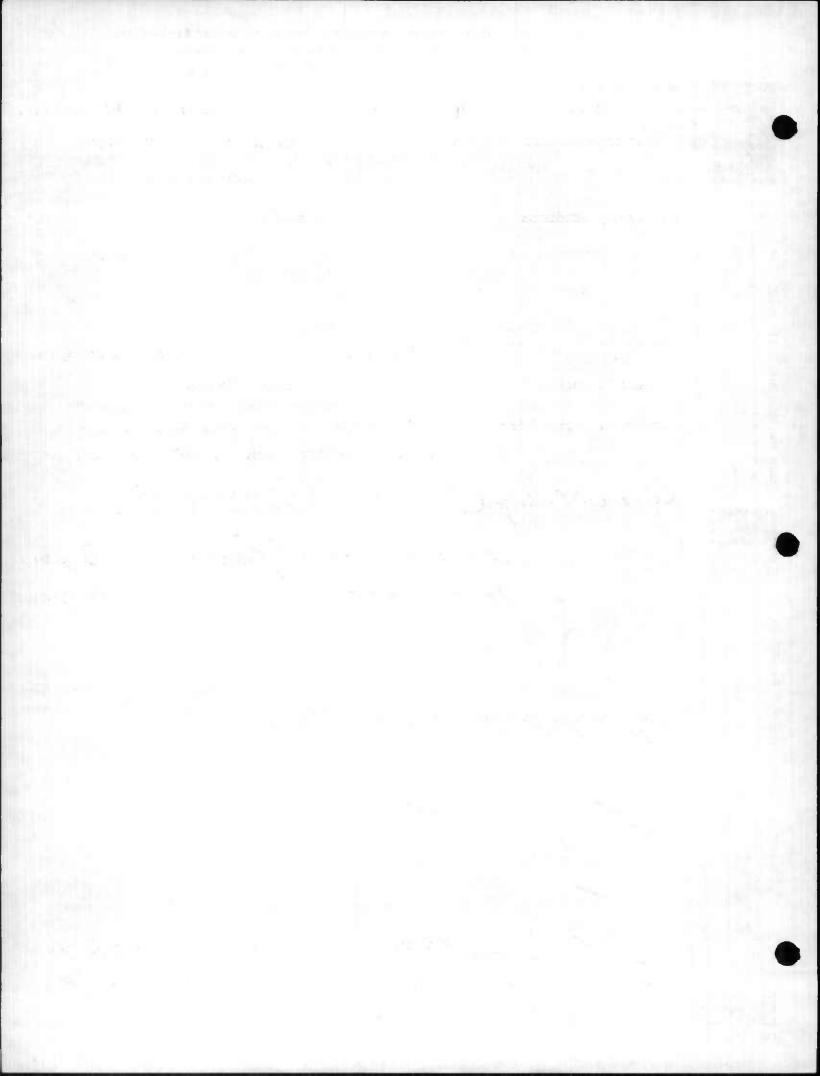
Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29c. License number 30. Name and address of person with completed cause of death (Item 23e) (Type, Print) 32. Redistrar's signature 31. Date filed (Month, Day, Year)

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

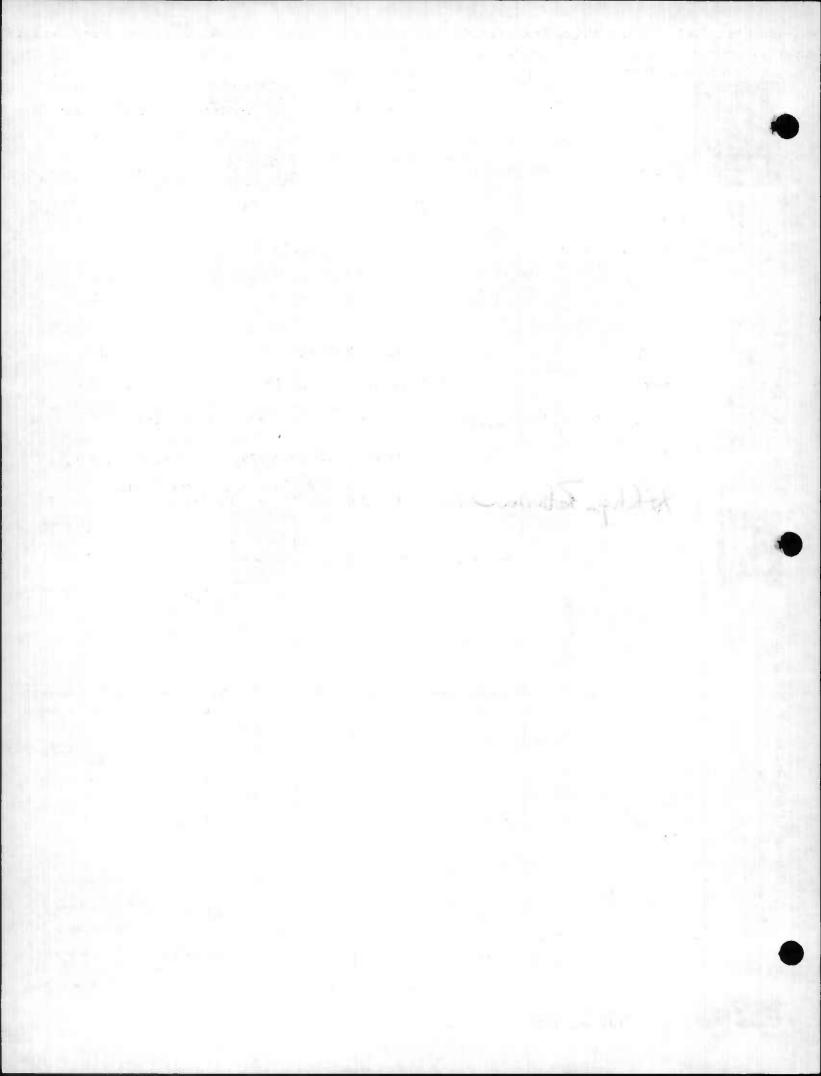
		Decedent's Neme (First, Middle, L.	ast)	1000	Certificate of		2. Dete of Deatl		3. Time of Death	
Physic /Medi		Austin	Ca1	vin	MURRAY		Novembe	er 14, 19	97 5:58 P.M.	
Exami		4e. Fecility Neme (If not institution, g	ve street end number	7)		4b. City, Town, or L		4c. County of [Total Committee	
		Frederick Memo	orial Hosp	ital		Freder	ick	Fred	lerick	
Funeral Director		705-09-2048	Sex 7.A	ge (In yrs. last bi 89	thday) If Under 1 Yee Months Deys		8. Dete of Birth (Month, Dey, July 14,		Birthplece (Stete or Foreign Country) Maryland	
pue *		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Tow	n or Location		-		10d. Inside City Limits	
e Maryli 8a-f sho	ctor	Maryland Frede	erick			Frederick			1 ☐ Yes 2 ☐ No	
death with the Maryland rms 23a or 28s-f show Linust be notified	Funeral Director	10e. Street and Number 4302 Buckeystown	n Pike		10f. Zip Code	217		10g. Citizen of Whet Country? U.S.A.		
or its	by	11. Maritel Status 1 □ Never Married 2 □ X Married 3 □ Widowed 4 □ Divorced	12. Was Deceden Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes:	? No	13. Wes Decedent of If Yes, specify Cult 1 ☐ Yes 2 ☒️ No	ecify Yes or No- Ricen, etc.) 14. Race- Bleck, Specify:		American Indien, Vhite, etc. White		
72 hours	Completed	15. Decedent's I (Specify only highest g	ducation	16a	Decedent's Usual Occu	pation	ring	16b. Kind of Busin	ess/Industry	
21215-C 1 within 72 h jiena. r than "natu	npie	Etementary/Secondary (0-12)	College (1-4or	5+)	(Give kind of work done life. DO NOT use retin	ed)				
d 212 filed with Hygiena. ther than		<u> </u>	.1	r	aintenance	T			chool System	
Maryland 2 d 2 should be filed th and Mental Hygi 7 Is marked other traumatic event,	Be	17. Fether's Neme (First, Middle, Last) Silas E. Murray Kattie								
aryla should and Men market	To		-							
2 2 2 2		19a. Informent's Neme/Reletionship			. Melting Address (Stree					
is t and 2 should be filed if Haalih and Mental Hygitam 27 is marked other traumatic event,		Dorothy H. Murra 20a. Method of Disposition	y/Wife	20b. Plece 0	302 Buckeys Disposition (Name of	1	, Freder	ick, Md.	21704	
Page nent o		1 De Burial 2 Cremetion 3 Donetion 5 Other (Spec	(ty)	Mt. C	ry cremetory or other plant Cemet	ery Nov			erick, Maryla	
Baltimo permit. Pag Department Important: I eny Injury o		21. Signature of Funeral Service Lice	/2. 0 m	M00021	Keeney a	nd Basfor	d Funera	1 Home		
Physician		23e. Part1. Enter the diseese, or cor shock, or heert failure. List only	pplicetions thet cause one ceuse on each	d the death. Do line.					Approximate Intervel Between Onset and Deeth	
/Medical Examiner	50	Immediate Ceuse (Finel disease or condition resulting in death)	. Co.	ngosi Dyglo (or as a	tive He consequence of):	rait of	alar	e	3 years	
ox 68760, contilicate be asscuted inding physician end use as the bunel-transit	/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	a Hy	Due to (or as a	consequence of):				10 years	
m the state	cian		1/17/2							
- 0 0 0	Physician/N	Part II. Other significant conditions	contributing to deeth I			bb. Did tobacco use contributs to the cause of deat 1 Yes 2 No 3 Probably 4 Unknown				
cords,	Completed by	Shope	geesta	,00	Herail	24e. Wes er perform	24e. Wes en eutopsy performed? 24b. Were e aveilebl comple of deat			
I Re lew The lew ate has page 2	E						1 □ Ye	s 2010	1 ☐ Yes 2 ☐ No	
Vital I	Bec	25. Was case referred to medical			2.0	26. Place of Deel	h (Check only one	a)		
his hy	2	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturet 5 Pending	Hospital: 1 Inpati		Time of 28c. Injury	ther: 4 Nursing Hours at ork?		nca 6 Other (Specify)	
Division c	Certification:	2 Accident investigation 3 Sulcide 6 Could not determined	28e. Place of In	njury - At home, fa	M 1 [Yes 2 No	28f. Location (Str City or Town	reet end Number o , State)	r Rural Route Number,	
To the Hospital within 24 hours e To the Funeral C	edicai Ce	Check only 2 Medical Exa	nyalcian: To the best miner: On the besis of	of my knowledge	o, deeth occurred et the t d/or investigation, in my	ime, date and placa,	end due to the ce	use(s) end manne	r as steted.	
thin 2 the mple	Med	one) 29b. Signature end title of cartifier	end manner s	tated.		se number				
7 viii		200. Organizate end title of cartiner	2///	11	Zac. Licen	2 / ·	25	d. Date signed (M	Touri, Day, Tear)	
		all /	/legy	mitte	MD D	55/8	3	11/1	147	
		30. Name and address of person was	Complete cause of	death (Item 23a)	(Type, Print)	1.04	1546	Freder	of non	
Sta	to	31. Dete filed (Month, Day, Yeer)	32. R. Dist	rer's Signature	0 300	w 710	1 30 /	reger	re , MI)	
Regist		NOV 1 0 10	07	daydean	Real M.					



State of Maryland / Department of Health and Mental Hygiene

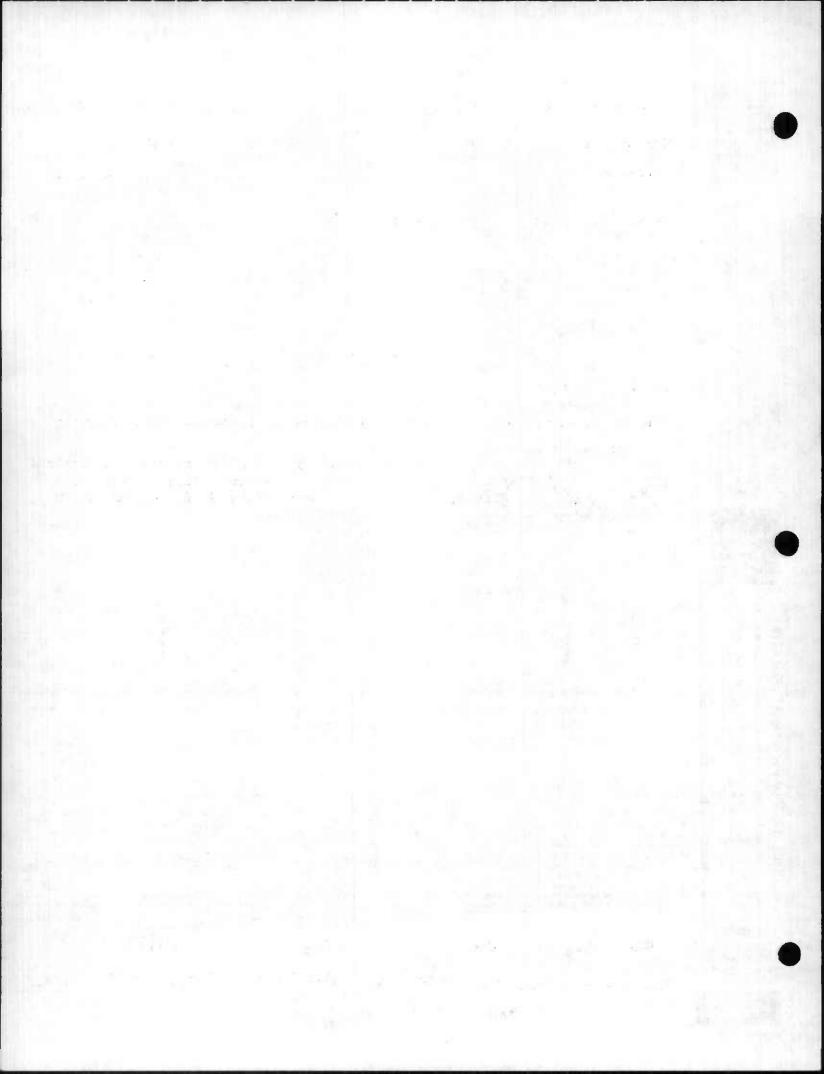
m1 / 1		1. Decedant's Nama (First, Middla, Last) Charles NMI Manganello					2. Data of D		Vana	3. Tima of Dea		
Physici /Medic		Char	rles N	NMI	Man	iganello		Novemb		1997	997 2:25 P	
Examir	ner	4e. Fecility Nama (If not Institution, g			+ - 1			or Location of Dea				
Funeral		Frederick Me 5. Social Security Number 6.		7. Age (In yrs.		av) If Undar 1 Ye		erick		reder	Birthplaca (Stata or For	
Funeral Director		579-42-9172 Usuai Rasidance of Decedant	1 2 XM 2□ F		64 Yrs.	Months Da	ys Hours M	in. (Month, L Oct 20	Sirth Year) 0,1933	Penns	sylvania	
ahow dat	_	10a. Sfafa 10b. County	ما ماء	10c. Cit	ly, Town or					10	0d. Inside City Li	
94	ecto	Maryland Freder	ick .		Frederick						1 □ Yas 2 🔀	
23a or 2	Funeral Director	4317 Dover Drive	2			10f. Zip Cod	2170)3		0g. Citizan of What Country? U.S.A.		
*natural', or items 23s or 28s-f show soical Examiner must be notified at	by	11. Maritai Status 1 Nevar Married 2 Married 3 XWidowed 4 Divorcad	12. Was Dace Armed For 1 Tes If Yas, Give Yaar or Da	rcas? 2⊠No a	,S. 1	3. Was Decedent of If Yas, specify C	of Hispanic Origin? Suban, Maxican, Pu No <i>Specify:</i>	(Specify Yes or Nerto Rican, atc.)				
netu	Completed	15. Decedant's I (Spacify only highest g	Education trada complatad)		16a. De (Gi	cedant's Usual Oc iva kind of work do a. DO NOT usa rai	16b. Kind of E	Businass/Ind	lustry			
Department of Health and Mental Hygiena. Important: if item 271s or 25s-f ahow any injury or other traumatic event, the Medical Examinational De northed any once.	Idm	Elamantary/Secondary (0-12)	Coilaga (1-	-4or 5+)	Restaraunt		_	- 22	Food	ood/Beverage		
		17. Fathar's Nama (First, Middla, Las	st)		ICS	caradit		lama (First, Middi			-1-060	
	To Be	Samuel Samuel				NELLO	Marie	2		MARIA		
		19a. Informant's Name/Ralationship Mrs. Lisa K. Swa	, ,,	0	431	7 Dover	eet and Number or Drive, Fi					
		20a. Mathod of Disposition 1 ☑ Buriat 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec	sposition (Nama of cramatory or other of livet Cer	place) metery No	Data v25,199	20c. Location Frede	,					
Departrumporta any inju		21. Signature of Funeral Service Lice	onsee			22. Nama and Ad	dress of Facility Basion	d D A 1	Dun a ma 1	IIama		
any		Hollin K	Bersen	→ MOO	706	106 E Ch	urch Stre	et Fred	derick	поше Marvla	and 217	
		23a. Pan 1. Entar the disease, or con shock, or heart failure. List only	mplicetions that ca			antar tha moda of	dying, such as card	iac or raspiratory	arrest,		Approximata Intarvai Betwee	
ysician												
017 - 1	Immediata Causa (Final disaasa or condition rasulting in death) e. Complete A-a-t 6665 Dua to (or as a consequence of):										Onset end Dea	
ledical aminer		disaasa or condition	0								Onset end Dea	
aminer	er	Immadiata Causa (Final disaasa or condition rasulting in death)		Dua to (o	e e e	A + 4 -	-t 60	005			Onset end Dea	
aminer	miner	disaasa or condition rasulting in daath)		Dua to (d	er as a cons	sequence of):		005			Onset end Dea	
aminer	Examiner	disaasa or condition rasulting in daath)		Dua to (d	er as a cons	A + 4 -	-t 60	005			Onset and Dea 1 4- 2 4-	
aminer		disaasa or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaase or injury that initiated avants		Dua to (of	or as a cons	sequence of):	-t 60	005			Onset end Dea	
as the burial-transit	ledical	disaasa or condition rasulting in daath)	b	Dua to (of	or as a cons	sequance of):	-t 60	005			Onset and Deal	
as the burial-transit	ledical	disaasa or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaase or injury that initiated avants		Dua to (of	or as a cons	sequance of):	-t 60	005			Onset end Deal	
attending physician and for use as the burial-transit	ledical	disaasa or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaase or injury that initiated avants	c	Dua to (o	or as a cons	sequence of):	-1 60	1005			Onset end Dea	
by the attending physician and isched for use as the burial-transit	Physician/Medical	disaasa or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in daeth) Last	c	Dua to (o	or as a cons	sequence of):	-1 60	23b. Die	77	ontributa to	Onset end Dea	
been signed by the attending physician and should be detached for use as the burial-transit	by Physician/Medical	disaasa or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in daeth) Last	c	Dua to (o	or as a cons	sequence of):	-1 60	23b. Dlu	d tobacco use co	ontributa to 3 □ Probe 24b. Watave	Onset end Dea	
has been signed by the attending physician and ge 2 should be detached for use as the burial-transit	by Physician/Medical	disaasa or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in daeth) Last	c	Dua to (o	or as a cons	sequence of):	-1 60	23b. Die 15 24a. Wa per	d tobacco use collyes 2 \(\text{No} \) s an autopsy formed?	ontributa to 3 □ Probe 24b. Wai ave com of d	Onset end Dea	
page 2 should be detached for use as the burial-transit	e Completed by Physician/Medical	disaasa or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaase or injury that initiated avants rasulting in daeth) Last Part II. Other algniffcant conditions 25. Was casa rafarred to medical	c	Dua to (o	or as a cons	sequence of):	givan in Part I.	23b. Dlu 15 24a. Wa per	d tobacco use colling an autopsy formed?	ontributa to 3 □ Probe 24b. Wai ave com of d	the cause of deably 4 University finding the prior to not autopsy finding the prior to not autopsy for cause of cause of the cause of deably 4 University finding the prior to the cause of	
certificate has been signed by the attending physician and inactor, page 2 should be detached for use as the burial-transit	o Be Completed by Physician/Medical	disaasa or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in daeth) Last	c	Dua to (of Due to (of	or as a cons	sequence of): sequence of): a underlying causa	givan in Part I.	23b. Did 24a. Wa per	d tobacco use collyes 2 No	ontributa to 3 Proba 24b. Watave com of d	onset end Deal the cause of de ably 4 University finding lieble prior to nopletion of causeleath?	
this certificate has been signed by the attending physician and aid director, page 2 should be detached for use as the buriat-transit	To Be Completed by Physician/Medical	disaasa or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in daeth) Last Part II. Other algniffcant conditions 25. Was casa rafarred to medical axaminar? 1	b b c d contributing to dea	Dua to (or Due to (or ath but not residual)	or as a cons or as a cons or as a cons or as a cons or es a cons ER/Outpet 28b. Time	sequence of): sequence of): a underlying cause	givan in Part I. 26. Placa of I. Othar: 4 Nursing	23b. Dlu 24a. Wa per 1 □	d tobacco use collyes 2 No	ontributa to 3 □ Probe 24b. Watave com of d 1 □	the cause of deably 4 Unit illustration of cause leath?	
wher this certificate has been signed by the attending physician and uneral director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaase or injury that initiated avants rasulting in deeth) Last Part II. Other algniffcant conditions 25. Was casa rafarred to medical axaminar? Yas No	b. C. Contributing to dea	Dua to (of Due to (of Due to (of ath but not rasin appaliant 2	or as a cons or as a cons or as a cons ulting in the	sequence of): sequence of): sequence of): a undarlying causa tienf 3 □ DOA y y 28c. It	givan in Part I.	23b. Dlu 24a. Wa per 1 □	d tobacco use colling an autopsy formed? Yes 2 No 2 N	ontributa to 3 □ Probe 24b. Watave com of d 1 □	the cause of deably 4 Unit illustration of cause leath?	
earn. The this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the burial-transit to	To Be Completed by Physician/Medical	disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated avants resulting in deeth) Last Part II. Other algniffcant conditions 25. Was casa referred to medical axaminar? 1	Hospital: 1 In 28a. Data of (Month)	Due to (or Due to (or Due to (or ath but not resident and partiant 2 Injury Year)	or as a consor a consor as a c	sequence of): sequence of): sequence of): a undarlying causa tienf 3 □ DOA y y 28c. It	givan in Part I. 26. Placa of I Othar: 4 Nursing injury at Nork?	23b. Did 23b. Did 24a. Wa per 1 Check only Home 5 Ra: 28d. Dascribe	d tobacco use colling an autopsy formed? Yes 2 No 2 N	ontributa to 3 □ Probe 24b. Wai ave com of d 1 □ that (Specify,	Onset end Deal	
earn. The this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the burial-transit to	Certification: To Be Completed by Physician/Medical	disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last Part II. Other algniffcant conditions 25. Was case referred to medical axaminar? 1 Yas Z No 27. Mannar of Death 1 Natural S Pending Invastigath 2 Accident S Pending Invastigath 3 Sulcida G Could not detarmined.	Hospital: 1 In	Dua to (or Due to (or Due to (or Due to (or Due to (or Ath but not rasis f Injury - At hor g, atc. (Spacify Dest of my kno- sis of axaminet	or as a consort as	sequence of): sequence of): sequence of): a undariying causa tienf 3 □ DOA y M 1 street, factory, office	givan in Part I. 26. Placa of I Othar: 4 Nursing injury at Nork?	23b. Did 24a. Wa per 1 Check only 1 Home 5 Ra: 28d. Dascribe 28f. Location City or To	d tobacco use college 2 No sean autopsy formed? Yes 2 No cons.) Sidence 8 Ot a how injury occur (Streat and Numbers, State)	24b. Walaye com of d	Onset end Deal The cause of deal the cause of deal the cause of deal the cause of deal at autopsy findinileble prior to inplation of cause eath? Yas 2 No Route Number,	
earn. The this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the burial-transit to	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in daeth) Last Part II. Other algniffcant conditions 25. Was casa referred to medical axaminar? Yes No	Hospital: 1 In	Dua to (or Due to (or Due to (or Due to (or Due to (or Ath but not rasis f Injury - At hor g, atc. (Spacify Dest of my kno- sis of axaminet	or as a consort as	sequence of): sequence of): sequence of): a undariying causa tienf 3 DOA a of 28c. Ir y M 1 street, factory, officiath occurred at the invastigation, in m	givan in Part I. 26. Placa of I Othar: 4 Nursing injury at Nork? Yas 2 No	23b. Did 24a. Wa per 1 Check only 1 Home 5 Ra: 28d. Dascribe 28f. Location City or To	d tobacco use college 2 No sean autopsy formed? Yes 2 No cons.) Sidence 8 Ot a how injury occur (Streat and Numbers, State)	pontributa to 3 Probleman	the cause of deably 4 Unk rea autopsy findinileble prior to appletion of causeleeth? Yas 2 No	
wher this certificate has been signed by the attending physician and uneral director, page 2 should be detached for use as the burial-transit	edical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in deeth) Last Part II. Other algniffcant conditions 25. Was casa referred to medical axaminar? 1	Hospital: 1 In a 28a. Data or (Month on be do building) 28a. Place of building and manner.	Dua to (or Due to (or Due to (or Due to (or Due to (or Ath but not rasis f Injury - At hor g, atc. (Spacify Dest of my kno- sis of axaminet	or as a consort as	sequence of): sequence of): sequence of): sequence of): a underlying causa tienf 3 DOA sof 28c, Ir y M 1 street, factory, office and occurred at the invastigation, in m	givan in Part I. 26. Placa of I Othar: 4 Nursing njury at Work? Yas 2 No ca	23b. Did 24a. Wa per 1 Check only 1 Home 5 Ra: 28d. Dascribe 28f. Location City or To	d tobacco use college and autopsy formed? I Yes 2 No	24b. Wal ave com of d 1 har (Specify, rred ber or Rural annar as stall and dua to led (Month, D	the cause of dealers and pearly a	
earn. The this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the burial-transit to	edical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in deeth) Last Part II. Other algniffcant conditions 25. Was casa referred to medical axaminar? 1	Hospital: 28a. Data of (Month) 28a. Place of building Dua to (o Due to (o Due to (o Due to (o ath but not rasi	or as a consor a consor as a c	sequence of): sequence of): sequence of): a undarlying causa tienf 3 DOA a of 28c. If y M 1 street, factory, office and occurred at the invastigation, in m 29c. Lice	givan in Part I. 26. Placa of II Othar: 4 Nursing niury at Nork? Yas 2 No ca	23b. Did 24a. Wa per 1 28d. Dascribe 28f. Location City or To	d tobacco use college of the second of the s	24b. Walaye com of d 1	the cause of deably 4 Unit of the cause of deably 4 Unit of cause of deably 4 Unit of the cause of deably of the cause of t		
earn. The this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the burial-transit to	edical Certification: To Be Completed by Physician/Medical	disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated avants resulting in deeth) Last Part II. Other algniffcant conditions 25. Was casa referred to medical axaminar? 1	Hospital: 1 In	Dua to (or Due to (or Due to (or Due to (or Due to (or Ath but not rasis finjury, at hor, Day Year) of Injury - At hor, at c. (Spacify pest of my knows of axamineter stated.	or as a consort as	sequence of): sequence of): sequence of): a undarlying causa tienf 3 DOA a of 28c. If y M 1 street, factory, office and occurred at the invastigation, in m 29c. Lice	givan in Part I. 26. Placa of I Othar: 4 Nursing njury at Nork? Yas 2 No ca at Ima, data and pia y opinion, death oc ansa number	23b. Did 24a. Wa per 1 28d. Dascribe 28f. Location City or To	d tobacco use college and autopsy formed? I Yes 2 No	24b. Walaye com of d 1	Onset end Dea	

DHMH 16 Rav 6/95



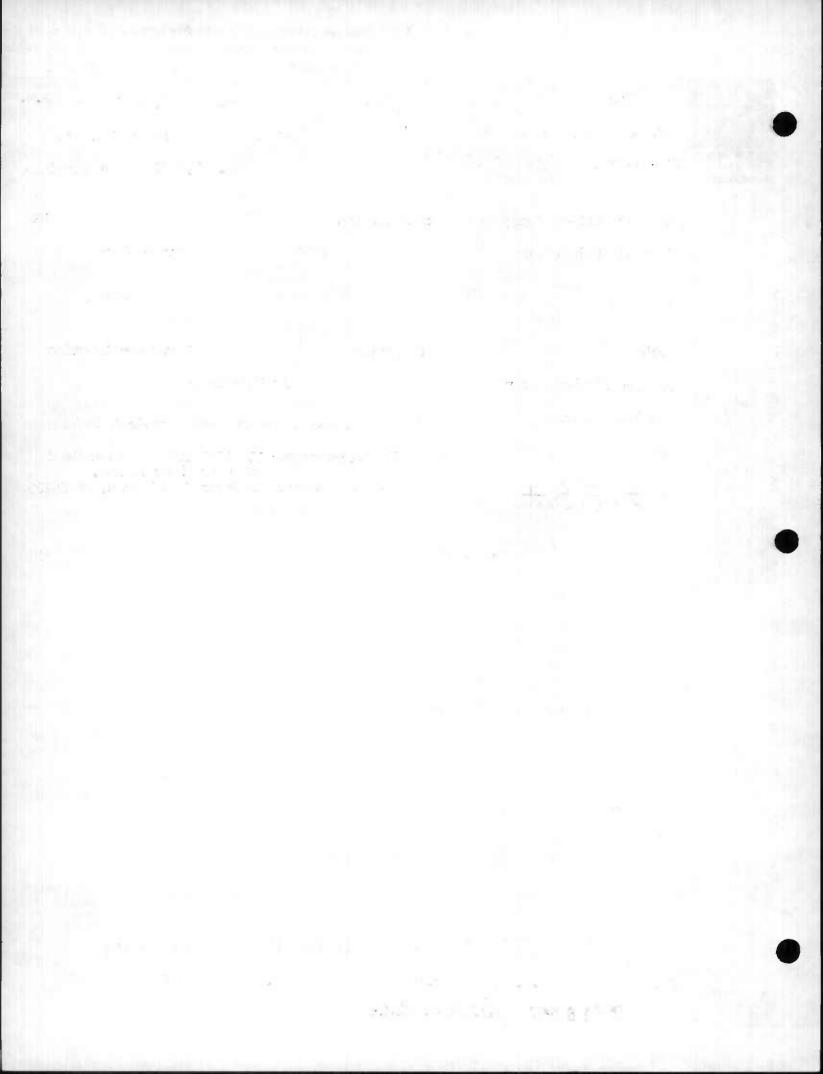
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Name (First, Middle	o Lent)	F-17	Certificate o	f Death	10000000	Reg. No. 9	7 3	9248
	Physic	ian						2. Dete of De Month	Day	Yeer	3. Time of Death
4	/Medi		Barbara		lintock		45 00 7	Decemb		997	3:25 PM
	Exami	ner	4e. Facility Name (If not institution				4b. City, Town, or		n 4c. County	4c. County of Deeth	
L			Homewood Reti			I I I I I I I I I I I I I I I I I I I	Frederic ar ff Under 24 Hrs			erick	
	Funeral		5. Social Security Number 127-16-3051	1 DM 2X E	ge (In yrs. last b	irthday) if Under 1 Yea Months Dey		8. Date of Bi	th ay, Yeer)	9. Birthpli Count	ace (State or Foreign
Ш	Director		Usual Residence of Decedent		78	113.		Jan. 2	5, 1919	New	Jersey
	and		10a. State 10b. County		10c. City, Tox	wn or Location				10	Od. Inside City Limits
	Aaryl F sho	o	Maryland Frede	ri ale		W. Barrier				1	1 X Yes 2 No
	28a	Director	10e. Street and Number	LICK	Frede				40 000		
	E 9 8	ក់				10f. Zip Code			10g. Citizen of V	Whet Count	ry?
	ath 23	ra a	.31 W. Patrick			2170			United :	44.00	
	72 hours efter death with the Maryland netural; or items 23a or 28a-f show dies Examiner mat be inclined at	Funeral	11. Maritei Status	12. Was Deceden Armed Forces	?	13. Was Decedent of if Yes, specify Cu	f Hispenic Origin? (S Jban, Mexicen, Puerl	pecify Yes or No to Ricen, etc.))- 14. Rec Biad	e - Americe ck, White, e	
20	of of		1 Never Married 2 Marr	if Yes, Give	No	1 ☐ Yes 21 N	o Specify:		Specify	. Wh	ite
21215-0020	ural'	d by	3 Widowed 4 □ Divorced	Year or Dates:		1			0,000,00	. WII.	ire
5	2 3	Completed	15. Deceden (Specify only higher	t's Educetion at grade completed)	168	 Decedent's Usual Occ (Give kind of work don life. DO NOT use retir 	upation e during most of wo	rking	16b. Kind of Bu	usiness/Indi	ustry
12		d	Elementary/Secondary (0-12)	Coilege (1-4or	5+)		red)				
7	il Hygiene. other thar		47 Fabrida Nima /Fina 1814/4	+4		Teacher	T			ation	
Maryland	A da da	Be	17. Fether's Name (First, Middle,	Last)			18. Mother's Nar	me (First, Middle	, Maiden Sumam	10)	
3		2	Joseph B. Bis					erine Fl			
Ja	and and s m		19a. Informant's Name/Relations			b. Mailing Address (Street	et and Number or Ri	ural Route Numb	er, City or Town,	State, Zip	Code)
	E = N L		Catherine M. H	ahn, daught		789 Hillmead		Frederi	ck, Mary	yland	21702
ore	t. Pages thment of rlant: If it		20a. Method of Disposition		20b. Place o	of Disposition (Name of ary, crematory or other pi	(ece)	Date	20c. Location -	City or Tov	vn, Stete
Baltimore,			1 Burial 2XXCremation 4 Donation 5 Other (S		,	stown Crema		12/9/97	Uncores		Mawril and
=======================================			21. Signature of Euneral Server	\sim 0	nager	22. Name end Add					
m	Depa impo any is		100 /	/ X	-0		D (
			January	· Jui	g						
			23a. Party. Enter the disease or shook, or heart failure. List	only one cause on each	deeth. Do	not enter the mode of dy	ying, such es cerdie	or respiratory a	rrest,		Interval Between
	Physician			_							Onset and Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	TR	OKE					F	1 YR
			resulting in death)	A	Due to (or as a	consequence of):					
	p #	Sequentially list conditions, if any, leeding to immediate case. Enter 1 to the property of the case and the case of the case								i	3 YRS
	acute trans	Eam	Sequentially list conditions,	0.	The Latest A	consequence of):	EIO III				
0	death certificete be executed e attending physician and of for use es the bunel-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that lighted exects.			i					
68760,	ste b nysic he b	edicai	that initiated events resulting in death) Last	С							
9	ng pl	Ne Ne	rooming in douting East	The second			1				
Вох	eath cer attendir			d							
m ·	that the death ce ed by the attendi deteched for use	Physician/	Part ii. Other significant condition	ne contributing to death b	out not reculting	in the underlying source of	thron In Part I	23b. Did tobacco usa contributa to the cause			the serves of death 0
o.	y th	hys	T are in other organicant condition	na contributing to death t	out not resulting	in the underlying couse g	given in Part i.				
								10	Yes 2X No	3 Probi	ably 4 Unknown
of Vital Records,	requires een sigr hould be	d by						040 19400	Funeral Homes, P.A. rederick, MD 21702 arrest, Approximate interval Between Onset and Deeth Y/2 3 y n i Yes 2 No 3 Probably 4 Unknown San autopsy ormed? 24b. Were autopsy findings available prior to completion of ceuse of death? Yes 2 No 1 Yes 2 No		
Ö		Completed								ava	liable prior to
e e	S S C	du								of de	eath?
	Te ate	S						10	Yes 2000	1 🗆	Yes 2 No
<u>a</u>	Physician: The this certificate ral director, peg	Be	25. Was case referred to medical examiner?				28. Place of Dea	th (Check only	one)		
2	Physic this ceral dire	2	1 ☐ Yes 2 No	Hospitai:	ent 2 ER/O	utpatient 3 DOA	ther: 4 Nursing H	ome 5 Resi	dence 6 Othe	er (Specify)	
0	er th		27. Manner of Death	28e. Date of inju	iry 28b.	Time of 28c. injury			how injury occurr		
Division	Attending or death. octor: After by the funer	Certification:	1 Naturel 5 Pending		ty rear)		onk/]Yes 2∐No				
2	or Attendi efter death. Director: A I in by the fo	T C	3 ☐ Suicide 6 ☐ Could r	ned 28e. Place of in	jury - At home, fa	arm, street, fectory, office	9	28f. Location (Street and Numb	er or Rural	Route Number.
5 .	efter Direct	ert	4 Homicide determine	building, el	c. (Specify)			28f. Location (Street and Number or Rural Route Number City or Town, State)			
	ours ours fille		29a. Certifier 15d Cartifying	Phyalcian: To the best	of my knowledge	death courred at the t	time data and place	and due to the	******************************		
	To the Hospital or Attending I within 24 hours eiter death. To the Funeral Director: After completely filled in by the funer	edical	(Check only 2 Medical i	Examiner: On the basis o and manner st	f examination er	nd/or investigation, in my	opinion, death occu	rred et the time,	date and place, a	and due to t	the ceuse(s)
:	thin the	N N	29b. Signeture and title of certifier	and mainer st	u.ou.	20n Liner	nse number		20d Data sinces	Month D	lov Voerl
	F 3 F 8		A A A	Λ					29d. Date signed		cy, rear)
1	Disc		I was was	nd _ m		04	11071		12/9/9	T	
			30. Name and address of person	who completed ceuse of c	leath (Item 23a)	(Type, Print)	· - 4L			40	
			NEIL MARAN	EKAL MI	147	5 IANEY+	Trs # 50,	+ LACEN	SPC14C	MID	21405
	Sta	te	31. Date filed (Month, Day, Year)	32. Registr	ar's Signature						
	Registr	ar	UE	C 0 9 1997	Julia	Sauden Radas					
- 11	T. All Cables					- Const	1				



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death December 9, 1997 **Physician** Willie 6:50 A.M. TAR Mann /Medical 4a. Facility Nama (If not Institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southern Maryland Hospital Clinton Prince George's 7. Aga (In yrs. last birthday) If Undar 1 Yaar | if Undar 24 Hrs. 8. Data of Birth
Jan. 17, 1907 5. Social Sacurity Numba 579-09-3782 9. Birthplaca (Stata or Foraign **Funeral** Days 1X M 2□ F West Virginia Yrs. Director Usual Rasidanca of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 28a-f show 1 ☐ Yas 2 ☐ No Director Maryland Prince George's Fort Washington 10e. Street and Numbar 10g. Citizan of What Country? 20744 United States 9300 Old Palmer Road deeth Funeral 12. Was Dacedant Evar In U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or then any injury or other traumatic avenue. 1 Navar Married 2 Marriad 1 ☐ Yas 2 ☐ No It Yas, Giva XX Yaar or Datas: Saltimore, Maryland 21215-0020 1 ☐ Yas 2 XX Specify: Specify: White þ ₩Widowad 4 Divorced Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Eiamantary/Secondary (0-12) Coltaga (1-4or 5+) 9th Carpenter Heavy Construction 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Meidan Sumama) Ada Fleischman William Mitchell Mann 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Route Number, City or Town, Stata, Zlp Coda) Ronland L. Mann 4460 Bellewood Drive, Pomfret, Maryland 20675 20a. Mathod of Disposition 20b. Placa of Disposition (Nema of cemetery, cremetery or other plece) Data 20c. Location - City or Town, Stata 17 Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) Cedar Hill Cemetery Dec 11, 1997 Suitland, Maryland 22. Nama and Address of Facility Lee Funeral Home, Inc. 21. Signatura of Funaral Sarvice Licensee 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23e. Part1. Enter the disasse, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death **Physician** /Medical Immadiate Cause (Final disaasa or condition rasulting in daath) Pneumonia for days Examiner Dua to (or as a consaquanca ot): Examiner sician end bunal-transit certificate be executed Saquantially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaasa or Injury Dua to (or as a consequence of): physician the burial Box 68760. Physician/Medical that initiated events resulting in deeth) Last Dua to (or as a consequanca of): as attending esn for signed by the a Part ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown Perforated gastric ulcer 9 should I 24a. Was an autopsy performad? 24b. Wera autopsy tindings available prior to Completed complation of causa of death? certificate 1 Yas 1 Yas 2 No Division of Vital 25. Was casa ratarred to madical axaminar? Be 26. Placa of Daath (Chack only ona) To Hospital: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 1 inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Yaar) 28d. Dascriba how injury occurred Certification: 28b. Tima of 28c. Injury at Work? After 5 Pending Invastigation Natural 2 Accidant death. 1 Yas 2 No or Attend efter death Director: 6 Could not ba determined 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Numbar, City or Town, Stete) 28a. Place of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 4 Homicide 24 hours e 12 Certifying Physician: To the best of my knowledge, daeth occurred at tha time, deta and place, end due to the causa(s) and manner es steted.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifiar To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 12-9-97 w 30. Nama and addrass of parson who complated causa of death (Item 23e) (Type, Print) Philip Wisotsky M.D. 11791 Livingston Road #203 Ft. Washington MD 32. Registrar's Signatura 31. Date tilad (Month, Day, Year) State DEC16 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth December MCWILLIAMS Month ILLIAM 4b. City, Town, or Location of Deeth 4e. Facility Neme (If not institution, give street end number) **SUBURBAN** 4c. County of Deeth SPA HOSPITAL If Under 1 Yeer If Under 24 Hrs. North, Deys Hours Min. (Month, Deys Oct. 2, 5. Sociel Security Number 9. Birthpiece (State or Foreign Country) Mary Tand 7. Age (In yrs. lest birthday) 1 X M 2 □ F 579-18-9549 79 Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 112 Yes 2□No La Plata Maryland Charles 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 300 Hickory Circle 20646 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 XX Married 1 ☐ Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) 5+ Elementery/Secondary (0-12) US Government Chemist 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Clarence Emmanuel McWilliams Louise Jameson McWilliams 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Rita McWilliams 3445 Mt. Pleasant St., NW, Washington DC 20010 20b. Plece of Disposition (Name of cometery, cremetory or other plece) 20e. Method of Dimposition Date 20c. Location - City or Town, Stete 1 X Buriel Cremation 3 □Removel from State 12-17-97 Indian Head, MD □ Other (Specify) St. Charles Cemetery 21. Signal al Service Liden 22. Name and Address of Fecllity Huntt Funeral Home, Inc. M00053 Plack 6. Brohawn M00053 P. 0. Box 156. Waldorf, MD 20604-0156 shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death Immediate Cause (Finel disease or condition resulting In death) 23b. Did tobacco use contribute to the cause of death? 2 No 1 ☐ Yes 3 Probably 4 Unknown 24a. Was an eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of ceuse of death? 1 ☐ Yes 2 ☐ No 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menper of Deeth

Physician /Medical Examiner

> and physician s the buriel

signed by the a

this certificate

After

after death.

Director: After din by the fur

within 24 hours aft To the Funeral Di completaly filled Ir

To the Hospital or Attending Physician:

Physician/Medical

Be Completed by

2

Certification:

Medical

The law requires that the death certificete be axecuted

Division of Vital Records, P.O. Box 68760,

Department of Heelth as important: If item 27 is any injury or other tracours.

Physician

Examiner

Funeral

Director

28a-f show

Director

by Funeral

Completed

Be

2

traumatic event, the Madical Examiner must be notified at

and Mental Hygiena.

Pages 1 and 2 should be filed within 72 hours efter onent of Heelth and Mental Hygiena.

Hygiena.

Baltimore, Maryland 21215-0020

the Marylend

/Medical

Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Wes cese referred to medicel examiner? 1 Yes 2 No

5 ☐ Pending investigation

28b. Time of

28c. Injury at Work?

1 Yes 2 No 28d. Describe how injury occurred

6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

29a. Certifier

1 Naturai

2 Accident

3 Suicide

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end menner as stated.

Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) end manner stated.

29b. Signature end title of certifier

29c. License number

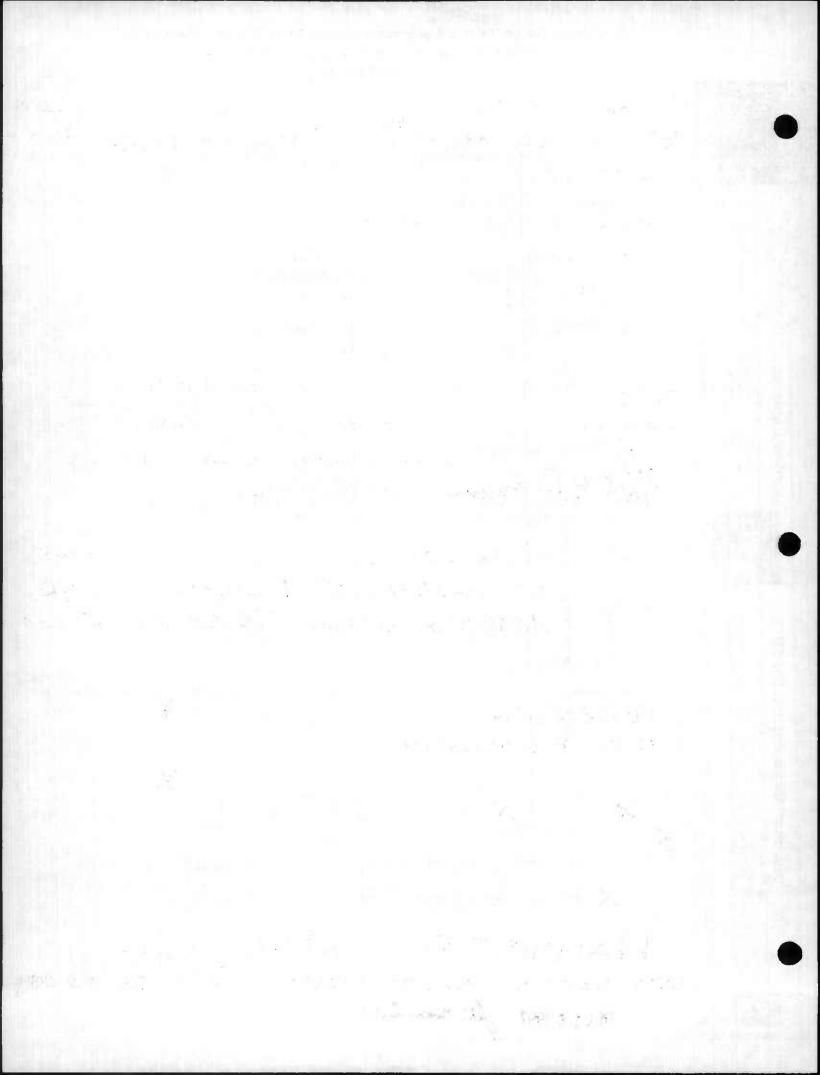
29d. Dete signed (Month, Dey, Year)

20814

30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

9406 OLD GEORGETOWN AROLYN HAMMETT

State Registrar 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture

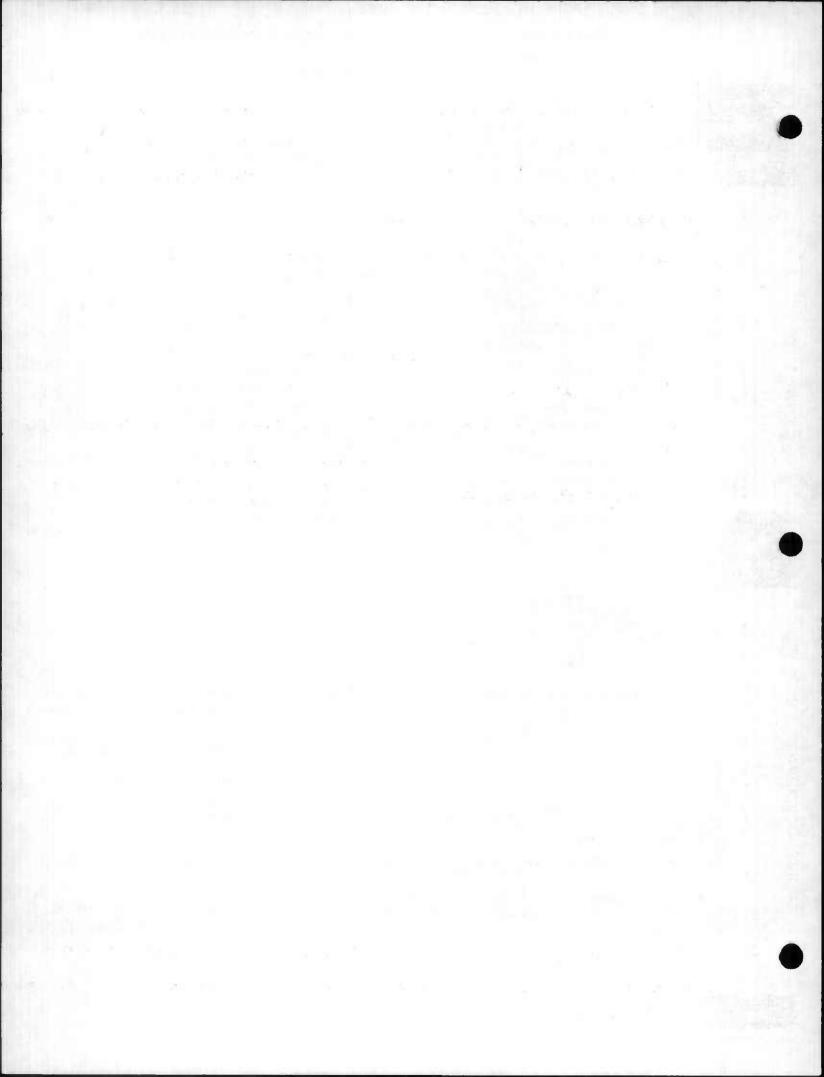


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month EtheL Moody VaNe 1997 8:40 A.M. Dec. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Allegany Co. Nursing Home H Under 1 Year II Under 24 Hrs. 8. Date of Birth Days Hours Min. (Month, Day, Year) Port of Mary land cumberland HILLGGNY 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Birthplace (State or Foreign Country) **Funeral** 1 M 2 ₩ F Yrs. 214-12-3279 Director Usual Residenca of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show th end Mental Hygiena. 7 is marked other than "natural", or itema 23a or 28a-1 ehov treumstic event, the Med cal Exaction must be notified at Allegany 1 ☐ Yes 2 ☑ No LaVale Director Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Georgia Ave, N.W. 11011 21502 USA Funeral Pages 1 and 2 should be filed within 72 hours eftar deeth 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Raca - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☑ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Home Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumame) Richard Kroll Mary Muin 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health er Important: If Item 27 is any injury or other treu once. OLIN C. MOOdy/Husband Georgia Ave, N.W. Lavale, Md, 21502
In (Name of Date 20c. Location - City or Town, State 11011 20b. Place of Disposition (Name of cematary, crematory or other placa) Date Dec. 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State sunset Memorial Park 12,1997 cumberland, and. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Leasure-Stein, INC, 230 Baltimore ALE, Ernest a. Riley / cumberland, md. 21502 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Septicemia 1 Day Examiner Dua to (or as a consequenca of): Examiner Pseudomembraneous Enterocolitis 2 Weeks The law requires that the death certificate be axecuted attending physician end for use as the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Dementia, Anoxemia Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24e. Was an autopsy performed? page 2 s 1 ☐ Yas 2 ☑ No 1 □Yes 2 □ No certificate To the Hospital or Attending Physician: 1 within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p 25. Was casa referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 MNatural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 THomicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29a, Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 5 D19750 Rangethan December 11, 1997 Mis 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Rangithon, M.D. 517 Old town Rd, cumberland, Mid. 21502 onth. Pay Year) 32. Registrar's Signature C12 1997 Salin Dawyon hall 32. Registrar's Signature Registrar



State of Maryland / Department of Health and Mental Hygiene Q 7 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3 Time of Death Month **Physician** NELLIE G. MARTZ 1:20AM DECEMBER 12 1997 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 10006 TYSON LANE ELLERSLIE ALLEGANY 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year 1917 9. Birthplace (State or Foreign **Funeral** 1 M 2 F Months Devs Director 215-26-6578 80 MARYLAND AUGUST 10 Usual Residence of Decedent the Maryland 10b. County "natural", or items 23a or 28a-f show 10c. City. Town or Location 10d. Inside City Limits Director MARYLAND ALLEGANY ELLERSLIE 1X Yes 2□ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10006 TYSON LANE 21529 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Med sal Examines once. Black, White, etc. 1 Yes 2 No
If Yes, Give
Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 ¥No Specify: Specify: Completed by 3 Widowed 4 □ Divorced WHITE 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) BUTCHER RETAIL GROCERY 10 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be DENTINGER GREENE WILLIAM HAZEL 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21532 JAMES W. CLINE 71 E. MECHANIC STREET FROSTBURG, MARYLAND 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ■ Burial 2 □ Cremetion 3 □ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) RESTLAWN MEM GARDENS 12/15 LAVALE. MD 21 Signature of Funder Sprvice Licensee 22. Name end Address of Facility HAFER CHAPEL OF THE HILLS MORTUARY 1302 NATIONAL HWY LAVALE, MD 21502 23a. Pert1. Enter the disease, or complications that a sed the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or hear failure. List only one cause on a failure. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) Examiner Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last the burial-trar Due to (or as a consequenca of): The law requires that the death certificete be execu Box 68760. physician Due to (or es e consequence of): use as P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown MELLIMI Records. þ 8 page 2 should Completed 24a. Was en eutopsy performed? 24b. Were autopsy findings available prior to peen completion of cause of death? certificata has 1 Yes 2 No 1 Yes 2 No Division of Vital Physician: 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only one) 20 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this spital or Attending Physical Sectors of the Court of the 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation Naturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Placa of Injury - At home, farm, atreet, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide To the Hospital
within 24 hours e
To the Funeral C
completely filled Hospital 6 29a. Certifier Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the ceuse(s) and manner as ateled. Medical 2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

D348/2

29d. Dete signed (Month, Day, Year)

15 nho

> 31. Date filed (Month, Day, Year) DEC15 1997 State Registrar

29b. Signature and title of certifier

411 5th DVE PO OOK 706 HYNDMAN PA. 15545 EYGENE NALLIN MD 32. Registrar's Signature tweesor her

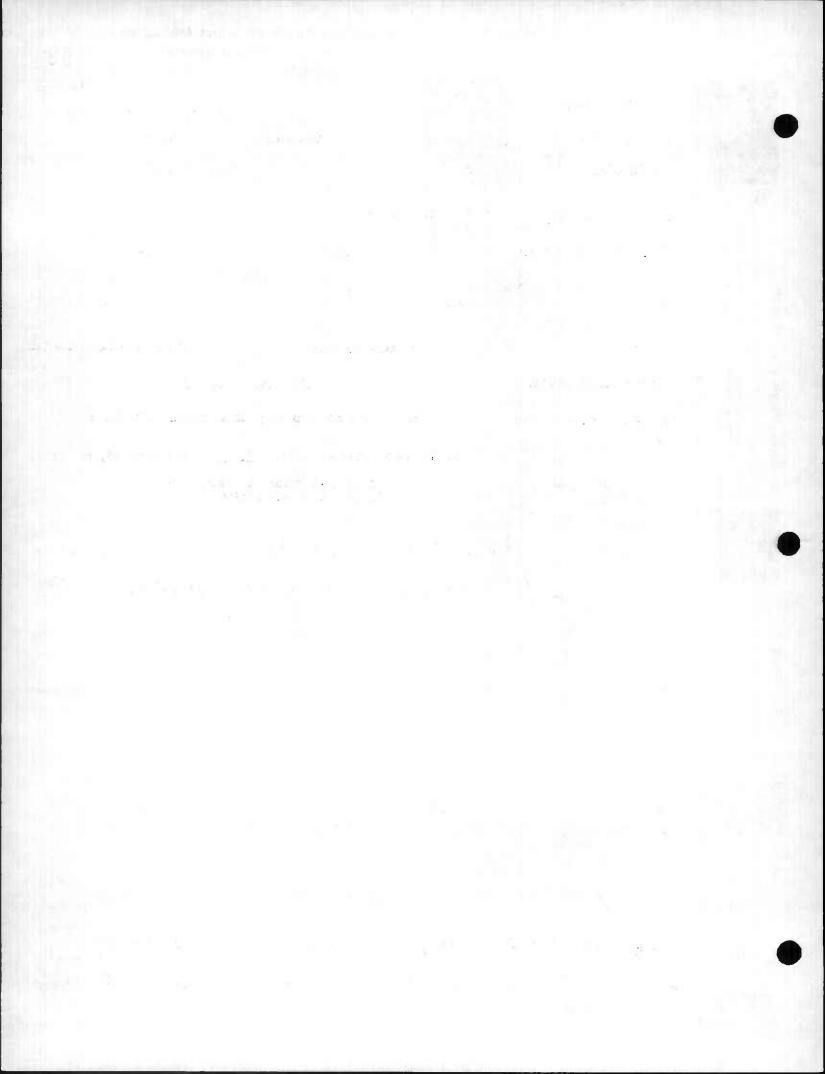
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Deta of Death **Physician** Month Willard Jesse Moore /Medical 4b. City. Town, or Location of Death 4a. Fecility Neme (If not Institution, giva street and number) 4c. County of Death Examiner CUMBERLANDMEMORIAL HOSPITAL Allegany Cumberland If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Sociei Security Number 6. Sax → M 2□ F 7. Age (In yrs. lest birthday) 8. Dete of Birth Nov. Day Year 1917 Birthpiece (Stete or Foraign Gorphy) **Funeral** 217-10-5265 Director Usual Residence of Decedent the Merylend 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examinar must be notified at MD Allegany Cumberland 14 Yas 2□ No Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 304 N. Centre Street USA 21502 death Funeral 12. Was Decedent Evar in U,S. Agned Forces? 143 Yas 2 □ No If Yes, Give Yeer or Detes: WW II 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indien, Bieck, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours effer tepopertment of Health and Mentel thygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumetic event, the Medical Exercise. 1 ☐ Navar Married 2 ☐ Married 1 Yes ZE No Baltimore, Maryland 21215-0020 þ Specify: 3 Widowed 4 □ Divorced white Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) auto and home rental ret, businessman 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Jesse James Moore Edna Pearl Emerick 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 304 N. Centre Street; Cumberland, MD 21502 Garry J. Moore - son 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1 Burlai 2 ☐ Cremetion 3 ☐ Removal from Stete Rocky Gap Veterans Cem. 12/15 Cumberland, MD 21502 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funaral Servica Licenses 22. Name and Address of Fallity eral Home, P.A. Cumberland, MD 21502

23a. Pert | Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errast, shock, or heart failure. List only one cause on each line. **Physician** MYOCARDIAL IN FARCTION /Medical Immediate Cause (Final diseesa or condition resulting in death) Examiner ARTERIUSCLENOTIC CARDIVASCULAR DISPOSE sician end burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Division of Vital Records. P.O. Box 68760. ettending physician for use as the bune Physician/Medical Dua to (or as e consequance of) signed by the et d be deteched for Pert ii. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24e. Wes an autopsy performed? 24b. Were autopsy findings availabla prior to completion of cause of deeth? Completed peen 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 2 27. Magner of Deeth 28a. Dete of injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred Certification: 28b. Time of 5 Pending Investigation 1 Naturet 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcida 6 Could not be 28f. Location (Streaf end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 1 Pertifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) and manner stated. 29a. Certifier 29b. Signature end title of certifier 29d. Dete signed (Month, Day, Year) 10 30. Name end address of parson who completed cause of deeth (Item 23e) (Typa, Print) 11600 BOLLAND NE CUMBERLAND MO 2150) DONALD F. MANGEL 31. Dete filed (Month, Day, Year) State DEC 1 5 1997 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Items: 27, 28a-f per MEO G-765 11/12/ Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2 Date of Death **Physician** DEC. Pay, 1997 MARY MARGARET MILLER 11:40PM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Allegany Sacred Heart Hospital Cumberland If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Dete of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) **Funeral** 1 M 2 XF 213-82-1595 64 Yrs. Director 28-Jun-33 Maryland Usuel Residence of Decedent with the Maryland 10e Stete 10h Counts 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Modical Examination must be notified at 1 ☐ Yes 2 No Director Allegany Maryland Frostburg 10e. Street and Number 12004 Kemp Drive, N.W. 10f. Zip Code 10g. Citizen of What Country? 21532-U.S.A. Funerai death 12. Wes Decadant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Spacify Yes or No If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Maritel Status filed within 72 hours after 1 Never Merried 2 Married 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) Homemaker Homemaker Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Peges 1 end 2 should be filt ment of Health and Mental Hyant: If item 27 is marked oth jury or other traumatic event Be George Miller 2 **Agnes Eisentrout** 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Husband Charles W. Miller 12004 Kemp Drive Frostburg Maryland 21532-20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Steta 1 Burlai 2 Cremetion 3 Removal from State Department of Important: If eny Injury or page. 4 ☐ Donetion 5 ☐ Other (Specify) Frostburg Memorial Park 16-Dec-97 Frostburg, Maryland 21. Signetura of Funeral Service Lio 22. Nama and Address of Fecility 40 Durst Funeral Home, 57 Frost Ave., Frostburg, MD 21532 23a. Part 1. Enter the diseasa, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one cause on each line. Approximete Intervel Bety Onsat and Death **Physician** /Medical Immediate Ceuse (Finel disaesa or condition resulting in deeth) 30 nun Examiner Examiner weeke The law requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Last Box 68760, physician Physician/Medicai the Due to (or es e consequença of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, by 24b. Were autopsy findings available prior to Completed 24e. Wes an autopsy performed? page 2 should completion of causa of death? has certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No funeral director, 25. Wes casa referred to medical exeminar? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) 1 ☐ Yes 2 No Certification: To shis 28e. Dete of Injury (Month, Dey Year) 11/24/97 28b. Time of p 27. Manner of Deeth 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Pending Investigation After Attanding Natural after death. Director: Af Unknown M 1 Yes 2 No Slipped & fell on a curb X Accident the 6 ☐ Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 103 Bowery St. 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) In by 4 Homicide 6 e Hospital 124 hours a completely filled Street/Curb Frostburg, Md. Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier (Check only one) To the Within 2 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

7263

31. Dete filed (Month, Day, Year) State DEC16 Registrar

Roaut A Beginter's Separate !

pelos

ANGEL

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Legue ing

Type, Print) - 48 Taru Terroce Frost gung

DEC.

13166

3

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day **Physician** HAMMOND MOSSER ELEANOR December 16,1997 6:50 am /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Memorial Hospital Cumberland Allegany 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Month, Bay, Year 915 9. Birthplece (State or Foreign 10 M 20 F Months Days Hours Min 82 Yrs. 214-05-8737 Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits Corriganville MD Allegany 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? P.O. Box 155 -- Lapp Lane 21524 USA Funeral 12. Was Decadent Ever In U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1□ Yes Z□ No Specify: by Specify 3 Widowed 4 □ Divorced white Completed Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17 Fether's Name (First Middle Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Jacob A. Daniels Patience (Ginn) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3977 Littlestown Pike Apt. E Westminster MD 21158 David Mosser-son 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlal 2 □ Cremetion 3 □ Removal from State Restlawn Memorial Gardens 12/19 LaVale MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licens ²² Name and Address of Furieral Home Cumberland MD 21502 23a. Part1. Enter the disease, or comblications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting In death) a Cardiopulmonary Arrest One Hour Due to (or as a consequence of): C.A.D. Coronary Artery Disease One Year Exam Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or es e consequence of) Physician/Medical Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dld tobacco use contribute to the cause of death? 2 No 3 ☐ Probably 4 ☐ Unknown 1 Yes by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 ☐ Yes 2 No 27. Menner of Death Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpetient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury at Work? Certification: 1 A Natural
2 Accident 5 Pending Investigation 1 Yes 2 No 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 6 ☐ Could not be 3 ☐ Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

certificate be exec Box 68760 P.0. Records, Division of Vital

Funeral

Director

7 is marked other than "natural", or itama 23a or 28a-f show traumatic svent, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours efter deeth Department of Health and Mental Hygiene. Important: If item 27 Is marked other than "netural", or Itama 23 any Injury or other traumatic event, The Medical Evan ne mannant.

Physician /Medical

Examiner

physician and the burial-transit

80 esn jo

ed by the e

signed by t

peeu has certificate

Baltimore, Maryland 21215-0020

with the Maryland

al or Attending Physician: 7 s efter death.

N Director: After this certifical ed in by the funeral director, p filled in by To the Hospital o within 24 hours of To the Funeral D 3 Mes

State Registrar

29c. License number D 16041

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated.

29d. Date signed (Month, Day, Year)

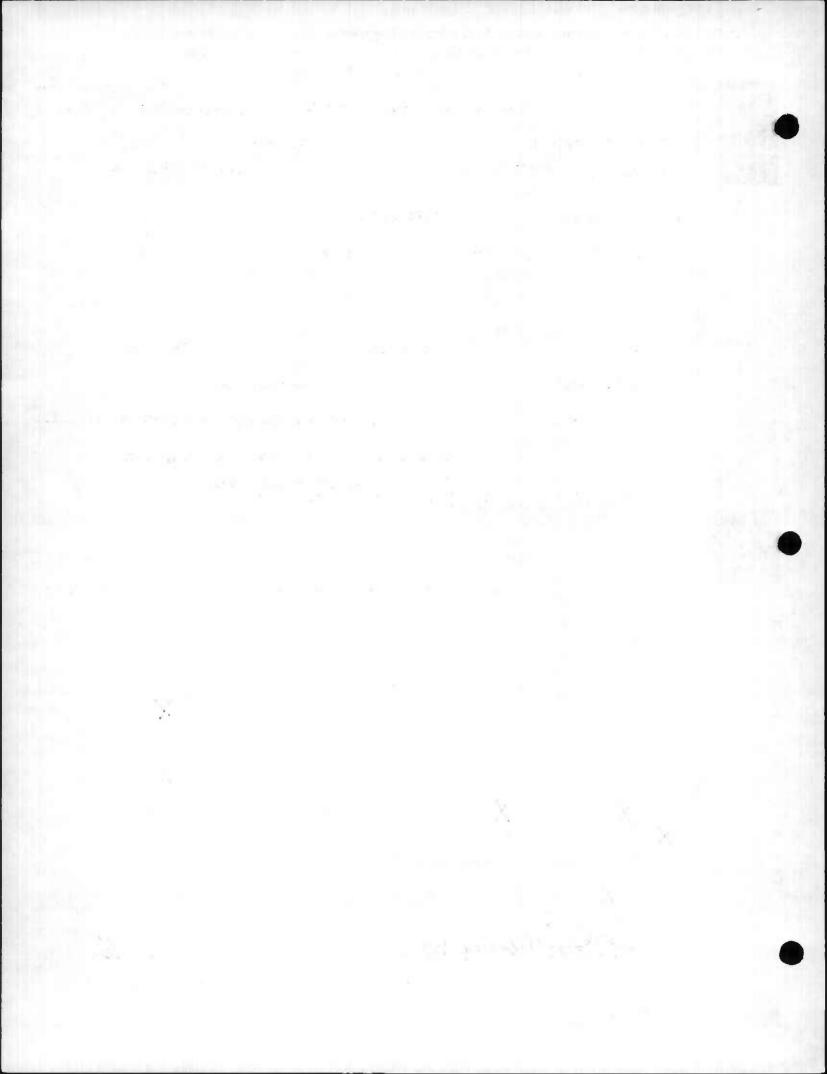
1997 December

30. Name and address of a on who completed cause of death (Item 23e) (Type, Print)

Terry Williams-Memorial Hospital Medical Building-Cumberland, MD 31. Date filed (Month, Day, Yeer)

29a. Certifier (Check only one) 29b. Signature a





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Vear DOROTHY MCGANN MARIE 2:35 am December 10, 1997 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Allegany Cumberland Memorial Hospital 5. Sociel Security Number If Under 1 If Under 24 Hrs. Dete of Birth (Month, Day, Year) NOV 18, 1919 6 Sax 7. Aga (In yrs. lest birthday) **Funeral** 9. Birthpleca (Steta or Foreign Days 1 M 2 F Months Couintry) 78 Yrs. Director 218-16-4539 Usuel Residence of Decedent death with the Meryland 10a State 10c. City, Town or Location Show 10b. County 10d. Inside City Limits Hygiene. other than "natural", or items 23a or 28a-f show rant, the Medical Examiner must be notified as Director Romney 1 Yes 2 No Hampshire 10e, Street and Number 10f. Zip Code 10g. Citizen of Whet Country? HC 63 Box 2580 26757 USA Funeral 12. Was Decadent Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No 11 Marital Status 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, atc. filed within 72 hours efter 1 Navar Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: þ Specify 3 Widowed 4 □ Divorced white Be Completed 15. Decedent's Education (Specify only highest grede complated) 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collage (1-4or 5+) Textile Retired 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middla, Meiden Sumeme) Pages 1 and 2 should be nent of Health and Mental s marked Leonard Williams 10 Maude (Fadley) 19a. Informent's Name/Retetionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda) Department of Health er Important: If Item 27 is any Injury or other trsu Shirley McCullough--daughter 229 Humbird Street; Cumberland, MD 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 Burial 2 Crametion 3 Remove from State Davis Memorial Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 12/12 Cumberland, MD 21. Signatura of Funarat Service Licentus 22. Name and Address of Fecility
Scarpelli Funeral Home Cumberland, MD 23a. Peri 1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or raspiratory arrest, shock, or hear feiture. List only one ceusa on each line. Approximate Intarvai Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel diseese or condition rasulting in deeth) Aspiration pneumonia 3 days **Examiner** Dua to (or es a consequance of): Examiner 20 years Emphysema The lew requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceusa (Disaase or injury that initieted avents rasulting in deeth) Last for use es the buriel-tran Dua to (or es e consequança of): P.O. Box 68760, ettending physician 20 years Chronic bronchitis Physician/Medicai Due to (or es e consequance of): Pert II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? ò 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Alzheimer's disease. of Vital Records, þ 8 24b. Wera autopsy findings available prior to completion of ceusa of deeth? Be Completed page 2 should 24e. Wes an eutopsy performed? peen Coronary artery disease. certificate hes 1 ☐ Yes 2 ☑ No 1 Yas 2 No or Attending Physician: director 25. Wes casa referred to medicel axaminer? 26. Placa of Death (Check only ona) Hospitel: 1 Inpatient 2 EP/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) Lo 1 Yes 2 No After this the funeral 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. injury at Work? 28d. Dascribe how injury occurred Division 5 Panding investigation 1 Naturat To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A 1 🗌 Yas 2 No 2 Accidant 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, straat, factory, office building, etc. (Spacify) filled in by 4 Homicide 29a. Certifier 1 Cartifying Physician: To tha best of my knowladga, daath occurred et tha time, data end plece, end due to the ceusa(s) and manner es steted.

2 Medicat Examiner: On the basis of examinetion end/or investigetion, in my opinion, daath occurred et the time, date end pleca, end due to the ceuse(s) end mennar steted. Medical completely (Check only 29b. Signetura and titia of certifian 29c. Licansa number 29d. Data signed (Month, Dey, Year) D18769 mis Neme and address of parson who completed ceusa of daath (Item 23e) (Typa, Print)

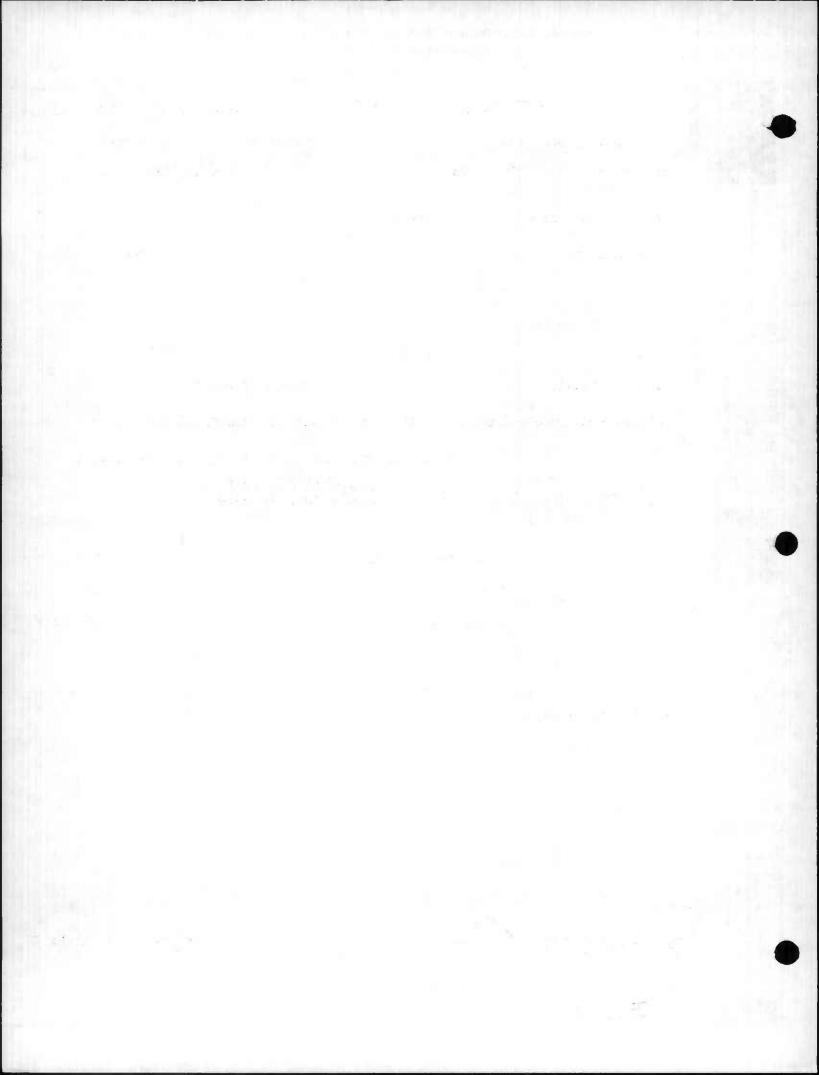
21502; James Raver

DHMH 16 Rev 6/95

State Registrar 600 Memorial Avenue, Cumberland, MD

32. Registrar's Signeture

31. Data fited (Month, Dev. Year) DEC1 7 199



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 07:39 Robert Rufus Norris 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 5714 Shookstown Road Frederick Frederick if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 6. Sex 1 M 2 □ F If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) Months Deys 60 Yrs 018-28-8694 March 5, 1937 Massachusetts Usual Residence of Decedent 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits Frederick Frederick Maryland 1 ☐ Yes 2√ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21702 U. S. A. 5714 Shookstown Road 12. Wes Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 1∆ Yes 2 □ No If Yes, Give Yeer or Detest 961 – 1981 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: white 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) U. S. Army Consultant 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumame) Walter R. Norris Ena Gauthier 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Irene Norris - wife 5714 Shookstown Road, Frederick, Maryland 21702 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 □ Cremetion 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify) Arlintgon National Cemetery2-11-97 Arlington, Virginia 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Stauffer Funeral Home Cer 1621 Opossumtown Pike, Frederick, Maryland 23e. Pert1. Enter the disease, or complications that caused treatenth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Inall call levy Cance Immediete Ceuse (Final diseese or condition resulting in deeth) Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Yss 2 No 3 Probably 4 Unknown 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth? 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Diaturel 2 Accident 5 Pending

Physician /Medical Examiner

permit. Pages 1 end 2 sh Department of Health end Important: If Item 27 Is m any injury or other traum once.

Physician

/Medicai

Examiner

Director

Funeral

p

Completed

0

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, i'ra Madical Examiner mast be notified at

12 should be filed within 72 hours efter death in end Mental Hygiene. Is marked other than "natural", or hame 22

Maryland 21215-0020

Baltimore,

Box 68760,

Records, P.O.

Division of Vital

with the Maryland

Examiner Physician/Medical

iclan and buriel-trans certificete be exec ettending physician for use es the burie signed by the e should should certificete this funeral After I or Attandin efter death. Director: Aft

p Completed Be P Certification:

Medical

3 Suicide

29a. Certifier

4 | Homicide

(Check only one)

State Registrar

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Year)

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

ween

1 Tyes 2 No

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) PURTEU

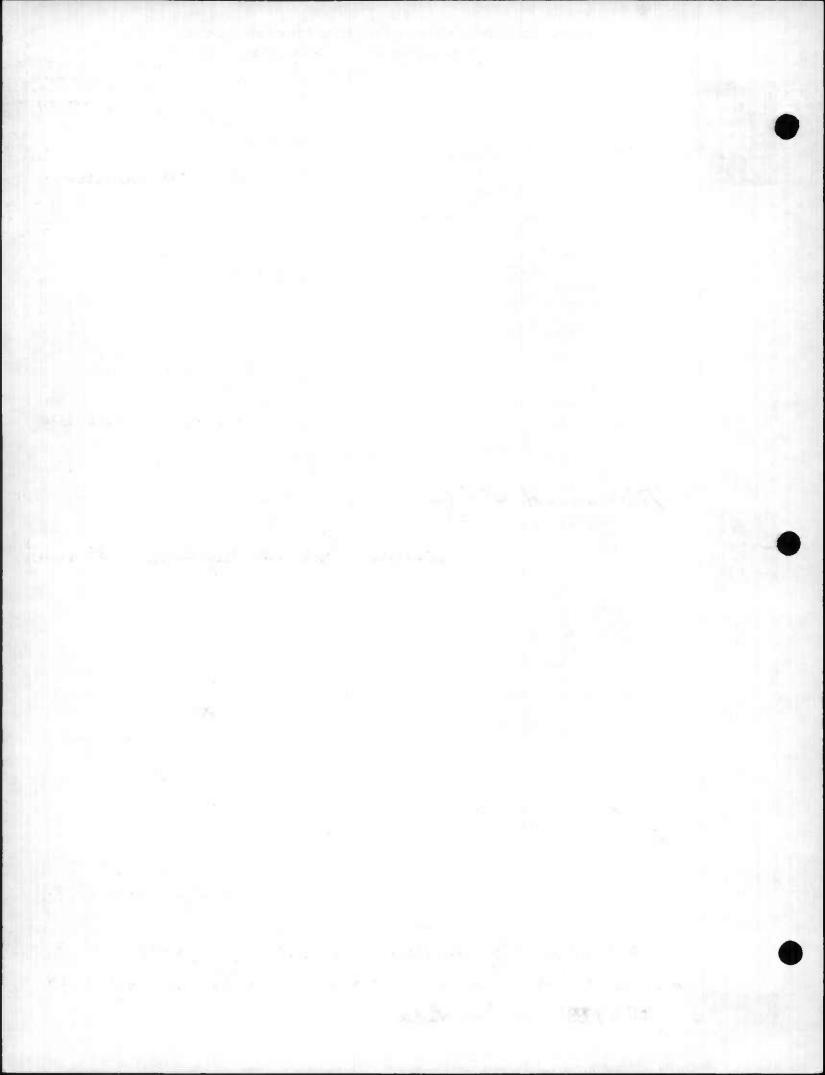
investigation 6 Could not be

> 4940 EAGERN AVE BALTIMORE Md 21224 JHBUNL

MILVIARL 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture DEC 0 9 199

24 hours e

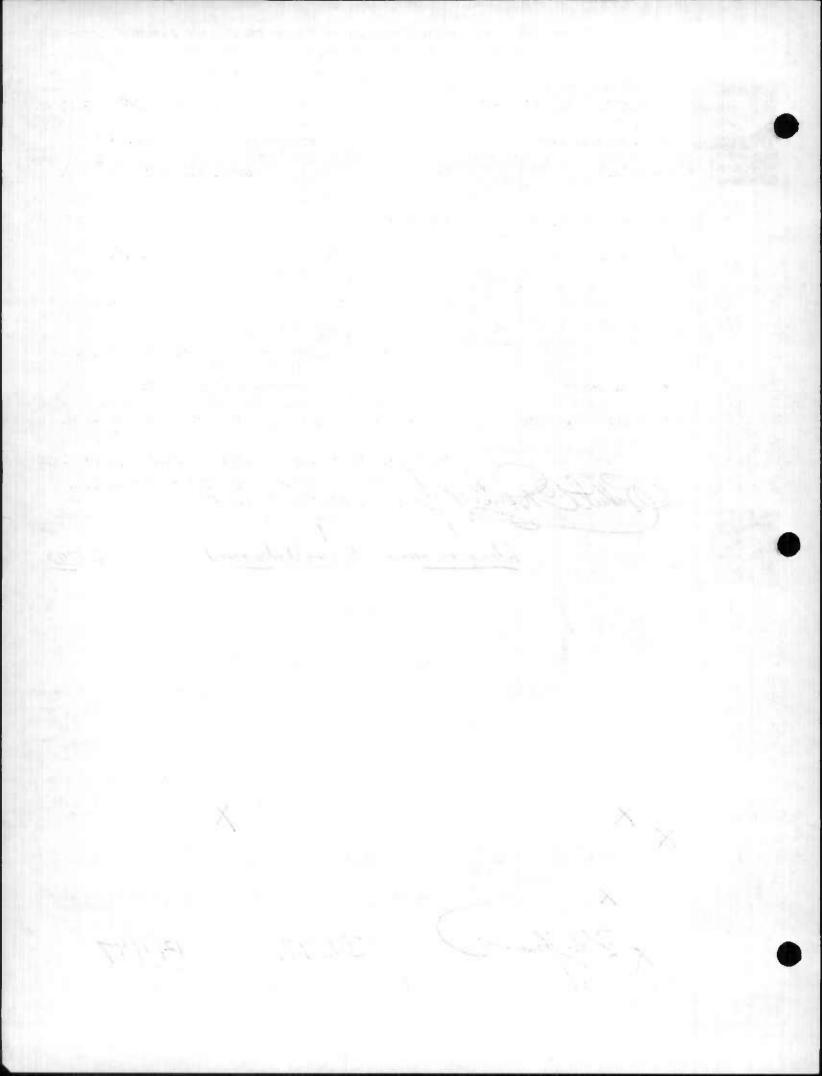
To the Hosp within 24 ho To the Fune completely fi



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middla, Last) 2. Deta of Death 3. Time of Death **Physician** 29ey GILBERT UBERTAS NEWBY 1997 Nov. 3:15 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 200 Magnolia Avenue Frederick Frederick If Union 1 Your If Undar 24 Hrs. . 8. Dete of Birth Hours Min. (Month, Dey, 5. Social Security Number 6. Sex . 1 M 2 □ F 7. Age (In yrs. lest birthday) 9. Birthpiece (Stete or Foreign Country) New York **Funeral** Months Days 142-18-8407 79 Yrs. Director Sept. 1918 Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or itema 23a or 28a-f shore Examiner must be notified at Director 1 Ves 2 □ No Maryland Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with 200 Magnolia Avenue 21701 U.S.A. death Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No if Yes, Give Yaar or Detes: 42-64 13. Wes Dacedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, atc. e filed within 72 hours after de ai Hyglene. other than "natural", or item vent, me Medical Examinal 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) School Administrator Board of Education other traumetic event, 17. Fether's Neme (First, Middle, Lest) . Pages 1 and 2 should be file timent of Health and Mental Hi tant: If Item 27 is marked oth jury or other traumatic even 18. Mother's Neme (First, Middle, Meiden Surname) Be Frank A. Newby Barbara Schauffhauser 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mary-Eleanor H. Newby/Wife 200 Magnolia Avenue, Frederick, Maryland 21701 20b. Placa of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Department of Important: If it any injury or or 1 ☐ Buriel 2 【Cremetion 3 ☐ Removei from Stata 12/1 4 ☐ Donetion 5 ☐ Other (Specify) Smithsburg Crematory Smithsburg, Maryland ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST., FREDERICK, MD 21701 23e. P. 11. Enter the disease, or complication . Do not enter the moda of dying, such es cardiec or raspiratory arrest, **Physician** /Medical Immediate Ceuse (Final diseasa or condition resulting in deeth) CAS WOOTHE 2 mos Examiner Due to (or es e consequenca of): Examiner sician and buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760. physician Physician/Medical the Due to (or es e consequence of): 88 980 signed by the atter Pert II. Other significant conditions contributing to death buf not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ should l 24b. Were eutopsy findings availebla prior to completion of causa of death? 24e. Wes en eufopsy performed? Completed hes page 2 certificate 1 Yes 2 No Hospital or Attending Physician: funeral director, 25. Wes case referred to medicel exeminer? Be 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Homa 1 Yes 2 No 5 Rasidence 6 Other (Specify) Certification: To this Manner of Deeth 28d. Describe how injury occurred 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? After 1 Naturel
2 Accident 5 Pending investigation s after death. 1 Yes 2 No 6 Could not be determined 3 Sulcida 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 - Homicide within 24 hours a To the Funeral C Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) and manner stated. Medical 29a. Certifian (Check only one) the 29b. Signatura and J 29c. Licansa number 29d. Data signed (Month, Day, Year) ess of pr ho completed cause of deeth (Item 23e) (Type, Print) Robert L. Kayfmann, MD 300 West Ninth Street, Frederick, MD 21701 31. Dete filed (Month, Day, Year) DEC 0 5 1997 32. Registrar's Signeture State Muchan Resoull Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Nov Ruth Elizabeth Nicholson 12:45 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 2939 Frye Road
5. Sociel Security Number 6. Se Jefferson Frederick Year If Under 24 Hrs. 8. Date of Birth
Days Hours Min. (Month, Day,
July 8 If Under 1 Birthplece (State or Foreign, Country) 7. Age (In yrs. last birthday) 1□M 20 F Months Days 212-38-7610 July 92 Yrs 1905 Washington DC Usuel Residence of Dacedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Frederick Director Jefferson 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2939 Frye Road USA 21755 Funeral 12. Was Dacedent Evar in U,S. Armed Forcas? 11. Maritei Status Wes Dacedent of Hispenic Orlgin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, atc. 1 Never Merried 2 Married 1 Yes 2 No If Yes, Give Yeer or Dates: þ **3** DrWidowed 4 □ Divorced Specify: White Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Coilega (1-4or 5+) Elemantery/Secondery (0-12) Physical Ed. Teacher Brunswick High 17. Fether's Neme (First, Middle, Lest) 18. Mother's Nema (First, Middle, Maldan Surname) Metta Rodella Buffington Rev. Charles E. Ely 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) P.O. Box 271, Brunswick, MD 21716 James B. Nicholson 20e. Method of Disposition 20b. Plece of Disposition (Nema of cematery, cremetory or other plece) 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from State Pipe Creek Cemetery 11/28 4 Donetion 5 Other (Specify) New Windson, MD 21. Signature of Funeral Sarvica Licensee 32. Name and Address of Facility and Funeral Home Owner 100 Petersville Rd Brunswick MD Banbana A. Williams, 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. PROGRESSIVE Immediate Causa (Fine) DEMENTA MINNY YEARS Due to (or es a consequence of) Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Causa (Dlaeese or Injury that initieted avants rasulting in deeth) Lest Due to (or es a consequence of): Dua to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of causa of deeth? 24a. Wes en eutopsy performed? 1 Yes 2 No 1 Yes 2 No 25. Wes casa referred to medical exeminar? 26. Piece of Death (Check only ona) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 Yas 2 No Other: 4 Nursing Home Residence 6 Other (Specify) 28e. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how Injury occurred 28c. Injury et Work? 5 Pending Invastigation 2 Accident

Physician /Medical Examine

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural" or hand injury or other traument.

Baltimore, Maryland 21215-0020

Examiner physician end the burial-transit Physician/Medical should be dete þ Completed page 2 funeral director, Be Certification: To filled in by

Hospital or Attending Physicisn: The law requires that the death certificate be executed

After this

24 hours after death. Funerel Director: Al

To the Hosp within 24 hou To the Fune completely fi

P.O. Box 68760,

Division of Vital Records.

6 Could not be datermined

28e. Plece of Injury - At home, farm, street, fectory, office building, atc. (Specify)

1 Yas 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29e. Cartifier

3 Suicide

4 Thomicide

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, daeth occurred et the time, date end plece, end due to the ceuse(s) end menner stated.

29b. Signeture end title of certifier

29c. Licanse number 16675

MD

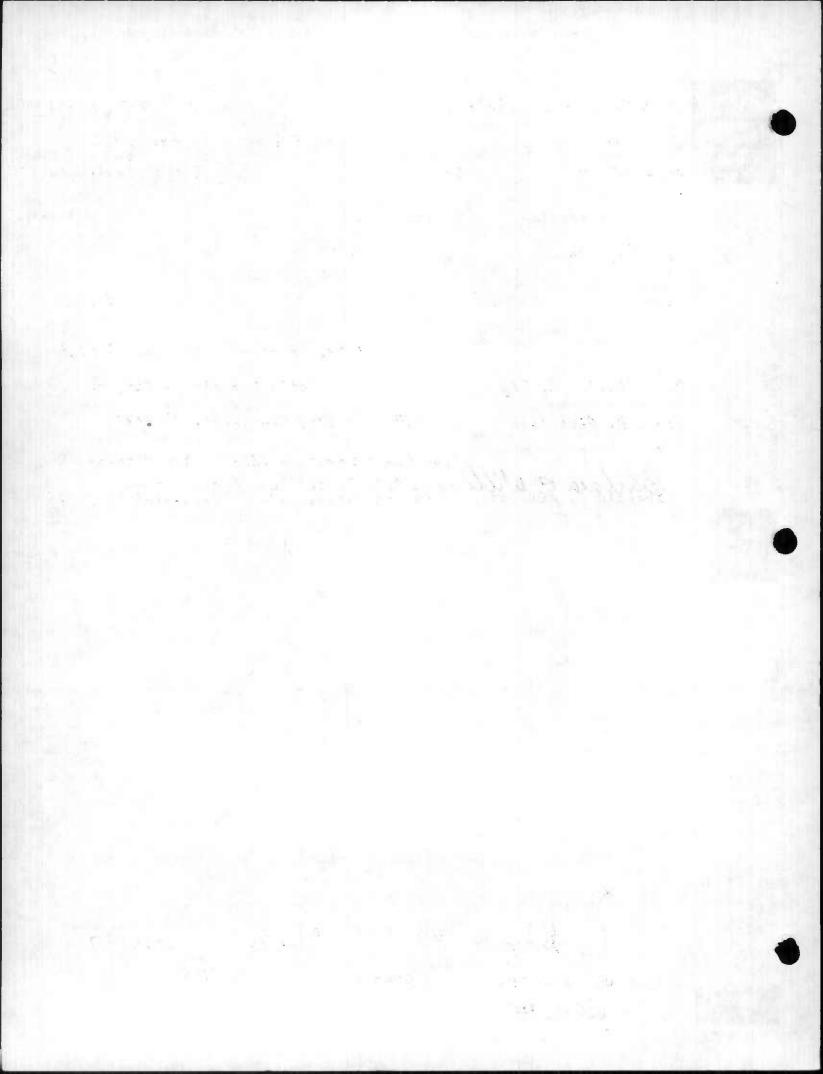
29d. Date signed (Month, Day, Year)

30. Name end eddress of person who complated use of daeth (Item 23e) (Typa, Print) BRUDSWICK MUGHER

32. Registrer's Signeture 31. Dete filed (Month, Day Year)

State Registrar

Medical



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Charles Franklin Nikirk 4c. County of Death 7:30 a.m. December /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** Frederick Memorial Hospital Frederick Frederick 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 10XM 2□ F 220-16-1683 Director 83 May 19,1914 Maryland Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City, Town or Location "natural", or itema 23a or 28a-f show 10d. Inside City Limits Maryland Frederick Frederick Funeral Director 1X Yes 2 No 10e. Street and Number 10g. Citizen of What Country? U.S.A. 10f. Zip Code 21702 182 Poinsett Lane 12. Was Decedent Ever in U,S. Armed Forces? 11. Merital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indien. permit. Pages 1 end 2 should be filed within 72 hours affer to Denominant of Health end Mental Hygiene.
Important: If Item 27 is marked other than "natural", or iter any injury or other traumatic event, the Medical Example Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 X No Specify. Completed by Specify: 3 Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Sacondary (0-12) Cotlege (1-4or 5+) Painting Contractor Construction 10 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) NIKIRK Glen R SHEFFIELD Annie Naomi 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Mrs. E. Ruth Nikirk 182 Poinsett Lane, Frederick, Maryland 21702 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremation 3 ☐ Removal from Stete Mt Olivet Cemetery Dec 10,1997 Frederick, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Lice Keeney & Basiord P.A. Funeral Home M00706 106 E Church Street, Frederick, Maryland 21701 Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, or heart failure. List only one cause on each line. **Physician** Respiratory failure Aspiration Preumonin /Medical Immediete Cause (Final disease or condition rasulting In death) Examiner Physician/Medical Examiner 2º Neurosyphylis ician and buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Disease or Injury that hitiated evants resulting in death) Last Division of Vital Records, P.O. Box 68760, physician the burie Due to (or es e consequença of) signed by the ettending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Ware autopsy findings evaltabla prior to completion of cause of death? 24a. Was an eutopsy performed? peen has page 2 certificate 1 ☐ Yes 2 ☐ No 1 Yes Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certifica funeral director, 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospifal: 1 Yes 28 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Medical Certification: To 1 npatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury af Work? 28d. Describe how injury occurred 1 Natural
2 Accident 5 Panding Investigation 1 Yas 2 No 6 Could not be determined 3 Suicide 28e. Place of Injury - Af home, ferm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homlcida Certifying Physician: To the best of my knowladga, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, daath occurred at tha tima, data and placa, and due to the cause(s) and mannar statad. 29a. Cartifier completely (Check only one) Within 2 29b. Signatura and fitla of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Nama and address of person who complated cause of death (Item 23a) (Type, Print) Frederick, Md. 24 Mil James 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State Jalia Shuden DEC 081 Registrar

DHMH 16 Rev 6/95

Africa Character and Character

THE R C ST

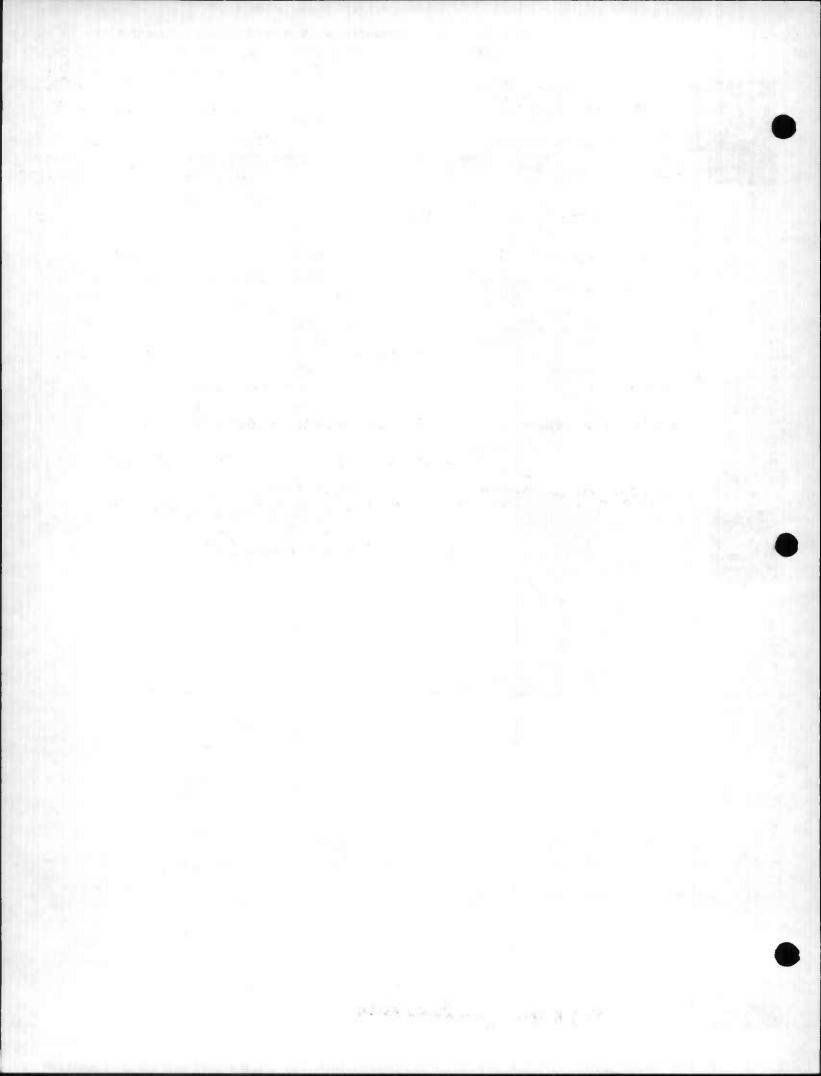
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Deeth Month **Physician** ROBERT CARL NAGLE 12:15 AM December 14, 1997 /Medical 4e. Feclifty Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 4239 Mockingbird Circle Waldorf Chalres H Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)

Jan. 14, 1 5. Social Security Number If Under 1 Year 6 Sex 7. Age (In yrs. last birthday) 9. Birthplece (Stete or Foreign **Funeral** Months 1 MM 2□ F Days 207-24-1992 Yrs. 65 Director 1932 Pennsylvania Usuel Residence of Decedent Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Wedical Examiner must be nothing at Maryland Charles Waldorf 1 ☐ Yes 2 ☑ No Director the 10e. Street end Number 10f. Zip Code 10g Citizen of What Country? 4239 Mockingbird Circle 20603 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1953-54 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Marital Status 72 hours after 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: White Specify þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygient Important: If Item 27 is marked other the any Injury or other trainment. Parts Manager Elevator Control 18. Mother's Name (First, Middle, Malden Surneme) 17. Fether's Neme (First, Middle, Last) Be Thomas V. Nagle Beatrice M. Fees 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Kathleen Fay - Daughter 4008 Bittern Ct., Waldorf, MD 20603 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ☐ Burial 2 💆 Cremetion 3 ☐ Removal from Stete Waldorf, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Huntt Crematory 12 - 1821. Signetuse of Funeral Service Licensees

Mannon W. Ramirez-M00798 22. Name end Address of Fecility Huntt Funeral Home, Inc. P. O. Box 156, Waldorf, MD 20604-0156 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth the lung Carner, **Physician /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner certificate be executed the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest and Due to (or es e consequence of): P.O. Box 68760. physician Physician/Medical Due to (or es e consequence of): 88 ettending p Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by 24b. Were eutopsy findings evelieble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? peen pege 2 has certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p Be 25. Was case referred to medical 26. Piece of Death (Check only one) exeminer' Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 27. Menger of Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation Injury 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end manner steted. (Check only one) Zic License number 29b. Signature and title of cert 29d. Date signed (Month, Dev. Year) 30. Name and address of person cause of deeth (Item 23e) (Type, Print) Dr. Daniel M. Howell, 11345 Pembrooke Sq. #104, Waldorf, MD 20601 32. Reg Signeture 31. Dete filed (Month, Dey, Year) State Registrar DEC1 6 1997



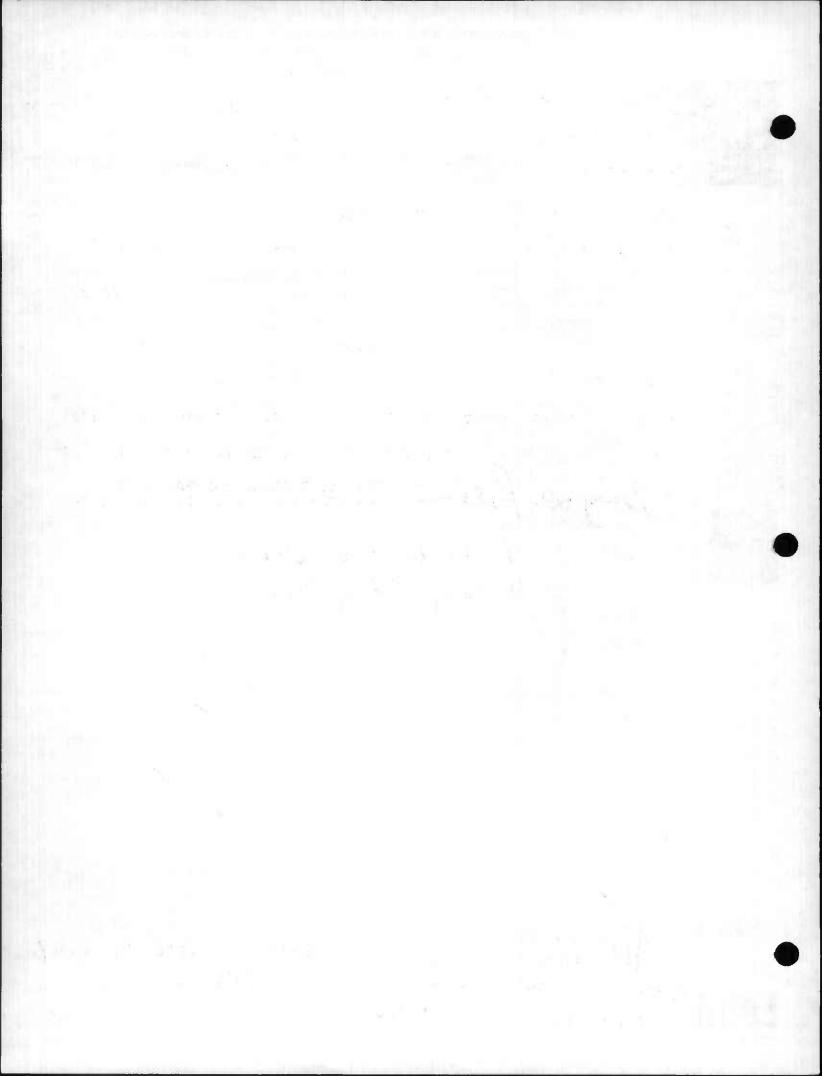
State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 3. Tima of Death 2. Date of Death Month **Physician** ONLEY CHARLES HENRY 11:45 AM DEC. 97 /Medical 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 13 TANEY APTS FREDERICK NA 5. Social Security Number If Undar 1 Year 8. Date of Birth Alf R. 26 Year) 20 If Under 24 Hrs. Birthplaca (Steta or Foraign Country)
 MD* 7. Age (In yrs. lest birthday) **Funeral** 1**X** M 2□ F 217-10-0574 Yrs. Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28a-f show traumstic event, tra Modical Examiner must be notified at MD. NA FREDERICK 1 Yes 2 No Director 10e, Street and Number 10f. Zip Coda 10g. Citizen of What Country? with U.S.A. 13 TANEY APTS. 21701 Funeral death 12. Was Decedent Ever In U,S. Armed Forces? 1 XYas 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. filed within 72 hours after 1 Nevar Married 2 Married Specify: BLACK altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: p 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withit Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumetr. Elementary/Secondary (0-12) College (1-4or 5+) LABORER CONSTRUCTION 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame)
NANNIE AMBUSH HENRY ONLEY 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code, 321 MADISON ST. FREDERICK, MD. 21701 GEORGE P. ONLEY (BROTHER) 20b. Place of Disposition (Neme of 20a. Method of Disposition Date 20c. Location - City or Town, State RESIDENCE OF STATE OF 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name and Address of Facility
GARY L. ROLLINS FUNERAL HOME 21701 WEST SOUTH ST. FERD. MD. 110 23a. Part. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart hallure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaase or condition resulting in death) Examiner Examiner certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In death) Last end Due to (p) as a consequence of) physician e Box 68760 Physician/Medical the Due to (or as a consaquanca of): ettending for use as P.O. | signed by the ed be detached Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributs to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown COPD Records, λq 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy peen complation of cause of death? Hes page 2 2. No 1 Yas 1 ☐ Yes 2 ☐ No certificate Division of Vital the Hospital or Attending Physician: hin 24 hours after deeth. director Be 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4□ Nursing Homa 5 Residence 8 □ Other (Specify) 2 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident Director: / 3 ☐ Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide within 24 hours eft To the Funeral DI completely filled in 12 Certifying Phyalclan: To the best of my knowledge, death occurred et the time, date end piece, and due to the cause(s) and manner as stated.

12 Certifying Phyalclan: To the best of my knowledge, death occurred et the time, date and due to the cause(s) and manner stated.

13 Certifying Phyalclan: To the best of my knowledge, death occurred et the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signatura and title of certified 29d. Data signed (Month, Day, Yaar) 29c. License number 2 30. Ner ddress of person v ho completed cause of death (Item 23a) (Type, Print) Ne FRED ND 21702 1475 32. Registrar's Signature State Registrar

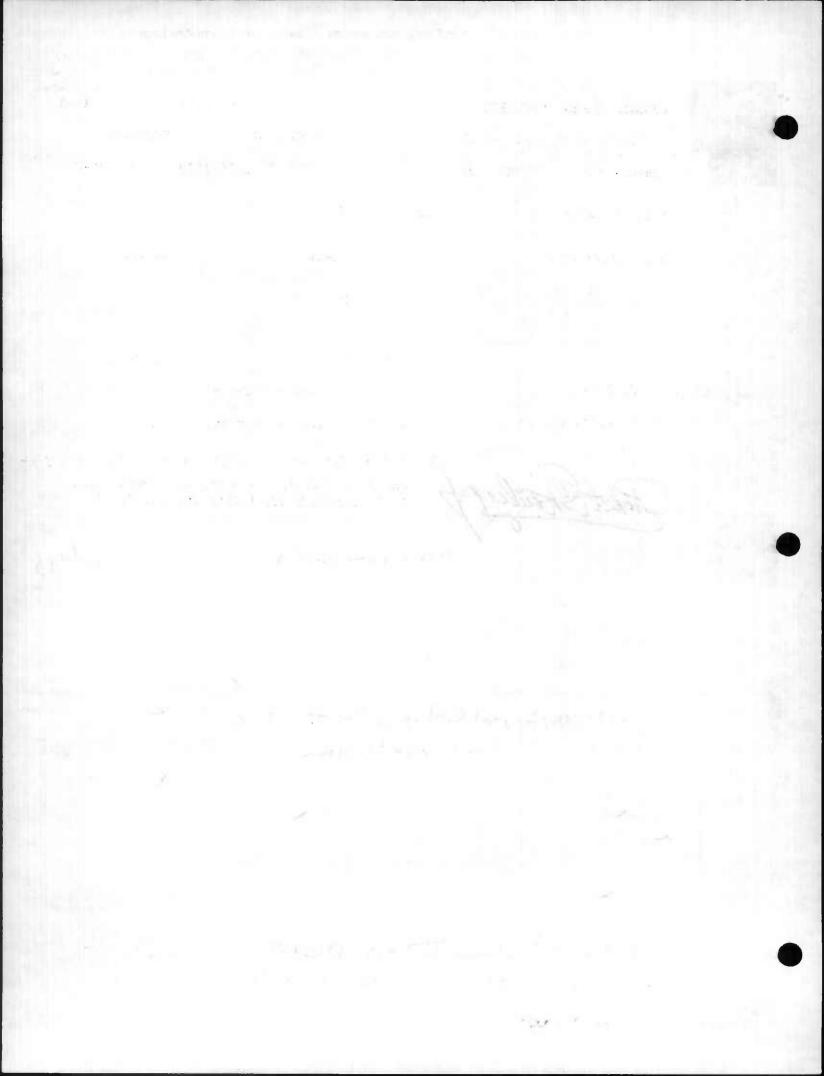
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene, -

					Cei	rtificate of	Death		Reg. I	No. 9 /	39	263		
Physicia		1. Decedent'a Nama (First, Middle, L.	ast)					2. Date of D		Day _	Year	3. Time of Death		
Physician /Medica		BESSIE CLARA	PHILLIPS					DEC. 8		997		1445		
Examine	er	4a. Facility Nama (If not institution, gi HOMEWOOD RETIRI		•			FREDERI		th	4c. County of Death FREDERICK				
uneral irector		134-05-3654	Sex 1□ M 2√F	Age (In yrs. last bir 78	thday) Yrs.	if Under 1 Year Months Days		Hrs. 8. Date of B	inth 9/1/9	ar)	9. Birthplace NEW OUT C	e (State or Foreig RK		
Hed at	tor	Usual Residence of Decedent 10a. State 10b. County N.Y. CATTAR	AUGUS	10c. City, Tow FRAN		cation INVILLE					. Inside City Limit			
23a or 28	al Director	10e. Street and Number 7 PLYMOUTH AVE	NUE			10f. Zip Code 1473	7		10g. (Citizan of V	What Country	?		
E Par	by Funeral	11. Marital Status 1 □ Never Marriad 2 □ Married 3 □ Widowed 4 □ Novorced	12. Was Dacede Armed Force 1 Yes 25 If Yes, Give Year or Date:	s? ŲNo	 13. Was Decedent of Hispanic Orig If Yes, specify Cuban, Mexicen, 1 ☐ Yes 2 ☑ No Specify: 			? (Specify Yes or N uerto Ricen, etc.)	Specify:					
than "natural",	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondary (0-12)	16a.	6a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do NOT use retired) Homemaker Her Home										
50	ne C	17. Fether'a Neme (First, Middle, Las	1)	,	18. Mother's Name (First, Middle, Maiden Surneme)									
	0	Bert G. Bowen Emily Coleman												
		19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State,										ode)		
NE		Harry J. Phillips	s/Son				Ct., Fr	ederick,	T					
5 = 2		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Sp		ta cemete	ry, crer	sition (Name of natory or other place 11ey Ceme	,	Date 20c. Location - City or Town, Stata 12/11 Great Valley, New Yo						
Important: I any injury once.		21. Signature of Funeral Sepuls Lice	Poles	A				& SON FUN				.A.		
ise as the buriel-transit	Medical	disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last	b	Due to (or as a Due to (or as a d	consec	uence of):	<i></i>)	1145		
igned by the ettendir be detached for use	Fnysiciar	Part II. Other significant conditions							i tobac	co une co		ne cause of death		
should should		Carres	,于三	ndon	18	triun	~ ·	24a. We per	s an eu iormed'	topsy	availe	autopsy findings able prior to detion of ceusa ath?		
page 2	E							1	Yes	2 No	10Y	'es 2□ No		
s certificate director, pag		25. Was cese referred to medical examiner?					26. Place of	Death (Check only	one)	1				
00	2	1 Yes 2 No		tient 2 ER/Ou	tpatien		4 Nursir	-	_	nce 6 Other (Specify)				
the fune	ication:	27. Manner of Death Statural 5 Pending Investigation 3 Suicide 5 Could not be determined 28a. Dete of Injury 28b. Time of Injury 28										loute Number		
E 0	١	4 Homicide determined	building,	injury - At home, fa etc. (Specify)				City or To	own, St	ate)				
To the Funeral Completely filled	-	(Check only one) 2 Medical Example (Check only one)	nyalcfan: To the bes miner: On the basis and manner	of exemination an	dor in	estigetion, In my o	ppinion, death o	ece, end due to the occurred et the time	, dete e	end place,	end due to th	e ceuse(s)		
Ton	29b. Signature and fittle of certifier 29d. Date DE										8, 199			
		30. Name and eddress of person who C.E.CLINE, III	MD 300	W. 9TH S	ST.	FREDERIC	K, MARY	YLAND 21	701					
State	9	31. Date filed (Month, Day, Year)	32. Regis	strar's Signature		-								



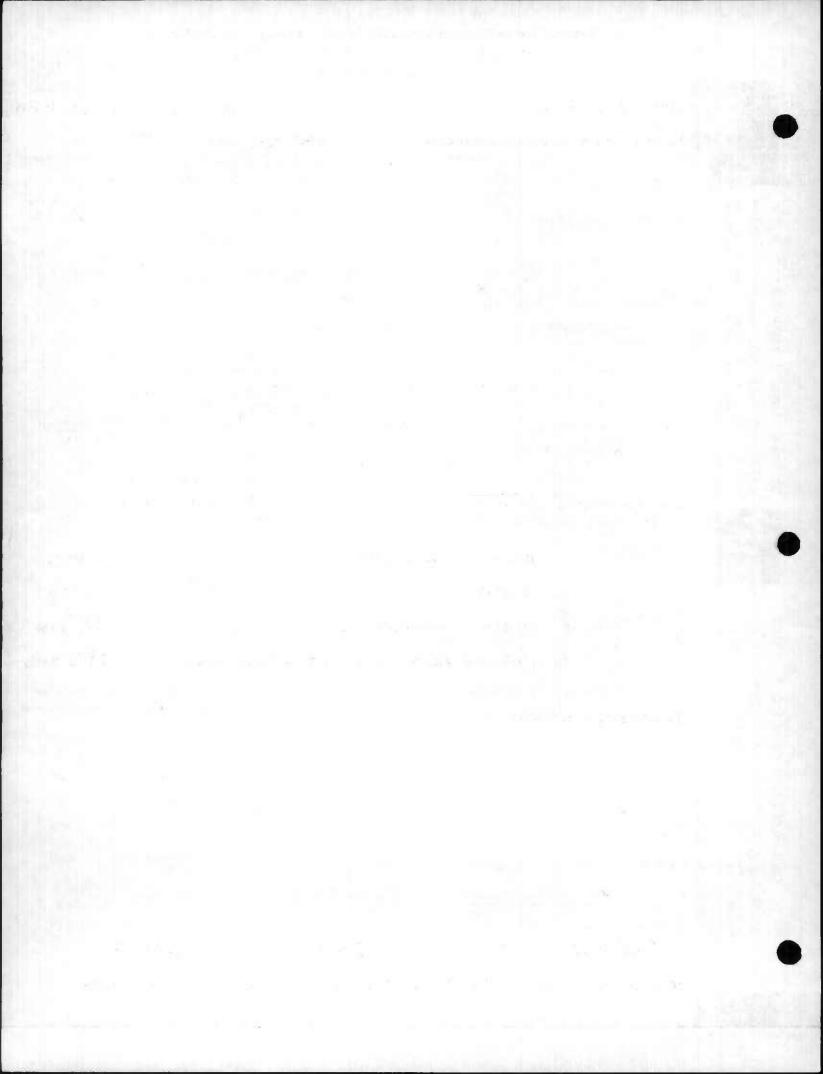


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month BABY BOY REID 09:30Pm 12 97 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner JOHNS HOPKINS BAYVIEW MEDICAL CENTER BACTIMORE CITY If Under 1 Yeer | If Under 24 Hrs. Months | Days | Hours | Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 12 M 2 F Days Vrs Director Nov. 18, 1997 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits ref', or items 23s or 28s-f show Examiner must be notified at 1 Yes 2 No Director Maryland Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 90 21702 Funeral death Waverly Dr. United States 12. Wes Decedent Ever In U,S. Armed Forces?

1 Yes 2 No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11 Maritel Stetus Peges 1 and 2 should be filed within 72 hours after neat of Health and Mental Hygiene.

one If I ferm 27 is marked other than "naturel", or the nry or other traumatic event, the Model Entities any or other traumatic event, the Model Entities. Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: Black 1 ☐ Yes 2 No by 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 0 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be ALLEX BENBOW, SR. LAKEYSIA 19a. informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Bldg. AA Apt. 304, / Frederick, Md. 21702 90 Waverly Dr./ Allex R. Benbow, Sr./ father 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Dete permit. Peges
Department of
Important: If its
any injury or o 1 ☐ Burlal 2 Cremetion 3 ☐ Removel from State 4 ☐ Donelion 5 ☐ Other (Specify) Hagerstown Crematory Hagerstown, Md. 22. Name and Address of Facility Stauffer Funeral Home 21. Signature of Funerel Service Licensee 1621 Opossumtown Pike/ Frederick, Md. ther the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, or heart failure. List only one cause on each line. 21702 Approximate Interval Between Onset end Death Physician immediate Cause (Finel disease or condition resulting in death) /Medical BACTERIAL PNEUMONA DAYS Examiner Due to (or as a consequence of) Physician/Medical Examiner 3 DAYS SEPSIS The law requires that the death certificate be executed physician and s the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Due to (or as e consequence of): Box 68760, · HYALINE MEMBRANE DISEASE thet initieted events resulting in death) Last Due to (or es a consequence of): 88 EXTREME PREMATURITY 27 WEEKS GESTATION use a P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown THROMBOCYTOPENIA Division of Vital Records. þ 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24e. Was en eutopsy performed? page 1□ Yes 2 No 1 Yes 2 No or Attending Physician: funeral director. Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatieni 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To After this 27. Manner of Death 1 Naturel 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation s efter death. 1 ☐ Yes 2 ☐ No the f 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) P 4 | Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) and menner es stated.

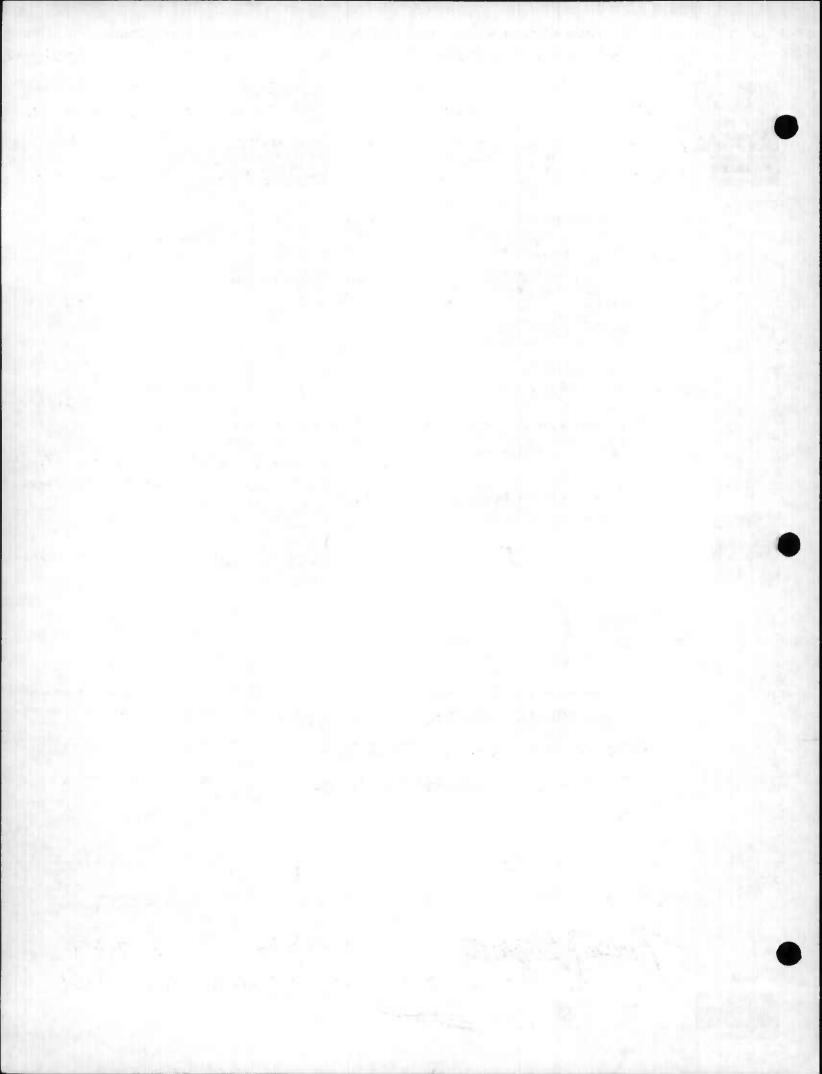
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date and placa, end due to the cause(s) and manner stated. within 24 hor To the Fune completely fi (Check only one) 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month, Day, Year) DZ9866 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) 4940 BASTERN AVENUE MARK D BALTIMORE, MD ZIZZY HARRIS 31. Date filed (Month, Day, Year) 32. Registrer's Signature State Heli Sandson Revelall Registrar DEC 0 8 1997



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Allen. Ruffin , December 6, 1997 4:03 P.M. /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 7. Age (In yrs. lest birthday) If Under 1 Year Frederick Memorial rederick Fredorick If Under 24 Hrs. Hours Min. 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 1X) M 2 F 045-24-0629 Director March 29,1930 CONNecticut Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Fredorick 1 Yes 2 No Director Burkettsville 10e. Street and Number 10g. Citizen of What Country? 6 East Main STreet items 23a USA filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No Korea If Yes, Give Year or Dates: 1951–53 14. Rece - American Indian, Black, White, etc. 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 ☑ Married 6 1 Yes 2 No Specify: by White 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry it of Health and Mental Hygiene. If item 27 is marked other than Elementary/Secondary (0-12) College (1-4or 5+) publishing Editor Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Pages 1 and 2 should be nent of Health and Mental RUFFIN, SM, Edith Humphries 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2/7/8 116 Fast Moin St, Bunketts ville, Md, ce of Disposition (Name of Date 20c. Location · City or Town, State Marilyn RUFFIN Baltimore, other 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dec, 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 0 permit. Page Department of Important: If any Injury or Resthauew Crematory 18,1997 Frederick, Maryland Legsurp-Stein, INC, 230 Boltimore AUP, 21. Signature of Funeral Service Licensee Ernest a. poly/p. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervat Between Onset end Death **Physician** /Medical Immediate Ceuse (Finet Hemorrase INTRACEVERMIC 37 Hours disease or condition resulting in death) **Examiner** Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In death) Last and Due to (or as e consequence of): Box 68760, Due to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown INTVA-ATVIAL SEPTAL MELLYSIM Records, 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Wes en autopsy vom Boem Bail this certificate has COVONING 1 Yes 2 □ No 1 ☐ Yes 2 No Division of Vital Attending Physician: Be 25. Wes case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No filled in by the funeral 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of 5 Pending investigation 1 Natural 2 Accident death. 1 Yes 2 No s after death 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 6 To the Hospital within 24 hours a To the Funeral Completely filled Hospital Medical 29e. Certifier 154 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the ceuse(s) end menner es steted.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certific 29c. License number 29d. Date signed (Month, Day, Year) of death (Item 23a) (Type, Print) YOU! eperial 82. Registrar's Signature Day, Year) 31. Dete filed (Month. State

Registrar



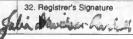
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day **Physician** Month 9:10 P.M. SARAH RANK 14, 1997 DEC /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** FROSTBURG VILLAGE NURSING HOME FROSTBURG ALLEGANY 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) Funeral 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) 1□ M 200 F Months Deys Yrs Director 218 60 1980 JUNE 12,1909 MARYLAND Usuel Residence of Decedent with the Maryland 10e State 10h County 10c. City, Town or Location 10d, inside City Limits 28a-f ehow the Medical Examiner must be notified at MARYLAND ALLEGANY Director FROSTBURG 1 Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò items 23a 4 ORMOND STREET 21532 by Funeral U.S. filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 N No It Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No 3√2 Widowed 4 □ Divorced Specify: WHITE "natural", Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "na any injury or other traumatic event, ma hard once. Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be GEORGE KRAPF 2 JANE YEIDER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARTHA JENKINS / COUSIN 16821 MONTEL ROAD, SW, FROSTBURG, MD 21532 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Burlai 2 □ Cremetion 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) FROSTBURG MEMORIAL PARK 12/17/97 FROSTBURG, MD 21532 21. Signature of Funerei Service Licens 22. Name end Address of Facility SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical heart Failure: Reliminary Edema J Immediate Ceuse (Final disease or condition resulting in death) Examiner Due to (or es a consequence of): Hospital or Attending Physician: The law requires that the death certificate be assecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, physician Physician/Medical Due to (or es e consequence of): been signed by the a should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Be Completed 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? certificata 1 Yes 212 No 1 ☐ Yes 2 ☐ No 25. Was case reterred to medical examiner? 28. Place of Death (Check only one) 10 1 ☐ Yes 2[] No Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA s after death.

I Director: After this od in by the funeral di After this 28e. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. injury et Work? Certification: 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and manner as steted.
2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) andling KOD 3

State Registrar 31. Date tiled (Month, Day, Year)

L. SANDHIR, M.D.,



48 TARN TERRACE, FROSTBURG, MD 21532

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

Mas

Hanley M. Sterre

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Data of Deeth 3. Time of Death **Physician** Stafford December 11, 199 Melvina /Medical 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 2a | +05p; +a | 7. Aga (In yrs. lest binhday) | If Under 1 Year Lorchester General If Under 24 Hrs. 8. Dete of Bir Hours Min. (Month, De Dorchester 5. Sociel Security Number 8. Detê of Birth (Month, Dey, Yeer) Feb. 23, 1926 Mary land 9. Birthpleca (Stete or Foreign Country) Funeral 1 M 200 F Months Days Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yes 2 No Director Maryland Dorchester Cambridge 10e. Street end Number 10g. Citizen of What Country? 3-2/6/3 ROSEMONT Avenue by Funeral USH 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Ricen, atc.) 14. Reca - Amarican Indien, Bleck, White, etc. 11. Marital Status 1 (D Nevar Married 2 ☐ Married 1 ☐ Yes 2 D No If Yes, Give Yeer or Datas: 1 Yas 21 No Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) CRab-Picker SeafooD 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Stafford Milbourne Winnie Bertha 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Milbourne thurston Stafford 200. Method of Disposition 200. Ple 20b. Place of Disposition (Name of cametery, cremetory or other place) Dete 200- Location - City or Town, State 1 Burial 2 Cremetion 3 Ramovei from State Bethel Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funerel Sarvica Licensee 22. Nama and Address of Facility Home Henry Funeral 23a Part. Finer the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiretory errest, Approximete Approximete **Physician** /Medical Immediate Cause (Final hrs disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Tyss 2 No 3 Probably 4 □ Unknown þ Completed 24b. Were eutopsy findings available prior to completion of ceuse of deeth? 24a. Wes en eutopsy performed? 100m 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) 2 1□ Yes 2□/No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 □ ER/Outpetient 3 □ DOA 27. Menner of Deeth Medical Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Matural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicide

Examiner The law requires that the death certificate be exec Division of Vital Records, P.O. Box 68760. or Attending Physician: death.

signed by the cartificata After this Director: in by the To the Hospital or At within 24 hours after of To the Funeral Direct completaly filled in by

must be notifie

traumatic event, the Medical Examiner

h and Mental ? Is marked of

Item 27

8

Baltimore, Pages 1

> 6 ☐ Could not be 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 29a. Certifier

1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner es steted.

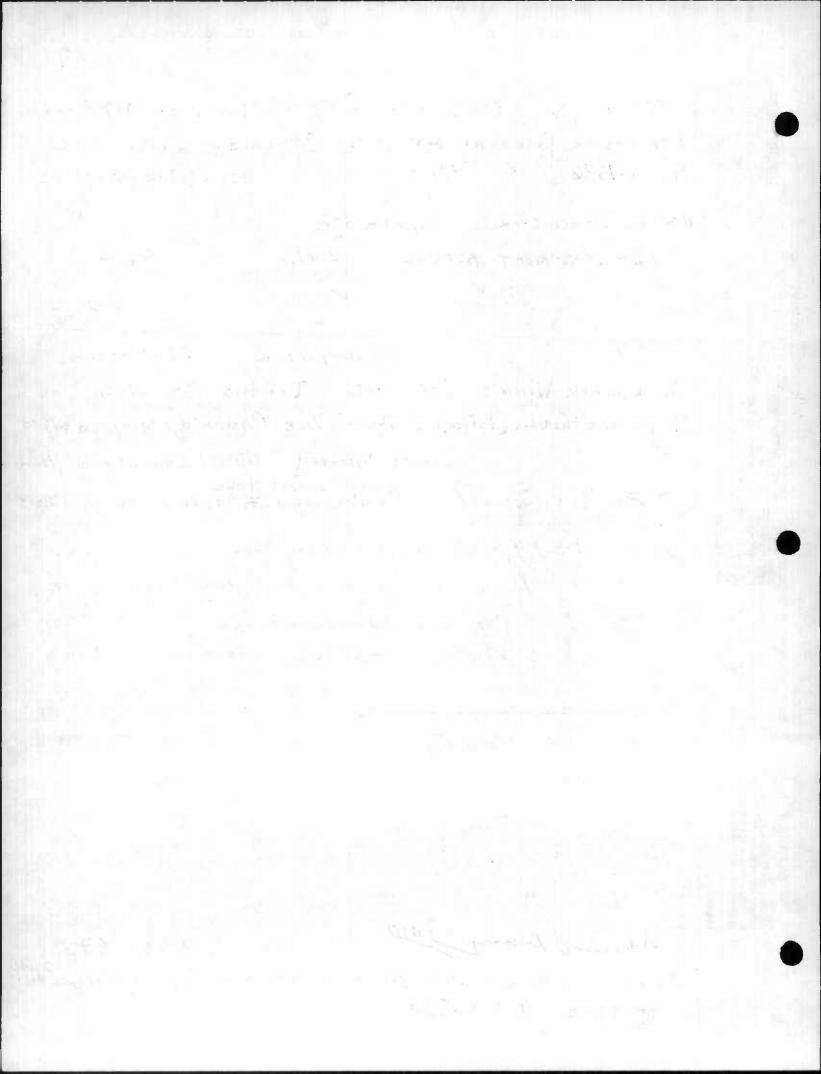
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29b. Signetura and title of certifiar 29c. Licensa number

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Amora Street Arm ED 103

State Registrar 31. Dete filed (Month, Day, Yeer) 5 1997

32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene 3 9 2 Certificate of Death Reg. No.	-41		0.0-1		
State of Maryland / Department of Health and Mental Hygiene 7 202		Certificate of Death	Reg. No.	0 2 6	00
	State	te of Maryland / Department of Health and M	ental Hygiene	392	68

								Cei	tificate	e of	Death			Reg. N	0.	J	6	, 0		
Physician /Medical	1	1. Decedent's Neme (First, Middle, Last) Grace Shower											2. Dete of D Month Novemb	D						
Examiner	_	e. Facility Nama (III					- 111													
Funeral Director		5. Social Security N 220-52-		6. Se	эх □м 2 □ №	7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) JULY 21 31					31	9. Birthpl CAN	ADA	ete or Foreign						
	-	Usual Residence of																		
r 28a-f show notified at		MD .	10b. County	NA			10c. City, T	own or Lo												
3a or 28 silbe no al Dire		10e. Street end Number 4811 B MOUNT ZION RD.							10f. Zip	Code 217	03			10g. C			try?			
Examiner must be notified Examiner must be notified by Funeral Director	2	11. Maritai Status 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Was Decedent Armed Forces? 1 Yes, Sive Yeer or Datas:				orces? 2 ∰ N ive			Wes Deced f Yes, spec		lispanic Orl an, Mexicar Specify:		ecity Yes or N Rican, etc.)	ber 29, 1997 9:45 p. eth						
"natural", so cal Ex	2010	15. Decedant's Education (Specify only highest grede completed)				1	6a. Deced	lant's Usue kind of wor DO NOT us	l Occup k done	ation during mos	t of work	ing	16b. l	Kind of B	usinass/ind	lustry				
Hygiene. Wed rail. ent, he Med call	1	Elamantary/Secondary (0-12) College (1-4or 5 2 YRS)				1-4or 5-	+)		URAN		agen			MP.						
d out		17. Fether's Neme (First, Middla, Last) WALTER WARREN									18. Mothe DOR									
tem 27 is marke other traumatic		19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) EDWIN J. SHOWERS (HUSBAND) 4811 B MOUNT ZION RD FRED, MD 21703																		
nent of Heal int: If Item 2 iry or other		20e. Mathod of Disp 1 Buriel 2 4 Donetlon	Stata	20b. Place	of Dispo	sition (Nam natory or of REM.	ne of thar plac	Ce)	1 D	Data EC 97				wn, Stei	te					
Department of important: If it any injury or conce.		21. Signature of Fu	nerel Sarvice	Licen:	Pol	le	is	G		L.	ROLL	INS					21	7 01		
ysician		23a. Part1. Enter the shock, or heel	ne disaasa, o nt failura. Lisi	r comp t only o	olications thet one cause on e	caused eech lin	tha daath. [a.	Do not ente	er tha mode	e of dyir	ng, such es	cardlec	or respiretory	errest,			Approx Intarva Onset	ilmete I Between end Deeth		
Medical caminer	1	immediate Ceuse (diseese or condition resulting in deeth)			. B		dder			er							IV)ear		
in and Hel-transit		Sequentielly list cor	nditions.	C	b		Due to (or es	e conseq	uenca of):	-										
ng physician a es the buriel-i																				
20 2		resouring in deeping t	-031	L	d											1				
the atte		Pert II. Other significant conditions contributing to deeth but not resulting in the undarlying causa givan in Pert I.									23b. Did tobacco use contribute to the cause of death					use of death?				
gned by the attendibe deteched for use by Physician/		Chronic Obstructive Pulmonary Disease										1 DYes 2 No 3 Probably 4 Un					4 Unknowr			
should should		16.54											24e. We	s en eut lormed?	opsy	ave	nplation	rior fo		
page 2													1	Yes :	2 DNo	11111		2 12 No		
certificate irector, pa		25. Wes case raferr examiner?	red to medica	-	14						26. Plece	of Deet	h (Check only	one)						
00		1 Yas 2		Hospital: 1 D	Inpatier	of 2 ER	Outpatien	1 3 DO	A Oth	er: 4 Nu	ırsing Ho	me 5 Res	sidenca	6 ☐Other (Specify)						
F 6		27. Manner of Deeth 28e. Dete of injury 28b. Time of 28c. Injury et										28d. Describe how Injury occurred								

To the Hospital or Attending P within 24 hours after deeth. To the Funeral Director: Affer I completely filled in by the funer Medical Certification

1 Naturel (Month, Dey Year) Work?

5 Pending invastigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide

12 Cartifying Phyaician: To the bast of my knowladge, deeth occurred et the tima, date and piece, and due to the cause(s) end mannar as steted.
2 Medical Examiner: On tha basis of exeminetion end/or invastigation, in my opinion, daeth occurred et tha tima, data end piace, and dua to tha causa(s) end mannar stated. 29a. Certifier (Check only one) 29c. License number 29d. Date signed (Month, Day, Year)

29b. Signeture end title of cartifian

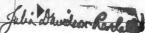
041866

NOVEMBER 30, 1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) KANAN H. HUDHUD, MD 801 TOLLHOUSE AVENUE, BUILDING D-3, FREDERICK, MD 2170] 801 TOLLHOUSE AVENUE

State Registrar 31. Deta filed (Month, Day, Year)

32. Registrar's Signeture



100 C 2 1997

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dev **Physician** Month Year DECEMBER 1,1997 11:20 AM Houston Davis Snowden /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner FORT HOWARD MARYLAND HEALTHCARE SYSTEM BALTIMORE 8. Dete of Birth (Month, Dey, Year) ARCH 24, 1927 If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 8. Sex 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) **Funeral** 1□M 2□F Deys Hours 70 Yrs 234-38-9465 Director Va. Usuei Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits ahow 7 is marked other than "natural", or frems 23s or 28s-f shot traumatic event, the Medical Examinat must be notified as 1 X Yes 2 □ No Director Md. Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21215 3533 Liberty Heights Avenue USA Funeral Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American indian, Bleck, White, etc. 1 N Yes 2 No If Yes, Give Yeer or Detes: 1946-1954 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No þ Specify. 3 ☐ Widowed 4 ☐ Divorced Black Completed 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 5+ Teacher School permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If flem 27 is marked other eny Injury or other traumatic event, shoes. 17. Fether'a Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be John Baptist Snowden Ophelia Davis Jackson 19a. Informent'a Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3917 Carlisle Avenue - Baltimore, MD 21216 John R. Snowden, Brother 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremetlon 3 Removel from Stete 4 Donetion 5 Other (Specify) 12/6/97 Harpers Ferry, W. Va. Cedar Hill Cemetery 21. Signeture of Funerel Service License 22. Neme end Address of Facility Eackles-Spencer Funeral Home pin Harpers Ferry, WV 25425-0028 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List of y one cause on each line. Physician /Medicat Immediate Cause (Final disease or condition resulting in death) . SEPSIS 6 weeks Examiner Due to (or as a consequence of): Examiner OSTEOMYLITIS, RIGHT 6 weeks FEMUR physician end the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diesese or Injury that initiated events resulting in deeth) Lest Due to (or es a consequença of) Physician/Medical Due to (or es e consequence of) attending p P.O. ed by the s Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yee 2√2 No 3 Probably 4 Unknown HYPERTENSION, CORONARY ARTERY DISEASE, à s peed s 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed CHRONIC RENAL FAILURE, PARAPLEGIA, STATUS POST LEFT LEG AMPUTATION 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical examiner? Be 28. Plece of Deeth (Check only one) Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yea 2 No funeral 28a. Dete of tnjury (Month, Dey Year) 27. Menner of Deet! Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending 1 X Neturel il or Attending after death. Director: Aft 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 5 4 Homicide Mospital 24 hours a Funeral C To the Hospi within 24 hou To the Funer completely fil 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) end manner as steted. 29e. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signeture and title of certifier 29d. Dete signed (Month, Dey, Year) an DECEMBER 1, 1997

9600 NORTH POINT ROAD, FT. HOWARD, MD 21052

State Registrar 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

TAN,

DR. AURORA C.
31. Date filed (Month, Dey, Year)

M.D.,

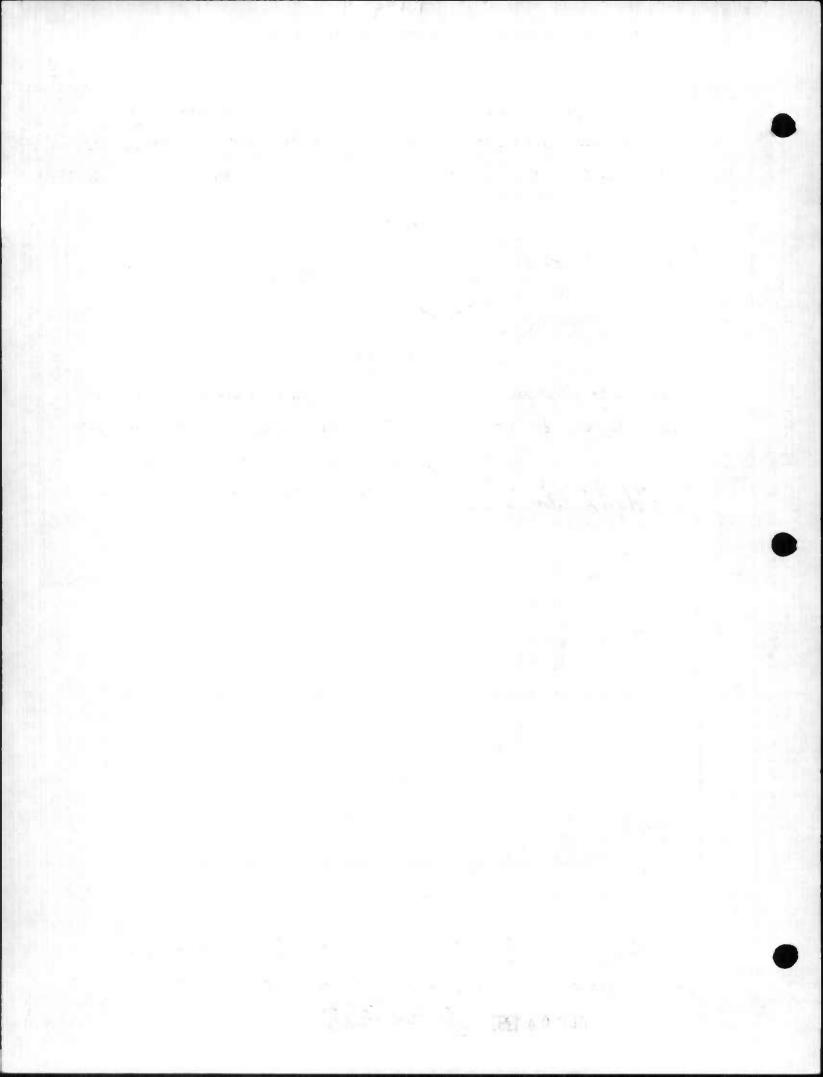
32. Registrer's Signeture

Julia Devoler Ran

SNOWDEN

HOUSTON D

NAME:



State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificate of	Death	R	eg. No.	39270			
Phy	/siciar	,	1. Decedent's Neme (First, Middle, La		Thursday.				2. Dete of Dee Month	th	3. Time of Deeth			
	ledica		Donald Le		ott				December					
Exa	amine		4e. Fecility Neme (If not Institution, giv Frederick Memori					4b. City, Town, or Freder	rick		nty of Deeth Cederick			
Fune Direc	_		102 12 3473	ex 7. A	7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Aug 19, 1922						9. Birthplece (Stete or Foreign Country) Pennsylvania			
land		-	Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, To	wn or Lo	cation				10d. inside City Limits			
Mary	Tage 1										12 Yes 2 □ No			
death with the Maryland	II De noi	al Director	10e. Street end Number 17 Fairview Aven	ue			10f. Zip Code	21701	1	0g. Citizen of WI	het Country? J.S.A.			
after or its	Evaminer mu	by Fur	11. Maritel Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces 1 ☑ Yes 2 ☐ If Yes, Give Yeer or Detes:	No WOLTO		Was Decedent of H f Yes, specify Cube	Hispenic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No- to Ricen, etc.)		- Americen Indien, , White, etc. White			
	edica	eted	15. Decedent's Ed (Specify only highest gre		16	e. Deced	lent's Usuel Occup	petion during most of wo	rking	16b. Kind of Bus	iness/industry			
	The Mile	Completed	Elementary/Secondery (0-12)	College (1-4or	5+)		kind of work done during most of work DO NOT use retired) f-employed Contrac			Constr	ruction			
Hygier other		Re C	17. Fether's Neme (First, Middle, Last)					18. Mother's Name (First, Middle						
aryland 212 should be filed with marked other than	200	0	Paul	SCOTT Mae							LEE			
e, Maryland 1 and 2 should be file Health and Mental Hy am 27 is marked oth	or other traumatic event, the M		19a. Informent's Name/Reletionship (Mrs Ruth Kinsey		e 1	b. Meilin 7 Fa	g Address (Street Nirview A	end Number or R venue, F	rederick	, City or Town, S , Maryla	State, Zip Code) and 21701			
Baltimore, Noemit. Pages 1 and Department of Health mportant: If item 27	ry or om		city or Town, Stete											
Baltim permit. Pag Department Important: I any injury o	any inju		21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Keeney & Basford P.A. Funeral Home 106 E Church St, Frederick, Maryland 2170											
		1	23e. Pert 1. Enter the disease, or com shock, or heert failure. List only								Approximete			
Physic	_		SHOOK, OF HOOFT FAILURE. LIST OTHY	one cease on eech	ine.						intervet Between Onset and Deeth			
/Medi Examir	_		tmmediete Ceuse (Finel disease or condition resulting in death) e. Superior disease or condition resulting in death)											
		ē	roodking in Godkin)	0	Due to (or es	conseq		,	2		2 1			
outed id	Tartransii Tominor		Sequentially list conditions	b. 90	Due to (or es e	conseq		owel			2 weeks			
e exec														
68760, tiflicate be executed og physician end	a all	resulting in deeth) Lest Due to (or es e consequence of):												
ox 6										as	2 weeks			
Box death cer	Suraini Suraini	200	Pert II. Other eignificent conditione co	entribution to don'th	out not soculting	Jan tha un	adadulaa auusa ah	un in Death	ook Bids	J				
P.O. that the de by the	obve Obve	rnysiciany	Ille and I	b	out not resulting	in the ur	idenying ceuse giv	ren in Pert I.	230. Did to		ribute to the cause of death? 3 Probably 4 Unknown			
S, F es tha	200		Ayportense	on p	euple	erat	Vasa	ulan						
Vital Records, P.O. Box 68760, sician: The law requires that the death certificate be executed certificate has been signed by the attending physician and process to should be described for the stranger of the latter than the control of the latter than the stranger of the latter than the control of the latter than the	Page 2 should	beted	disease	acui	e re	naf	faile	lege	24a. Wes e perform	n eutopsy ned?	24b. Were eutopsy findings eveileble prior to completion of cause of deeth?			
The Hateh	aged C		abdominal	antie	and	un	Gran		1 □ Ye	s 20 No	1 ☐ Yes 2 ☐ No			
of Vital I	000	25. Wes cese referred to medical axeminer? 26. Place of Death (Check only one)								(e)				
O the strike	10		1 Yes 2 No 27. Menner of Deeth	Hospitel:										
E 5 5			1 ☑Neturel 5 ☐ Pending	28e. Dete of Inju (Month, De	by Year)	Time of Injury	28c. Injur Wor							
Division To the Hospital or Attending within 24 hours effer death. To the Funeral Director: Affei completely filled in by the fune	Certification.	erillea	2 Accident investigetion M 1 Yes 2 No 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office 28f. Location (Street end Number or Rurel Rout City or Town, State)											
Divisio To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A	adicai C		29a. Certifier t Certifying Phyone) 2 Medical Exam	(Check only 2 Medical Examiner: On the basis of exemination and/or investigation in my opinion death occurred at the time date and place and due to the cause(s)										
To the Within To the	N N		29b. Signeture and tiple of certuler	10			29c. Licens	e number	2	9d. Dete signed	(Month, Dey, Yeer)			
			Mito	fronte	the	2		5183		12/	2/97			
			Ali J- M.	Forkte	4 3	(Type, I	wgth	st F	Teler	ick,	MD			
Reg	State pistrar	7	31. Date filed (Month, Day, Year) DEC 0 2 1	32. Registr	rar's Signeture	rRan	late							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Day Yaar November 23, 1997 cation of Death 4c. County of Death **Physician** Irene Blanche Savage MA FO:01 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner Montgomery General Hospital Olney, Maryland Montgomer If Under 1 Year 5. Social Sacurity Number If Undar 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year, Funeral Birthpleea (Stata or Foraign Country) Months Days 1 M 2 F Yrs 216-76-9013 80 **Director** Nov. 9, 1917 Maryland Usuel Rasidanca of Dacadent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits raumetic event, the Medical Examiner must be notified at 1 ☐ Yas 2 No Directo Maryland Carroll Mt. Airy 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 21771 6765 Runkles Road United States Funeral 12. Was Dacedant Evar In U,S. Armad Forcas? 13. Was Dacadant of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 11. Meritel Status 14. Race - Amarican Indian, permit. Peges 1 and 2 should be filed within 72 hours effer. Department of Health end Mental Hygiene. Important: If item 27 is merked other than "natural", or iter any injury or other traumetic event, the Medical Exertines once. Black, White, etc. 1 ☐ Yes 2 📉 No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 Marriad 1 ☐ Yes 2 ☒ No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Spacify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 Own Home Homemaker 18. Mothar's Nama (First, Middle, Maiden Surnama) 17. Fathar's Name (First, Middla, Last) Be R. Bruce Thompson Etta Clay Wagner 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Coda) 6765 Runkles Road, Mt. Airy, Maryland 21771 Charles J. Savage/ Husband 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Monocacy Cemetery 11/26/97 Beallsville, Maryland 21. Signature of Funaral Service Licenses 22. Nama and Address of Facility Olin L. Molesworth P. A. Funeral Home 26401 Ridge Road, Damascus, Maryland 20872 23e. Part1. Enter the disaasa, or complications that ceusad tha death. Do not antar tha mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset end Death **Physician** Immediata Causa (Final disaesa or condition rasulting in daath) /Medical schemic Cardiomyopathy Minutes Examiner Physician/Medical Examiner Myocardial Intarc Minutes Sequantially list conditions, if any, laading to immediata ceusa. Enter Underlying Causa (Diseasa or Injury that initiated events rasulting in death) Last Years athero sclerosis provary Dua to (or as e consequance of) Completed by Be

The law requires that the deeth certificate be executed Division of Vital Records, P.O. Box 68760, signed by the e or Attending Physician: Certification: To funeral efter deeth 2

the Maryland

Baltimore, Maryland 21215-0020

28a-f show

6 238

Herns

Par II. Other eignificant conditions of Diabetes Meli-			g causa givan in Part I.	23b. Did tobacco use co	ntribute to the cause of death? 3 ☐ Probably 4 ☒ Unknown			
	71			24a. Was an autopsy performed?	24b. Were autopsy tindings evailable prior to completion of ceusa of death? 1 \(\text{Yes} \) 2 \(\text{No} \)			
25. Was cesa rafarred to medical			eeth (Check only ona)					
axaminer? 1 ☐ Yas 2 🕱 No	Hospital:	ER/Outpetient 3□ I	Homa 5 ☐ Rasidance 6 ☐ Oth	nar (Specify)				
27. Mannar of Death 1 XNatural 5 ☐ Panding 2 ☐ Accidant Investigation		red						
3 ☐ Sulcida 6 ☐ Could not b 4 ☐ Homicida determinad		nome, ferm, straat, factorify)	ory, office	28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)				

29c. Licensa numbar

35261

29d. Dela signad (Month, Day, Year)

Mary and

November 23 1997

State Registrar

Medicai

31. Data filed (Mooth, Day, Year)

Jacker W)

nif eddress of person who completed cause of death (Item 23e) (Type, Print)

29b. Signature, and title of continuor

3801 International Drive * 210 Silver Spring 32. Registrar's Signatura

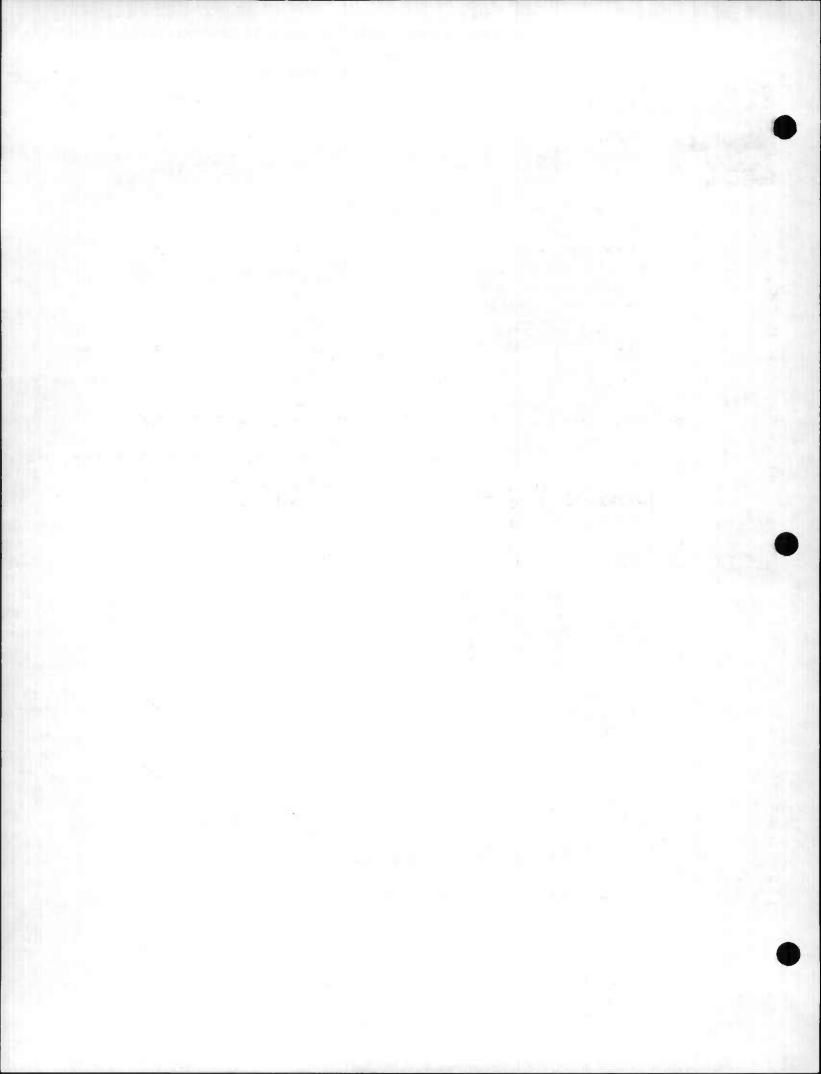
Hospital within 24 hours To the Funers!

5

The Marian

State of Maryland / Department of Health and Mental Hygiene

					Cer	tifica	te of	Death		Reg. No.	39	616	
Physici	an	1. Decedent's Neme (First, Middle, La Arthur Eus	est) gene SCHI	NCK					2. Dete of De	eth r 26 ^{°,} 199	7 Year	3. Time of Death 9:50 PM	
/Medic Examin	al	4e. Fecility Neme (If not institution, given College View	ve street end numbe					4b. City, Town, or Frederi	Location of Deet	4c. Count			
Funeral Director		5. Social Security Number 6.		nge (In yrs. 78	lest birthdey) Yrs.	If Unde Months	T Year Days	If Under 24 Hrs Hours Min		th ly, Year)		lece (Stete or Foreig try) York	
H show fied at	tor	Usuel Residence of Decedent 10e. Stete 10b. County Maryland Frederic	ick		y, Town or Loc ederick							0d. Inside City Limite	
23a or 28a at be not	al Director	10e. Street end Number 7095 Catalp	oa Road			10f. Zi	p Code	21703		10g. Citizen of U.S.		try?	
natural, or items 23a or 28a-f show	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deceder Armed Forces 1 Yes XI If Yes, Give Year or Detes	? No			dent of hecify Cub	fispenic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	14. Ra Ble Specia	ca - America ck, White, e		
nd Mental Hygiene. marked other than "natural", imatic event, tre Medical Ex	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12) 12	ducetion ede com <i>pleted)</i> College (1-4o	5+)	16e. Deced (Give I life. D			pation during most of wo d)	rking	16b. Kind of E		orporation of the state of the	
ind Mental Hygiene. marked other than umatic event, treat	To Be Co	17. Fether's Name (First, Middle, Last Eugene	")	SCI	HENCK	.5 110	падс		me (First, Middle			-	
Department of Health and Mental Hygiene, important: if Item 27 is marked other than 'naturany Injury or other traumatic event, tra Madical and.		19a. Informent's Name/Relationship (ute Number, City or Town, State, Zip Code) erick, Maryland 21703			
Department of Health ar important: If Item 27 is any Injury or other trau anca.		20e. Method of Disposition 1 Buriel 2 Cremetton 3 4 Donation 5 Other (Special	Removel from Stat		Place of Disposementery, crem			tory, No	Dete ov. 28,	20c. Location L997 S1		ourg, Md.	
Department important: i any injury o once.		21. Signeture of Funeral Service Lica	11 1)255				ess of Fecility and Basfor Church S				21701	
e attending physician and use as the burial-transit	/Medical Examiner	disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	e. Prim b c	Due to (c	or as a consequence of as e consequence of as e consequence of a consequen	uence ol)	:	101		F			
	Physician/	Pert II. Other significant conditions of hyperten	contributing to death	but not res	ulting in the un	derlying	ceuse giv	ven in Pert I.		tobacco use co		the cause of death	
has been sign ge 2 should be	Completed by	3/2							perio	en eutopsy ormed?	eva	are eutopsy findings illable prior to appletion of ceuse death?	
s certificate he director, page	Be Co	25. Wes cese referred to medical exeminer?						28. Place of De	ath (Check only		1	Yes 2 No	
h. After this funeral di	2	1 ☐ Yes 2 ☑ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DO/					28c. Injui Wo	Other: 4 Nursing Home 5 Residence 8 Other (Specify) c. Injury et Work?)		
within 24 hours effer deeth. To the Funeral Director: Affer completely filled in by the funeral process.	Certification:	3 Sulcide 6 Could not be determined	28e. Placa of I	M 1 ☐ Yes 2 ☐ No 28e. Placa of Injury - At home, Ierm, street, factory, office building, etc. (Specify)					28f. Location (City or To		ber or Rure	l Route Number,	
within 24 hours of the Funeral I completely filled	edical	29a. Certifier 1 Cartifying Ph (Check only one) 1 Cartifying Ph 2 Medical Exam	nysician: To the bes ninar: On the basis end menner:	of exemine	wledge, deeth tion and/or Inv	occurred	at the tin	me, date end plec pinlon, death occ	e, end due to the urred et the time,	ceuse(s) end m dete end plece,	enner es st and due to	eted. the ceuse(s)	
within To the comple	Med	29b. Signature end title of certifier	+ Jehen	m	0	D		e number		29d. Dete signe Novemb			
		30. Name and address of person who Edward F. Fi 31. Date liled (Month, Day Year)	completed cause of 5 (32. Regis	o Thy	mas (Type, F	John	530N	De. 7	rederic	k mo	217	102	



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Dec. 50ay 1997 9:30 AM Marie Molly Simons /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. Cltv. Town, or Location of Death 4c. County of Daath **Examiner** College View Center Frederick Frederick If Undar 1 Year If Undar 24 Hrs. 8. Date of Birth Months Days Hours Min. Juffeth, 277 Year 915 5. Social Sacurity Number 9. Birthplaca (Stata or Foreign 7. Aga (In yrs. last birthday) **Funeral** 1□M 3€ F 220-28-8012 82 Yrs. Director Usual Rasidance of Decedant 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show must be notified at Director Frederick Brunswick 15 Yas 2 No Md. 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ŏ 21716 1100 Peach Orchard Lane U.S.A. Herns 23a Funeral death 12. Was Decedant Evar In U.S. Armed Forcas? 1 ☐ Yas 2 Ñ No If Yas, Giva Yaar or Datas: 11. Marital Status Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarlcan Indian, Black, Whita, atc.
White 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: "naturel", or þ 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry nd Mental Hygiene. marked other than Elamantary/Secondary (0-12) Collaga (1-4or 5+) 3 homemaker own home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Peges 1 end 2 should be finent of Health end Mental I int: If Item 27 Is marked of 2 Gordon McIntyre Lucy Alger 19b. Malling Addrass (Straat and Number or Rural Route Number, City or Town, State, Zip Code)
2)704 Jefferson Pike, Md. 21756 19a. Informant's Name/Ralationship (Type, Print) Mary Alice Eagle (Daughter)704 Jefferson Pike, 20b. Place of Disposition (Nama of cematary, cramatory or other place)

Reformed Cemetery 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Pege Depertment of Important: If any Injury or once. 12/8 Jefferson, Md. 5 Othar (Specify) 21. Signature of Funaral Sarvice Licentile 22. Nama and Addrass of Facility
Donald B. Thompson Funeral Home 23a. Part 1. Entar tha disaasa, or complication that causad tha death. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one things on each line. 21769 Approximata Intarval Between Onsat and Death **Physician** ACUTE MYOCARDIAL INFARCTION minutes /Medical Immadlata Causa (Final disaasa or condition rasulting in daath) Examiner EXTERIOSCLE AUTIC CANDIOVASGULUM DU BAIR Examiner that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last pue Dua to (or as a consequence of): Box 68760, physician Physician/Medicai the Dua to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown MELLITU been signed t Records, þ 24b. Wara autopsy findings available prior to complation of causa of daath? Completed 24a. Was an autopsy parformed? hes 10 2 pege 1 ☐ Yas 2 No certificate 1 Yas 2 No Division of Vital Hospital or Attending Physicien:
 24 hours after death.
 Funeral Director: After this certificately filled in by the funeral director, 25. Was casa rafarred to medical axaminar? Be 26. Placa of Daath (Check only ona) Othar: 4 Mursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Medical Certification: To 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatlent 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding invastigation 1 Natural 1 Yas 2 No 2 Accidant 6 Could not be datamined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, atraat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida within 24 hours aft To the Funeral Di completely filled in 1 Cartifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar To the 29b. Signatura and Ma garaffier 29c. Licansa number 29d. Data signed (Month, Day, Year) und 22037 MD 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) AUE BRYNSWICK, MD NINTH KINLAND 610 31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura

Cha Davidson Revolate

DHMH 16 Ray 6/95

State

DEC

Registrar

ysician Medical		 Decedent's Neme (First, Middle 	le, Last)					2. Dete of Do	Dey	Yeer	3. Time of Deet
			THA JANE					Nov.		97	5:15 a.
aminer		te. Facility Neme (If not institution	n, give street end nur	m <i>ber</i>)			4b. City, Town, or	Location of Deal	th 4c. County	of Deeth	
		15529 Motters	Station Ro	oad			Rocky R		Frede		
eral	5	5. Sociel Security Number	6. Sex 1 □ M 2 1 F	7. Age (In yrs.		If Under 1 Yeer Months Deys			rth ey, Year)	9. Birthpl Coun	lece (Stete or Fore
ctor	-	219-66-4082 Usuel Residence of Decedent			57 Yrs.			Aug. 1	4, 1940		t Virgin
12	-	10a. Stete 10b. County		10c. Ci	ity, Town or Lo	cation				10	0d. Inside City Llm
notified at	5	Maryland Fred	erick	R	locky R	idge					1 ☐ Yes 2 🔯
Direc		10e. Street end Number 15529 Motters	Station Ro	oad	76	10f. Zip Code	21778		10g. Citizen of V U.S.		try?
river must be nothing		11. Marltal Stetus 1 □ Never Married 2 □ Merri	Armed Fo		J,S. 13. V	Vas Decedent of I f Yes, specify Cub	Hispenic Origin? (pen, Mexican, Pue	Specify Yes or Norto Rican, etc.)	o- 14. Raci Bied	e - America k, White, e	
by		3 ☐ Widowed 4 ☐ Divorced		/0	1	I□Yes 2□XNo	Specify:		Specify	Whi	to
eted peta	3	15. Deceden	it's Education		16e. Deced	lent's Usuel Occu	pation		16b. Kind of Bu		
n, the Medical I		(Specify only higher Elementery/Secondery (0-12)	st grade completed) College (1	-40r 5+)	(Give	kind of work done OO NOT use retire	pation during most of wo ed)	orking			
Con		12		10.01,		Homemak	er		Ow	n Hor	ne
Be (17. Fether's Neme (First, Middle,	Last)				18. Mother's Na	me (First, Middle	, Meiden Sumem	e)	
To Be		Unknown					Viole	t Harl	ess		
any injury or other traumatic event, the once. To Be Corr		19e. Informent's Name/Reletions			19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 15529 Motters Station Road, Rocky Ridge, MD						
2		Martha L. Rice	/Daughter	l							
any injury or other traun	2	20e. Method of Disposition 1 □ Buriel 2 □ Cremetion	3 □Removei from 3	Stete 20b. I	Plece of Dispos cemetery, crem	sition (Neme of netory or other pla	nce)	Dete	20c. Location -	City or To	wn, Stete
ruy nuy		4 Donetion 5 Other (S			sthaver	n Memori	al Garde	ns 11/24	Frederi	ck, l	Maryland
any Inj		21. Signature of Purperal Service	Wensee 2	00	22 D	Name end Addre	ess of Fecility DAILEY	S CON EI	MEDAT UC	MEC	D A
i d		Solution	151	est			MAIN STR			-	
		23a. Part 1 Enfor the disease or shock, or head fellule. List	complications that o	aread the dear			ing, such es cardie				Approximate Intervei Between
lan	14	The state of the s					•				Interval Returne
			0	1							Onset end Deet
ical		Immediete Cause (Final disease or condition	net	astal	+ =	bread		niov		1	Onset end Deet
ical ner		Immediete Cause (Final diseese or condition resulting in death)	. ref	astal	or es a conseq	breast uenca ot):		ncer			Onset end Deet
ical ner je		diseese or condition	. net	astal	or es a conseq	breast uenca of):		ncer			Onset end Deet
ical ner je		diseese or condition resulting in death)	. net	Due to (or es a consequor es e consequ			ncer			Onset end Deet
er-transit mer Examiner		diseese or condition resulting in death)	. ref	Due to (ncer			Onset end Deet
er-transit mer Examiner		diseese or condition	. pet b	Due to (d		uence of):		ncer			Onset end Deet
st the burlat-transit and the		diseese or condition resulting in death) Sequentlaily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events	. Net	Due to (d	or es e conseq	uence of):		ncer			Onset end Deet
st the burlat-transit and the		diseese or condition resulting in death) Sequentlaily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events	b	Due to (d	or es e conseq	uence of):		ncer			Onset end Deet
for use es the burial-transit and its state of		diseese or condition resulting in death) Sequentlaily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events	. pet b c d	Due to (c	or es e consequ	uence of):	F Can		tobacco use cor	ntribute to	Vea
rached for use es the burial-transit and the state of the burial transit and the state of the s	F	diseese or condition resulting in death) Sequentlally list conditions, if eny, leeding to immediete cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest	. pet b c d	Due to (c	or es e consequ	uence of):	F Can	23b. Did	tobacco use cor		Onset end Deet Yea the cause of de
be detached for use es the buriat-transit and	F	diseese or condition resulting in death) Sequentlally list conditions, if eny, leeding to immediete cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest	. pet b c d	Due to (c	or es e consequ	uence of):	F Can	23b. Did	Yes 20 No	3 Prob	Veal Yea the cause of de pably 4□Unk
be detached for use es the buriat-transit and	F	diseese or condition resulting in death) Sequentlally list conditions, if eny, leeding to immediete cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest	. pet b c d	Due to (c	or es e consequ	uence of):	F Can	23b. Did 1 □	1	3 ☐ Prob	Onset end Deet Yea the cause of de pably 4 □ Unk pre eutopsy findin
be detached for use es the buriat-transit and	F	diseese or condition resulting in death) Sequentlally list conditions, if eny, leeding to immediete cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest	. pet b c d	Due to (c	or es e consequ	uence of):	F Can	23b. Did 1 □	Yes 2 No	3 Prob	Onset end Deetl Yea the cause of de pably 4 Unk
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F	diseese or condition resulting in death) Sequentlally list conditions, if eny, leeding to immediete cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest	. pet b c d	Due to (c	or es e consequ	uence of):	F Can	23b. Dld 1 □ 24e. Wes	Yes 2 No	3 Prob	the cause of de labely 4 unk
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F	diseese or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Part II. Other significant conditions.	bd	Due to (c	or es e consequ	uence of):	ven in Pert I.	23b. Dld 1 □ 24e. Wes	Yes 2 No	3 Prob	onset end Deeth Yea the cause of de pably 4 Unker pre eutopsy findin pletion of cause deeth?
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F	diseese or condition resulting in death) Sequentlally list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest	b	Due to (c	or es e consequ	uence of): uenca of): inderlying cause gi	ven in Pert I.	23b. Did 1 □ 24e. Wes	Yes 2 No	24b. We ave cor of c	onset end Deet Yea the cause of de pably 4 Unk ore eutopsy findir pilable prior to mpletion of cause deeth? Yes 2 No
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Part II. Other significant conditions. 25. Wes case referred to medical exeminer? 1	b	Due to (c	or es e consequences es e consequences es e consequences es e consequences es e	uence of): uenca of): inderlying cause gi	ven in Pert I. 26. Piece of Deher:	23b. Did 1 □ 24e. Wes perf 1 □ seth (Check only) Home 5 ☑ Res	Yes 2 No s an eutopsy ormed? Yes 2 No	24b. We ave cor of c	onset end Deetl Yea the cause of de pably 4 Unk ore eutopsy findin pilable prior to mpletion of cause deeth? Yes 2 No
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions are sexeminer? 1 Yes 2 No 7. Manner of Deeth 1 Neturel 5 Pendin investigned.	b	Due to (c	or es e consequences es e consequences es e consequences es e consequences es e	uence of): uenca	ven in Pert I. 26. Piece of Deher:	23b. Did 1 □ 24e. Wes perf 1 □ seth (Check only) Home 5 ☑ Res	Yes 2 No yes an eutopsy ormed? Yes 2 No one)	24b. We ave cor of c	onset end Deetl Yea the cause of de pably 4 Unk ore eutopsy findin pilable prior to mpletion of cause deeth? Yes 2 No
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions. 25. Wes case referred to medical exeminer? 1 Yes 2 Yes	b. c. d. Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Due to (c Due to (c Due to (c)	or es e consequences es e cons	uence of): uenca	ven in Pert I. 26. Piece of De her: 4 \(\text{Nursing} \) 17 et	23b. Did 1 □ 24e. Wes perf 1 □ eeth (Check only, Home 5 ☑ Res 28d. Describe	Yes 2 No yes an eutopsy ormed? Yes 2 No one)	3 Prob 24b. We ave corror of c	onset end Deeth Yea the cause of de pably 4 Unker pre eutopsy findin pletion of cause deeth? Yes 2 No
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F 2	diseese or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending investing 3 Suicide 6 Could	b. c. d. Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Due to (c	or es e consequences es e cons	uence of): uenca of): uenca of): derlying cause given the c	ven in Pert I. 26. Piece of De her: 4 □ Nursing	23b. Did 1 □ 24e. Wes perf 1 □ eeth (Check only, Home 5 ☑ Res 28d. Describe	Yes 2 No s an eutopsy ormed? Yes 2 No one) Idence 6 Other how Injury occurr	3 Prob 24b. We ave corror of c	onset end Deeth Yea the cause of de pably 4 Unker pre eutopsy findin pletion of cause deeth? Yes 2 No
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F 2	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions are sexeminer? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pendin investing Suicide 6 Could in determine the conditions of the condit	b	Due to (c Due to (c) Due to (c) Due to (c) Due to (c) Path but not res path bu	or es e consequences es e consequences es e consequences es e consequences es es e consequences es e	uence of): uenca of): uenca of): t 3 DOA Other 28c. Inju Wo M 1 Deet, factory, office	ven in Pert I. 26. Piece of De her: 4 \(\text{Nursing} \) Types 2 \(\text{No} \) The note that the piece of the piece o	23b. Did 1 24e. Wesperi 1 Deth (Check only, Home 5 MRs 28d. Describe 28f. Location City or To	Yes 2 No s an eutopsy ormed? Yes 2 No one) Idence 6 Othe how Injury occurr (Street end Number, Stete) cause(s) and me	3 Prob 24b. We ave cor of c 1 C er (Specify ed	Onset end Deeti Vec the cause of de pably 4 Unk pre eutopsy findin pletion of cause deeth? Yes 2 No Poute Number, eted.
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F 2	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1	b. c. d. Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Due to (c Due to (c Due to (c Due to (c) Due to (c) Due to (c) Path but not res path but not res of injury - At h ng, etc. (Special	or es e consequences es e consequences es e consequences es e consequences es es e consequences es e	t 3 DOA Other was provided by the polynomial of	26. Piece of De her: 4 Nursing my et rick? 1 Yes 2 No	23b. Did 1 24e. Wesperi 1 Deth (Check only, Home 5 MRs 28d. Describe 28f. Location City or To	Yes 2 No s an eutopsyormed? Yes 2 No one) Idence 6 Othe how Injury occurr Street end Number wn, Stete) cause(s) and me dete end pleca, s	3 Prob 24b, We ave cor of c 1 C er (Specify ed	Onset end Deeth The cause of de cably 4 Unker One eutopsy findin silable prior to impletion of cause deeth? The cause of de cable prior to impletion of cause deeth? The cause of de cause deeth?
ed in by the funeral director, page 2 should be detached for use as the burial-transit and in the funeral director. To Be Completed by Physician/Medical Examiner	F 2	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions are sexeminer? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pendin investing Suicide 6 Could in determine the conditions of the condit	b. c. d. Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Due to (c Due to (c) Due to (c) Due to (c) Due to (c) Path but not res path bu	or es e consequences es e consequences es e consequences es e consequences es es e consequences es e	uence of): uenca of): uenca of): t 3 DOA Other 28c. Inju Wo M 1 Deet, factory, office	26. Piece of De her: 4 Nursing my et rick? 1 Yes 2 No	23b. Did 1 24e. Wesperi 1 Deth (Check only, Home 5 MRs 28d. Describe 28f. Location City or To	Yes 2 No s an eutopsy ormed? Yes 2 No one) Idence 6 Othe how Injury occurr (Street end Number, Stete) cause(s) and me	3 Prob 24b, We ave cor of c 1 C er (Specify ed	Onset end Deeti Vec the cause of de ability 4 Units ore eutopsy findin bilable prior to mpletion of cause deeth? Yes 2 No The Route Number, eted. the ceuse(s)
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F 2	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Part II. Other significant conditions 25. Wes case referred to medical exeminer? 1	b. c. d. Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Due to (c Due to (c) Due to (c) Due to (c) Due to (c) Path but not res path bu	or es e consequences es e consequences es e consequences es e consequences es es e consequences es e	t 3 DOA Other was provided by the polynomial of	26. Piece of De her: 4 Nursing my et rick? 1 Yes 2 No	23b. Did 1 24e. Wesperi 1 Deth (Check only, Home 5 MRs 28d. Describe 28f. Location City or To	Yes 2 No s an eutopsyormed? Yes 2 No one) Idence 6 Othe how Injury occurr Street end Number wn, Stete) cause(s) and me dete end pleca, s	3 Prob 24b, We ave cor of c 1 C er (Specify ed	Onset end Deeth The cause of de cably 4 Unker One eutopsy findin silable prior to impletion of cause deeth? The cause of de cable prior to impletion of cause deeth? The cause of de cause deeth?
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F 2 2 2 2 3 5	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Part II. Other eignificant conditions are seeminer? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pendin investig all Suicide 6 Could and determined are conditions. 28. Certifier Check only and Medical cane) 29b. Signature ent title of cartifier 10. Neme and eddress of person	b. c. d. d. ens contributing to de gration not be gration of the beautined gration and the fine of the fine of the beautined gration of the base of the beautined gration of the base	Due to (c Due to (c) Due to (c) Due to (c) Due to (c) Part but not res path bu	DER/Outpetient 28b. Time of Injury ome, farm, stre (y)	uence of): uenca of): t 3 DOA Ott 28c. Inju Wo number factory, office cocurred et the ti estigetion, In my of	ven In Pert I. 26. Piece of De her: 4 \(\text{Nursing ry et risk?} \) 1 Yes 2 \(\text{No} \) me, dete end plec opinion, deeth occose number 4 \(\text{S} \) 2 \(\text{S} \)	23b. Did 1	Yes 2 No s an eutopsyormed? Yes 2 No one) Idence 6 Other how Injury occurr Street end Number wm, Stete) cause(s) and me dete end pleca, a 29d. Dete signed	3 Prob 24b, We ave cor of c 1 C er (Specify ed	Onset end Deeth The cause of de cably 4 Unker One eutopsy findin completion of cause deeth? The cause of de cause deeth? The cause of de cause deeth? The cause of de cause deeth?
page 2 should be detached for use es the burishtransit and its completed by Physician/Medical Examiner	F 2 2 2	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Part II. Other significant conditions are summar? 1	b c d.	Due to (c Due to (c) Due to (c) Due to (c) Due to (c) Part but not res path bu	or es e consequence de consequence d	uence of): uenca of): t 3 DOA Ott 28c. Inju Wo number factory, office cocurred et the ti estigetion, In my of	26. Piece of De her: 4 Nursing my et rick? 1 Yes 2 No	23b. Did 1	Yes 2 No s an eutopsyormed? Yes 2 No one) Idence 6 Other how Injury occurr Street end Number wm, Stete) cause(s) and me dete end pleca, a 29d. Dete signed	3 Prob 24b, We ave cor of c 1 C er (Specify ed	Onset end Deeti Vec the cause of de ability 4 Units ore eutopsy findin bilable prior to mpletion of cause deeth? Yes 2 No The Route Number, eted. the ceuse(s)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 1997 **Physician** 20, RAYMOND EDWARD STARR Nov. 10:35 AM /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner College View Nursing Center Frederick Frederick 8. Date of Birth (Month, Day, Year) 6. Sex 1 ☑ M 2 ☐ F If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (Stete or Foreign **Funeral** Months Deys Hours Country) Maryland 214-10-5673 91 Yrs 1906 **Director** Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2□No Director Maryland Frederick Frederick 10e. Street end Number College View Nursing Center Zip Code 10g. Citizen of What Country? 400 North Avenue 21701 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Marital Status 72 hours efter 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: White P lf Yes, Give Year or Detes: 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry d 2 should be filed within 72 th end Mental Hygiene.
7 is marked other than "ne Elementary/Secondary (0-12) College (1-4or 5+) Technician Fred. City Water Dept 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be James Edward Starr Florence Virginia Munshower 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 st Department of Heelth end Important: If itam 27 is n any injury or other traun Kenneth Fogle/P.R. 750 Carroll Parkway 5B, Frederick, Maryland 21701 20b. Placa of Disposition (Neme of cemetery, crematory or other pleca) 20a. Method of Disposition Date 20c. Location - City or Town, State 1X Burial 2 Cremetion 3 Removal from State Mount Olivet Cemetery 11/24 Frederick, Maryland 4 Donation 5 Other (Specify) 22. Name end Address of Fecility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST., FREDERICK, MD 21701 enter the mode of dying, such as cardiac or respiratory arrest, 23a. Part1. Enter the disease, or compleshock, or heart failure. List only of Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Congestive heart -Examiner Examiner coronary artery disease physician end the buriel-transit be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Box 68760. Physician/Medicai Due to (or as a consequence of). 88 150 for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. the 23b. Did tobacco use contributa to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings eveileble prior to completion of cause of death? 24a. Was an autopsy Completed peen hes page 2 1 Tyes certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certified 25. Was case referred to medical exeminer? 28. Place of Deeth (Check only one) Be Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Realdence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to the ceuse(s) and manner as stated. Medical pletely (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) affileen Stein 25/97 D32073 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Kathleen Stern, MD 4014 Mountville Road, Jefferson, Maryland 21755

State Registrar

NOV 2 5 1997

31. Date filed (Month, Dey, Yeer)





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 19, 1997 SINGLETON November 5:06 am 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Frederick Memorial Hospital Frederick Frederick | House 1 Year | Hours | Min. | B. Dete of Birth (Month, Dey, Year) | Apr 8, 1905 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) 1□M 2ØF 92 Yrs. Virginia 10b. County 10c. City, Town or Location 10d. Inside City Limits Frederick Myersville 1 Yes 2 No 10f. Zip Code 10g. Citizen of Whet Country? P.O. Box 214 21773 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married White 1 ☐ Yes 2 No Specify: 3 XWidowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) LESTER Mary ARWOOD 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) Mrs. Bernice Etter/Daughter P.O. Box 214, Myersville, Maryland 21773 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Burlai 2 ☐ Cremetion 3 ☐ Removel from Stete Grandview Mem Gar Nov 22,1997 Bluefield, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licansee 22. Name end Address of Fecility Keeney & Basford P.A. Funeral Home 106 East Church Street, Frederick, MD 21701 M00703

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Funeral

Director

28a-f show

6

Itams 23a

"natural", or

oe filed within 7 tel Hygiene.

. Pages 1 and 2 should be file ment of Health and Mentel Hy lant: If item 27 is marked oth lury or other traumatic even

permit. Page Depertment of Important: If any injury or once.

72 hours efter

Baltimore, Maryland 21215-0020

the Medical Examiner must be nothing at

Director

Funeral

by

Completed

Be

Evra

10e. Stete

Maryland

11 Marital Status

5. Sociel Security Number

224-92-5773

10e. Street end Number

Rollins

20e. Method of Disposition

Usual Residence of Decedent

physician and s the buriei-trans

for use as

signed I

peed page 2

certificate

Hospital or Attending Physician:
124 hours efter death.
 Funeral Director: After this certifical letely filled in by the funeral director,

To the Hosp within 24 hor To the Fune completely fi

thet the death certificate be executed

Box 68760.

P.O.

Records,

Division of Vital

Examiner Physician/Medical à Completed Be 2 Certification:

Pert1. Enter the disease, or complications that daused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause opened line. Approximete Interval Between Onset end Deeth Immediate Cause (Finel diseese or condition resulting in death) Fractured Second Cervical Vertebrae Hours Due to (or es a consequence of) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Aortic Stenosis 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28b. Time of Injury 27. Menner of Deeth 28d. Describe how injury occurred 28e. Date of tnjury (Month, Dev Year) 28c. Injury et Work? 1 Neturel 5 Pending Nov 17,1997 1 ☐ Yes 2 X No Subject fell down step 200 pm^M investigetion 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street and Number of Rural Route Number, City or Town, Stete) 3100 Ann Street Middletown, Maryland 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) At home 4 Homicide At home 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end manner steted. 29a. Certifier

29b. Signature and title of certifier

29c. License number D35164

29d. Date signed (Month, Dey, Year) November 19, 1997

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Andrew Zarick, Jr, M.D., 1080 West Patrick Street, Frederick, Maryland 21703 31. Dete filed (Month, Day, Year)

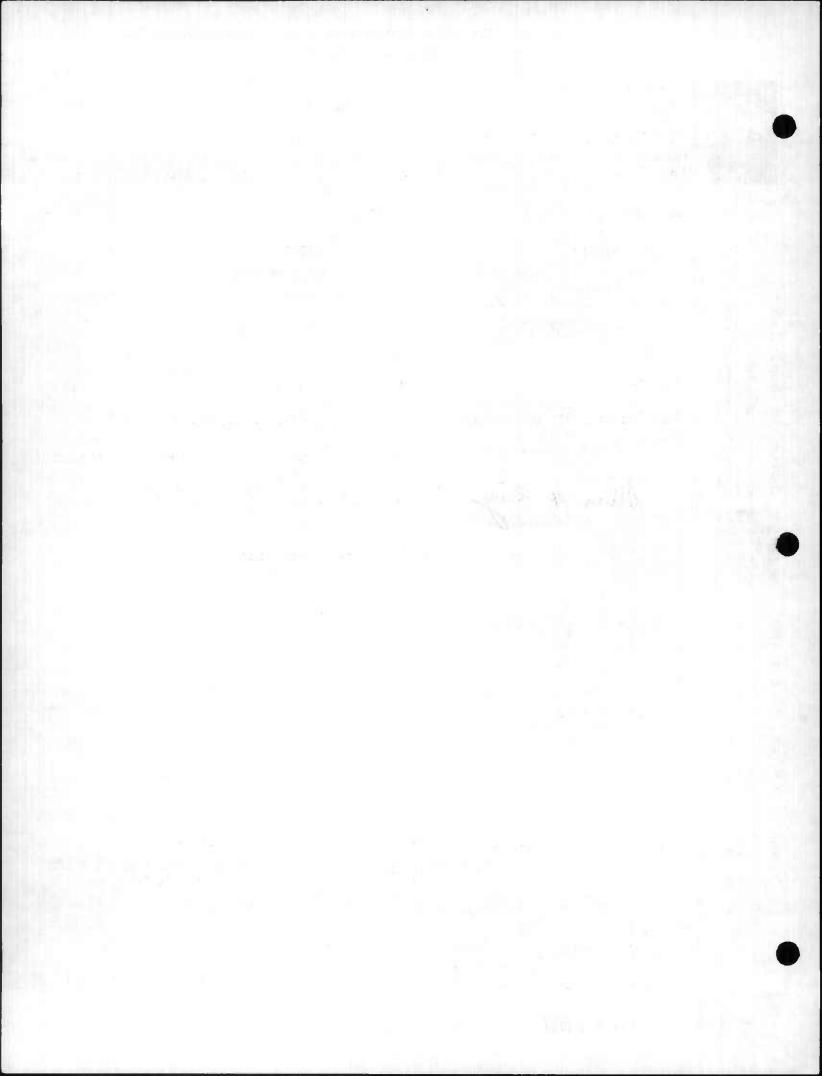
State Registrar

Medical

rolew



DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene ()

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Deeth 3. Tima of Deeth **Physician** JIM GUNTHER SPOHR Month Dec. 8, 1997 9:20 /Medical 4a. Facility Nama (If not institution, giva straet end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner College View Nursing Home Frederick Frederick 7. Aga (In yrs. lest birthday) If Under 1 Year Months Days 6. Sex 1 ☑ M 2 ☐ F If Under 24 Hrs. Hours Min. 5. Social Sacurity Number 8. Date of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** Hours Yrs Director 216-38-2258 68 Feb. 12, 1929 Germany Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show notified at 1 Yes 2 XNo Director Maryland Frederick Jefferson 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ö traumatic event, the Medical Examiner must be 4404 Teen Barnes Road Nerra 23a 21755 U.S.A. Funeral 12. Was Decedant Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2X No If Yas, Giva Yaar or Datas: permit. Pages 1 and 2 should be filed within 72 hours eft.
Department of Health and Mental Hygiene.
Important: If Item 27 is marked other than "natural", or I any Injury or other treumatic awart Baltimore, Maryland 21215-0020 Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 Carpenter Carpentry 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Unknown Unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anna M. Spohr/Wife 4404 Teen Barnes Road, Jefferson, MD 21755 20b. Piaca of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Bunal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 12/9 Smithsburg Crematory Smithsburg, Maryland 22. Name end Address of Fecility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST., FREDERICK, MD 21701 the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Physician** /Medical Immediate Ceuse (Final Cimhosis disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner Alcoholom thet the death certificate be executed Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest and Due to (or es e consequence of) buriel physician a Box 68760, Physician/Medicai Due to (or as a consequence of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. P.O. 23b. Did tobacco use contribute to the cause of death? Esydes cal varies, per tal Hype tension 1 Yes 20 No 3 Probably 4 Unknown Records. Completed by The law requires 24b. Were autopsy findings available prior to completion of cause of death? 24e. Waa en eutopsy performed? page 2 certificate 1 Yes 22 No 1 ☐ Yas 2 No Division of Vital Hospital or Attending Physician: 25. Was case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Dete of Injury (Month, Dey Year) 27. Mannar of Deeth 28h Time of 28d. Describe how injury occurred 28c. Injury at Work? Affer A hours after death. 5 Pending 1 Neturei 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 ☐ Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicida 28e. Piece of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Dis completely filled in 18 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end pleca, and due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end menner stated. Ca 29a. Certifier (Check only one) 29b. Signatura and title of certifiar 29c. License number 29d. Date signed (Month, Dey, Year) D43780 30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) S Church & Franklin Streets, Middletown, MD 21769 Kevin E. Hohl, MD 31. Date filed (Month, Day, Yeer) 32. Registrer's Signature State Juli Davilson Rash Registrar

DHMH 16 Rev 6/95

1218 QUE

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Departure (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Beaule /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth County of Death Examiner Thenr If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number XXM 20F 8. Dete of Birth (Month, Pey, Oct 11, 9. Birthplece (State or Editority)
Virginia 7. Age (In yrs. lest birthd **Funeral** Months Deys Yrs. Director 64 229-38-7220 Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "naturel", or items 23s or 28s-1 show the Medical Examiner must be notified at Director 1 ☐ Yes 2√DNo Upper Marlboro Maryland Prince George's the 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20772 United States 4202 Canyon View Drive Funeral death Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever In U,S. Armed Forces? Race - American Indien, Bleck, White, etc. 72 hours after 1 ☐ Never Married XX Married XX Yes 2 No If Yes, Give Yeer or Detes: 1 Yes 2 No 21215-0020 by Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed 15. Decedent's Education 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Federal Government Supervisor marked other Baltimore, Maryland ent of Health and Mental Hy, it: If item 27 is marked 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) George Henry Scott Mabel Ruth Richards 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 561 Forest Parkway E , Largo, Florida 33771 Karl Scott Dec 18, 1997 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 XX uriel 2 Cremetion 3 Removal from State permit. Pege Department of Important: If any Injury or once. Cheltenham, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veterans Cemetery 22. Name and Address of FecilityLee Funeral Home, Inc 6633 Old 21. Signeture of Funeral Service License Alexandria Ferry Road, Clinton, Maryland 20735 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Ceuse (Finel hours. diseese or condition resulting in death) Examiner • acute onset of ventricular tachycardia

Due to (or as e consequence of): Examiner and cardiopulmonary arrest certificeta be axecuted physicien and s the burial-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest Due to (or es a consequence of): Box 68760 Severe coronary artherosclerotic heart months. Physician/Medical disease with history of angioplasty Gangrene of left foot months P.O. been signed by the should be detached Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown DIABETES MELLITUS, TYPE II insulin requiring Records, g Completed with triopathy -RETINOPATHY, NEUROPATHY 24e. Wes an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? NEPHROPATHY (RESULTED ENDSTAGE OF RENAL DISEASE The law ata has 1 Yes certificata 1 ☐ Yes 2 ☐ No Vital --maintenance hemodialysis and vasculopathy 25. Was case referred to medical exeminer? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1X Inpatient 2 ER/Outpetient 3 DOA of this 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? Aftar Division or Attending Jepital co. 44 hours after de... real Director: Ahe 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Sulcide Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral Completaly filled edical 29e. Certifier 1 Cartifying Phyeiclen: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the cause(s) and manner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) 30. Name end address of person who com D12884 DEC.15 1997 se of death (Item 23e) (Type, Print)

7900 OLD BFANCH AVE.SUITE 101, CLINTON, MARYLAND 20735

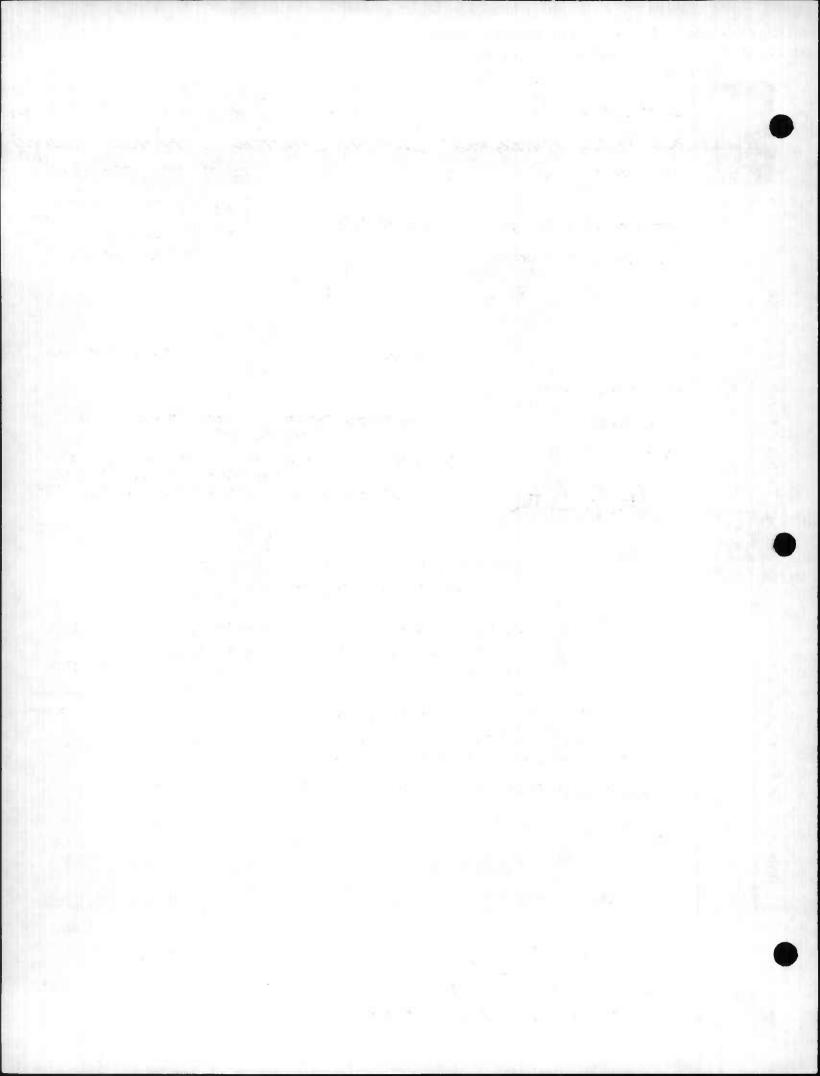
State Registrar PETER W. YIM M.D'.

DEC16

31. Dete filed (Month, Day, Year)

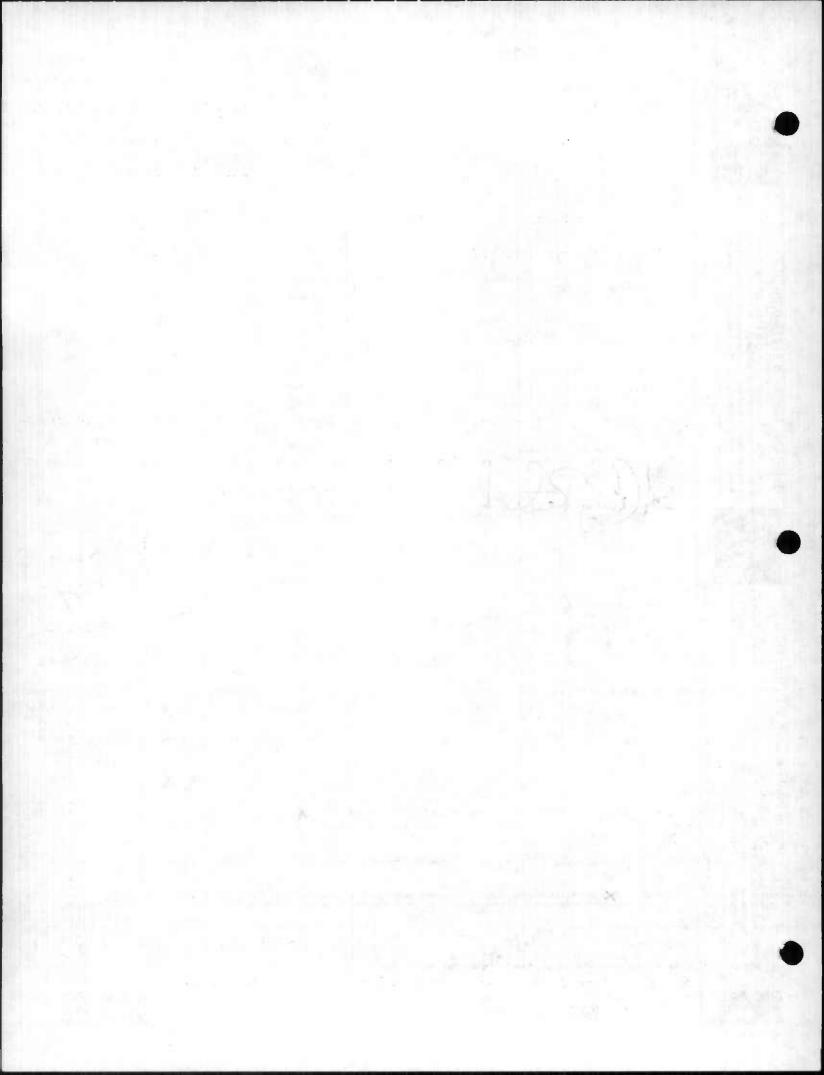
32. Registrer's Signeture

die Studion Partall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

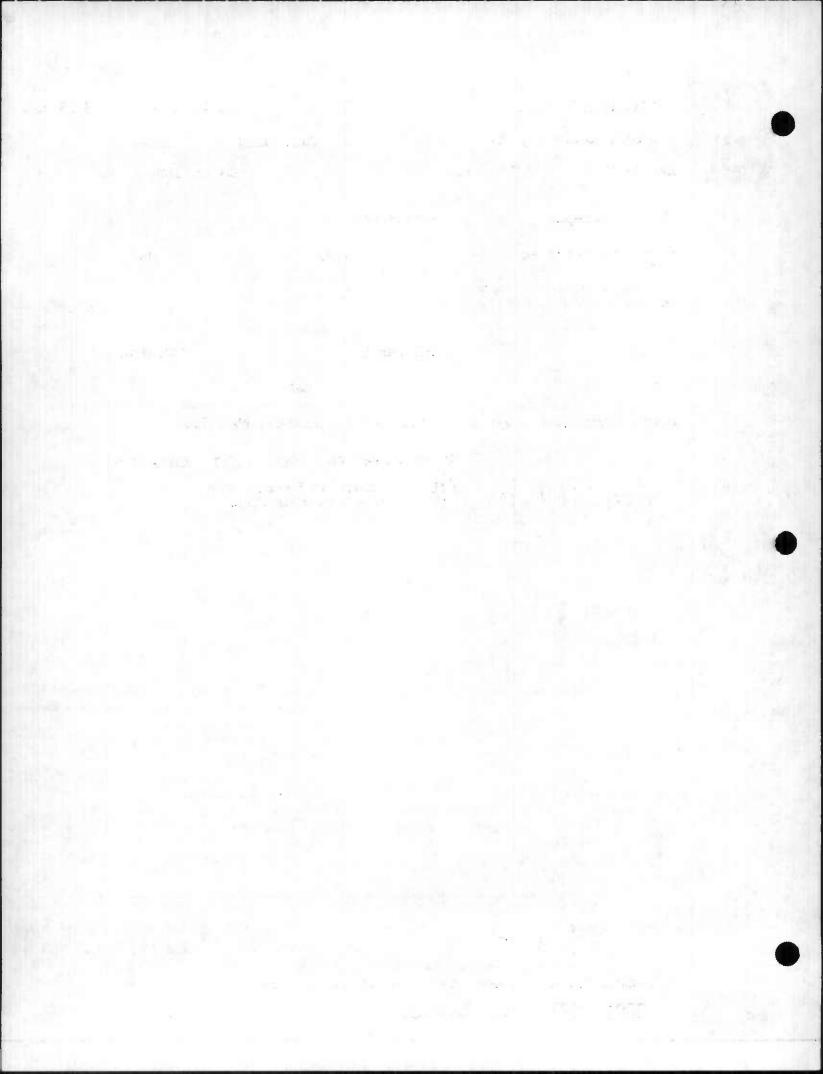
		Decedant's Nama (First, A	tialatia t a				rtificate o				Reg. No. 9 7	3	9279
Physician	n			taggs						2. Data of Date Month	Day	Yaar	3. Tima of Death
/Medica	-	4a. Facility Nama (If not instit			nel .			4h Cih	Town or l	Decembo ocation of Death	er 9, 1		12:45 P.M
Examine	r	Moran Manor		The same of the sa					sternp		,		
, Funerai	•	5. Social Security Number	6. 5			s. last birthday)	If Undar 1 Yas	r If Un	idar 24 Hrs.		Allegany		
Director		235-18-4280 Usual Rasidanca of Dacedan		□M 2X)F	92	Yrs.	Months Day	s Hou	urs Min.	July 2	7, 1905	West	olaca (Stata or Foreign Nirginia
with the Maryland a or 28a-f show be notified at		10a. Stata 10b. Co	inty			City, Town or Lo						1	0d. Insida City Limits 1 ☐ Yas 2 🔯 No
the Mary	901	MD A	llea	gny		Western							
23a or	a 0	22301 Wester	npor	t Road S.	W.		10f. Zip Coda	562			10g. Citizan of N		ntry?
urs after dea al', or items Daminer in	2	11. Marital Status 1 ☐ Navar Marriad 2 ☐ 3 ☐ Widowad 4 ☐ Divo		12. Was Dacedar Armed Forca 1 Yas 2 If Yas, Giva Yaar or Datas	Ø No		Was Dacedant of f Yas, specify Cu I ☐ Yas 2【 No			ecify Yas or No- Rican, atc.)	14. Rad Blac Specify	e - Amaricok, Whita,	
than nat	Deladino	15. Dece (Spacify only hi Elamantary/Secondary (0-		ducation da complated) College (1-4o	r 5+)	(Giva lifa. l	dent's Usual Occ kind of work don DO NOT usa ratii	upation a during r ed)	most of work	ing	16b. Kind of Business/Industry		
I S P G	ש ב	17. Fathar's Nama (First, Mid	dla, Last)			110111	CIIIARCI	18. M	Own Home 8. Mothar's Nama (First, Middla, Maidan Surnama)				
200	2	John Te	phab	ock				Be	ertha	Lee 1	Parker		
		19a. Informant's Name/Ralat	ionship (Type, Print)		19b. Mailir	g Addrass (Strai	at and Nu	mber or Rur	al Route Numbe	r, City or Town,	Stata, Zip	Code)
Haaith em 27 i	-	Ruth Staggs		Daughter			l Wester	npor	t Roa	d S.W.	Western	nport	, MD 21562
rayes I and 2 should have the market ry or other treumatic		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramati 4 ☐ Donation S ☐ Otha			a	cematary, cran	sition (Nama of netory or other pi n Cemete		Dec 11	Data , 1997	20c. Location -		wn, Stata 26726
Department of Health an Important: If item 27 is any Injury or other trau		21. Signature of Furtheral San	-	1		Ro	Nama and Add Otruck-S South	ass of Fa	Funer	al Home			726
Control of the principle of the principl	- Valimical	Immediata Causa (Final disaasa or condition resulting in daath) Sequantially list conditions, if any, laading to immediata cause. Enter Undarlying Ceusa (Disaase or injury that initiated avents	ſ		C Q Dua to		- Political poli					0	interval Batween Onsat and Death Min
d by the ettending physician end etached for use as the burial-transit Physician/Medical Examir	3	rasulting in death) Last	1	d.	A		pecle			Leas		reace	
b ed		Pert II. Other significant cond	auons co	Seni C		27		1	art I.		es 2 No		the cause of death?
s beer 2 shou						<u>b===</u>				24a. Was a	an autopsy mad?	CO	ra autopsy findings ailabla prior to mpletion of causa daeth?
rthis certificate has been signed by the ettendin sral director, page 2 should be detached for use.										1 🗆 Y	as 2 No	1[Yas 2 No
is certificate director, peg To Be Co		25. Wes casa rafarrad to med axaminar?	ical	Hospital:						h (Check only or			
this ral di	-	1 ☐ Yas 2 No 27. Mennar of Death		1 L Inpai		28b. Time of	3LI DOA	4		ma 5 Rasid			')
or: After the fune cation		1 Natural 5 Par 2 Accidant Invi	stigation		ay Year)	Injury	28c. Inji W	ork? Yas 2	_	28d. Dascribe h	ow injury occurr	90	
within 22 hours also beauti. To the Funeral Director: After this completely filled in by the funeral Medical Certification: T		4 ☐ Homicida dat	armined	building, a	atc. (Speci	(ty)	eat, factory, office			28f. Location (S City or Tow	n, Stata)		
thin 24 hours the Funer mpletaly fill		29a. Certifiar (Check only one) 2 Medical	ying Phy al Exam	rsician: To the besiner: On the basis and mennar s	of axamina	owledga, daath ation end/or Inv	occurred at tha t astigation, in my	ime, data opinion, d	and placa, a death occurr	and due to the c ed at tha tima, c	ausa(s) and me lete and pleca, i	nner es st and due to	eted. the causa(s)
5	-	29b. Signatura and titla of cer	ifier	Rinal	5		29c. Lican		er 0(8		29d. Data signed	(Month, 1	Day, Year)
Ms	3	30. Nema and address of pers	on who	A comment of the comm		m 23e) (Type, F		1					'()
	_	Mahesh B. Shr		M.D. 39	00 Ca	rskadon	Lane	Keys	ser,	WV 267	26		
State	3	31. Data filed (Month, Day, Ye			rar's Signi								



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dec 14, **Physician** Year Elizabeth J. Smyth 1997 3:35 a.m. /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Cumberland Nursing Home Cumberland Allegany 5. Social Security Number if Under 1 Year If Under 24 Hrs. Date of Birth (Month, Day, Dec 9, Birthplace (State or Foreign Country)
 TN 7. Age (In yrs. lest birthday) **Funeral** 10 M 20 F Days 220-38-0162 103 Yrs. Director Usuel Residence of Decedent tha Maryland r 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits Allegany Director MD Cumberland Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with r than "natural", or itams 23s or the Medical Examiner must be South Centre Street 21502 USA Pages 1 and 2 should be filed within 72 hours aftar death in and of Haelth and Mental Hygiana.
Int: If Item 27 is marked other than "natural; or Items 23 inty or other traumatic event, the Mages at Examinal material. Funerai 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes Ž☐ No If Yes, Give Year or Dates: Was Dacedent of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - Amaricen Indian, Black, White, etc. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes X☐ No Specify: þ M Widowad 4 Divorced white Completed 15. Decedant's Education (for only highest grade complated) 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumeme) NFN 2 MMN 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Betty Taylor-granddaughter P.O. Box 272 Ridgeley WV 26753 20a. Method of Disposition

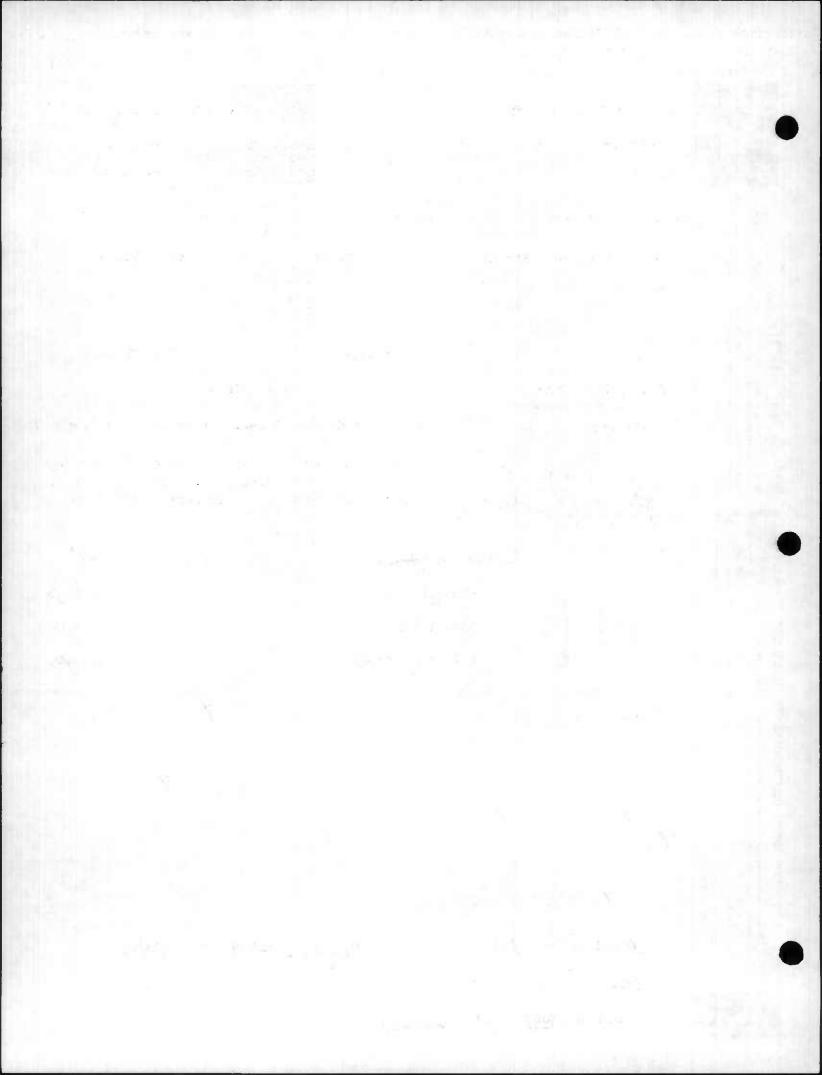
1 □ Buriel 2 □ Cremetion 3 □ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State permit. Page Department of important: If any injury or once. Hillcrest Memorial Park 4 ☐ Donetion 5 ☐ Other (Specify) 12/17 Cumberland MD 22. Name and Address of Facility
Scarpelli Funeral Home 21. Signeture of Funerel Service Ligarita Cumberland MD 21502 23a. Part1. Enter tha disease, or composhock, or haart failure. List or w in. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximete Interval Betw **Physician** Immediate Cause (Final disease or condition resulting In deeth) Coronary /Medical **Examiner** Dua to (or as a consequence of): Examiner that the death certificate be axecuted Sequentielly ilst conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disaasa or Injury that initieted events resulting in death) Last physician and tha burial-tran Due to (or as e consequence of) P.O. Box 68760 Physician/Medical Due to (or as a consequence of): USB BSU Po ate hes been signed by the a page 2 should be dateched t Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings eveileble prior to completion of ceuse of daeth? Completed 24a. Was en autopsy performed? 2 No 1 ☐ Yes 2 ☐ No Division of Vital cartific 25. Was cesa raferred to medical Be 26. Piece of Daath (Check only one) examiner? Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) this the funaral 27. Mannar of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of Aftar t Certification: 1 Natural 5 Pending investigation death. 1 Yes 2 No 2 Accident of ar death ofter death Director: / 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital o within 24 hours off To the Funeral Di complataly filled in 1 Cartifying Physicien: To the best of my knowledge, daath occurred at tha time, data and place, end dua to tha cause(s) and mennar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the tima, date and place, end due to the cause(s) end manner stated. 29a. Cartifier Medical 29b. Signature end title 29c. License number 29d. Date signed (Month, Day, Year) D 33280 TILS 30. Nama and address of person who completed ceusa of daath (Itam 23a) (Type, Print) Dr. Sunil Gupta 625 Kent Avenue Cumberland MD 21502 31. Date filad (Month, Day, Year)
DEC 1 7 1997 32. Registrar's Signature State Registrar



State of Maryland / Department of Health and Mental Hygiene 0

		The building		C	ertificate o	f Death		Reg. No.	39281			
Physic	rian	Decedent's Name (First, Middle, Last	st)				2. Dete of Month		3. Tima of Death			
/Med		Irene Dorothy T	racey		_	100	Novem	ber 28, 1	.997 11:56 PM			
Exam	iner	4a. Fecility Neme (If not institution, give	e street and number)			4b. City, Tov	m, or Location of D	eath 4c. County	of Death			
		Frederick Memori	al Hospital			Frede		Free	derick			
Funera Directo		5. Social Security Number 6. S 219-07-4906 1 Usual Residence of Decedent	ex	yrs. lest birtho	Months Day		Min. (Month	Birth , Dey, Year) 12, 1921	9. Birthplece (State or Foreign Country) Maryland			
and w		10e. Stete 10b. County	10	c. City, Town o	r Location				10d. Inside City Limits			
he Maryl 8a-f sho	Director	Maryland Frederi		Frederi	ick				Yes 2□No			
23a or 2	rai Dir	10e. Street end Number 256 South Carrol	1 Street		10f. Zip Code 21	701		10g. Citizen of United				
of Z1Z13-UOZU filed within 72 hours after death with the Manyland thygiene. ther than "natural", or items 23a or 28=f show ont, the Wad call Examiner much by notified at	by Funerai	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes:	r in U,S.	13. Was Decedent of If Yes, specify C		In? (Specify Yes o Puerto Rican, etc.	r No-) 14. Rac Ble Specif	ce - American Indien, ck, White, etc. Y: white			
72 h	eted	15. Decedent's Ed (Specify only highest gra	lucation de completed)	16e. De	ecedent's Usuel Occ	cupation	of working	16b. Kind of B	usiness/Industry			
filed within Hygiene. ont, ite was	Completed	Elementary/Secondary (0-12) 8th	College (1-4or 5+)	- li	`life. DO NOT usa retired Custodian		e during most of working ed)		College			
be filed tal Hyg d other		17. Fethar's Neme (First, Middle, Last)		`	ou couzan	18. Mother	's Neme (First, Mid	idle, Meiden Sumar				
	To Be	Franklin H. Tra			Mary Oden							
2 2 2 2		19e. Informent's Name/Reletionship (7	Type, Print)	19b. M	19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda)							
Heal Heal		Mary Bolinger, ni 20e. Method of Disposition	2	Ob. Plece of D	South Ca		Street I	Dete Frederick, Marylan 20c. Location - City or Town, Stete				
permit. Pages 1 el Depertment of Hea Important: if Item a ny Injury or othe		1 \(\text{Buriel 2 Cremetion 3 Removed from State 4 Donetion 5 Other (Specify)} \) Mt. Olivet Cemetery 12/2/97 Frederick 21. Signeture of Juneral Service 22. Name and Address of Facility Stauffer funeral House										
Depermination of the property		21. Signeture of Juneral Service Con	300	0			beautier		Homes, P.A.			
	(Enter the disease, or company, or heart/ailure. List only o	olicetions/thet cau one causa on aag		-			rederick,	MD 21702 Approximete Interval Between Onsat and Deeth			
Physician /Medicai Examiner		Immediate Ceuse (Finel disease or condition	· Candice	Carchitte					24 6			
Examiner		resulting in death)		to (or es e cor	nsequence of):							
D E	Examiner		, De	hocket	San			3 days				
acute and trans	(am	Sequentially list conditions,		to (or as e cor								
ficate be executed physician and as the buriel-transit		Sequentielly list conditions, if eny, laading to Immedieta cause. Entar Underlying Cause (Diseese or injury	at	rid fi	5				7 yas			
sate t	Medical	that Initieted events resulting in deeth) Lest	V	Due to (or es e consequenca of):)			
E 00			a End stage COPO						10 yes.			
eath cert ettendin	cial	D										
tad ba	by Physician/	Pert II. Other eignificant conditions co	ontributing to death but no	ot resulting in th	e underlying cause	given in Pert I.		old tobacco use co	ontribute to the cause of death? 3 Probably 4 Unknown			
aw requir s been s 2 should	Completed b							Ves en eutopsy erformed?	24b. Were autopsy findings aveileble prior to completion of cause of death?			
	HO	9. 10. 11. 11.					1	□Yas 2500	1 ☐ Yes 2 ☐ No			
Iclan: The	Be	25. Wes case referred to medical				26. Plece	of Deeth (Check or	nly ona)				
2 0 17	TOE	exeminer? 1 Yas 25 No	Hospitel:	2 ☐ ER/Outpa	itient 3 DOA	Whor:		Residenca 8 DOth	ner (Specify)			
를 를 들		27. Menner of Death	28a. Dete of Injury (Month, Dey Ye.	28b. Tim	e of 28c. In			ibe how Injury occur				
Attending ir death. actor: After by the fune	atio	1 Accident 5 Pending Investigation	(WOMM, Day 18	ar) Inju		Yes 2 N	lo					
or A offer or A in by	Certification:	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injury - building, atc. (S	At home, farm pecify)	street, fectory, office	ea.	28f. Location City or	on (Street and Numl Town, Stata)	ber or Rural Route Number,			
To the Hospital or At within 24 hours efter or To the Funeral Direct completely filled in by	edical (29e. Certifier (Check only one)	velcian: To the best of my iner: On the basis of exe end mennar stated.	/ knowledge, d minetion and/o	eeth occurred at tha r investigation, in m	tima, date end y opinion, daati	plece, end due to a occurred et tha ti	the ceuse(s) and m ma, data and place,	anner as stated. and dua to the cause(s)			
To the Within To the	Me	29b. Signeture end title of cartifier	ine Mo		-1-1-1	nse number	46240	29d. Dete signe	od (Month, Dey, Year)			
		30. Name and eddress of person who co		(Item 23e) (Ty	23e) (Type, Print) Out 100 (30/97)							
21	ate	31. Date filed (Month, Dey, Year)	eace 118	Bengt-Ma	is land !	which	ハイケ					
Regist				Studen	0							
DHMH 16 Rev 6/	0.5	01	June 1	A STREET	while:							

DHMH 16 Rev 6/95



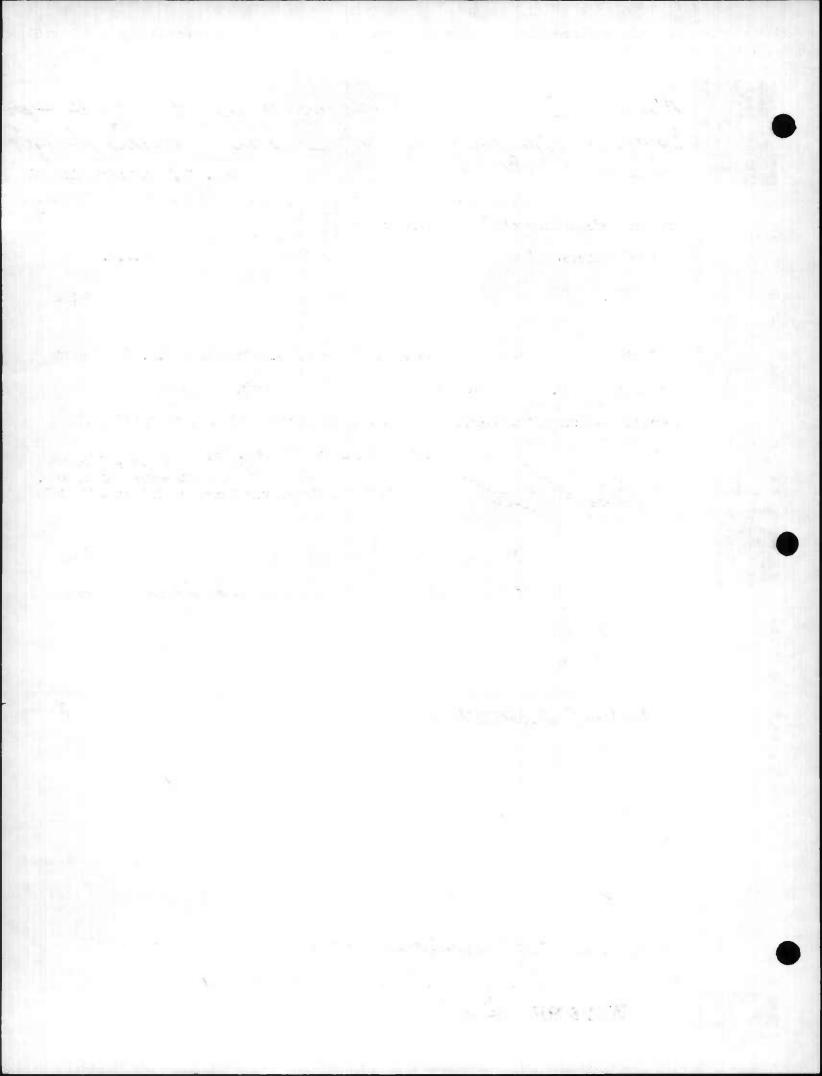
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Deeth 3. Tima of Death Month **Physician** CUNISSEN /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 40 County of Death Examiner Douthern 1Nton If Under 24 Hrs.
Hours Min.

B. Data of Birth (Month, Day, Year)
Oct. 29,1909

Washington DC 5. Social Sacurity Number 7. Age (In yrs. last birthday). 88 Yrs. If Under 1 Year Sex 1 □ M 2XX **Funeral** Days Director 579-03-8322 Usual Residance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examinar must be notified at 1 ☐ Yas 2 No Director Maryland Prince George's Clinton 10f. Zip Coda 10e. Street and Numbe 10g. Citizan of Whet Country? 20735 U.S.A. 8707 Cushman Drive Funeral 12. Was Dacedent Evar in U,S. Armed Forcas? 1 ☐ Yas ZX Mo If Yas, Giva Yaer or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Maxican, Puarto Rican, etc.) Race - Amarican Indien, Black, White, etc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours efter near of Health and Mertal Hygiene.
Int: If fem 27 is marked other than "natural", or the raumalt event, it's Model Eurith iny or other traumalt event, it's Model Eurith 1 Never Marriad 2 Married 21215-0020 1 ☐ Yas 2 ◯ No Specify: White by 3 Widowed 4 X Divorced Completed 15. Decedant's Education (Specify only highast grede complated) 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) General Service Administration U.S. Government 12th Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be Schaeffer Lydia Rudolph C. Von Rappe 19a. Intormant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Patricia Reinhart (Daughter) 8707 Cushman Drivee Clinton, Maryland 20735 20b. Place of Disposition (Nama of cematery, cramatory or other place)
Cedar Hill Cemetery 20a. Method of Disposition
1 ☑ Burial 2 ☐ Crametion 3 ☐ Ramoval from Stata 20c. Location - City or Town, Stata permit. Page Department of Important: If any injury or once. Dec. 11, 4 ☐ Donetion 5 ☐ Othar (Spacify) Suitland, Maryland 1997 Lee Funeneral Home, Inc. 21. Signatura of Funeral Service Licenses 22. Name end Addrass of Facility 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23a. Part1. Enter the disasse, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Onsat and Death **Physician** /Medicai Immediata Causa (Final disease or condition resulting in death) Myocar **Examiner** The law requires that the death certificate be executed Sequantially list conditions, if eny, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants rasulting in death) Lest Box 68760, Physician/Medical the Dua to (or as e consequanca of): 980 P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown testinal Obstruction Records, Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of causa of death? this certificata 1 Yas 1 ☐ Yas 2 ☐ No Division of Vital the Hospital or Attending Physician: ' hin 24 hours after death. the Funeral Director: After this certifica mpletely filled in by the funeral director, g Be 25. Wes casa rafarrad to medical axaminar? 28. Place of Death (Check only ona) To Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 ☐ Yas 2 No 1 Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mannar of Daath 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Natural 2 Accident 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 3 Suicida 6 Could not be 28f. Location (Streat and Number or Rurel Route Number, City or Town, State) 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 4 Homicide within 24 hours a
To the Funeral C
completely filled Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and dua to the causa(s) and manner as stated.

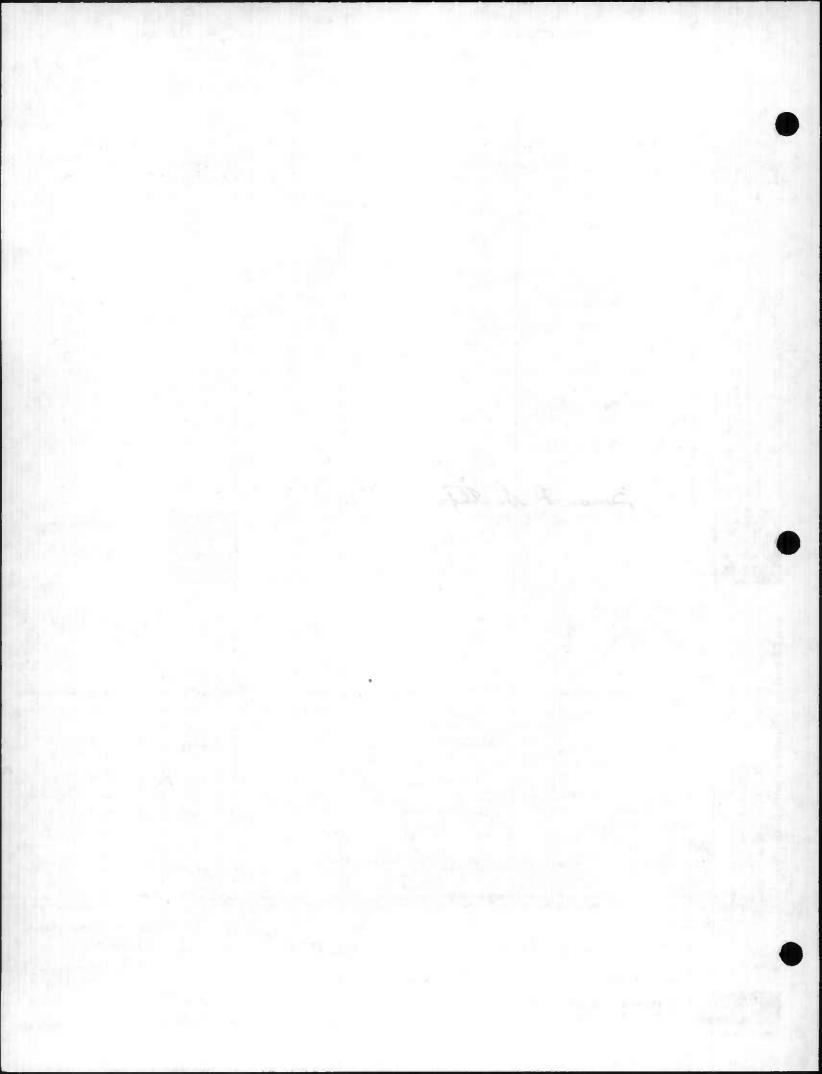
2 Medical Examiner: On the basts of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Cartifiar Medical 29b. Signatura and title of certitian 29c. Licansa number 29d. Data signed (Month, Day, Year) Dec 1997 Jamas L Fieldon on to 30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print) WALDONF MO M.D. I. Fredoon 31. Data filad (Month, Day, Yaar) DEC 1 6 1997 32. Registrar's Signatura State

Registrar



State of Maryland / Department of Health and Mental Hygiene 7 39283

					Ce	rtificat	e of	Death		Reg. No.	0.	3200)
Dhamia		1. Decedant's Neme (First, Middle, L	ast)		14.				2. Dete of D	eeth	V	3. Tima o	of Deeth
Physici /Medi		Mary F. Ull	ery						Dec.	Dey 15	1997	7:10	p.m
Examir		4e. Facility Name (If not institution, g	ive straet end number	7)				4b. City, Town, o	or Location of Daa	th 4c. Cour	nty of Deeth		
EPS .		Cumberland Nur	sing Home					Cumber		A	llega	ny	
, Funeral Director		5. Social Security Number 6. 235-16-6853 Usual Residence of Decedent	Sex 7. A 1 □ M 2 🛣 F	ge (In yrs. last	t birthdey) Yrs.	If Undar Months	1 Yaar Days		in. (Month, D		9. Birth	placa (State ontry) t Virg	
land		10a. State 10b. County		10c. City, T	own or Lo	ocation			10d. Insida Cit				City Limits
the Marylan 28a-f show	ector	WV Miner	al	K	eyseı							1 ☐ Yes	2½ No
23a or	rai Dir	Rt. 1, Box 176				10f. Zip	2672	.6		10g. Citizan d	SA		
after or its	by Funeral Director	11. Maritei Status 1 □ Never Married 2 □ Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedan Armed Forces 1 Yas 2 If Yes, Give Yaar or Detes:	? No		Was Deced If Yes, spec 1 ☐ Yes			(Specify Yas or N erto Rican, etc.)	o- 14. R B	lace - Ameni leck, Whita, cify: W		
72 hours	etec	15. Decedent's E (Specify only highest gi	ducation	1	6e. Deced	dent's Usue	el Occu	petion	vorkina	16b. Kind of	Business/In	dustry	
TOTE, MATYIANG 2121 ges 1 and 2 should be filed within it of Health and Mental Hygiena. If item 27 is marked other than " or other traumatic event, the Men	Completed	Elementery/Secondary (0-12) Unknown	College (1-4or	5+)		omemal		during most of w d)	TOKING	Ow	n Home	e	
othe	Bec	17. Father's Neme (First, Middle, Las	t)					18. Mother's N	ame (First, Middle	a, Maidan Sum	ama)		
Menta Menta	To	Anderson Paul	Rexrode					Eliza	Alice M	oyer			
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event		19a. Informent's Neme/Raletionship	(Type, Print)	1	19b. Mailir	ng Address	(Stree	end Number or	Rural Route Numi	ber, City or Tou	vn, Stete, Zip	Code)	
and and 27 in 27 in		Virginia M. Bowma	an/Daughte	r	Rt.	1, Bo	, Box 176 Keyser, WV 26726						
		20e. Method of Disposition 1								20c. Location - City or Town, State Keyser, WV			
Dalling pemit. Pa Departmer Important: any injury		21. Signeture of Funarel Service Lice	L L	it	22	Roti	ruck	ess of Facility -Smith	Funeral			726	
		23a. Pert1. Enter the diseese, or conshock, or heert feilure. List only	plicetions that cause	d the death. I	Do not ente						v 20.	Approximat	ta
Physician /Medicai Examiner	Examiner	Immediate Cause (Final disasse or condition resulting in deeth)	e. Covon	Dubub (or es	e consed	T O	lise	ease				Onset and I	
requires that the death certificate be executed requires that the death certificate be executed seen signed by the attending physician and hould be detached for use as the burial-transit	Medicai	Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Ceuse (Diseasa or injury that initiated events resulting in death) Lest	c	Due to (or es									
atter 1 for	ciai	•											
es that the death igned by the atte be detached for	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cer					ceusa given in Pert I. 23b.			Yes 2 No		o the cause of bably 4	
Physician: The law requires the third certificate has been signed in director, page 2 should be considered.	Completed by	Cerebro Vasu			24a. Was	an eutopsy ormed?	av co	ere eutopsy f elieble prior t impletion of c death?	to				
The I	5								10	Yes 2 No	10	Yes 2	No
ysician: The	Be	25. Wes case referred to medical exeminer?						26. Plece of D	eath (Check only	one)			
Physician: this certific rai director,	၉	1 Yes 2 No	Hospitel: 1 Inpatie	ent 2 ER/	Outpetlen	t 3 DO	A Oth	er: Nursing	Home 5 ☐ Ras	dence 8 🗆 O	ther (Specif	(y)	
Attending Ph ir death. ector: After th by the funeral	ation:	27. Manner of Deeth 1		ry Year) 28t	b. Tima of Injury	M 28	8c. Injui Woi 1 □	yel k? Yes 2 □ No	28d. Describe	how Injury occi	urred		
Ital or Attending us after death. al Director: After fled in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not be determined	building, et	c. (Specify)					City or To	Street end Nur wn, Stete)			iber,
To the Hospitai or / within 24 hours after * To the Funeral Dire completaly filled in b	edicai	29a. Certifier (Check only one)	nysician: To the best niner: On the basis o end manner st	r examinetion	ige, deeth end/or inv	occurred e estigetion,	t the tir	ne, dete end pleo plnion, deeth occ	ce, end due to the curred et the time,	cause(s) and n date end plece	menner es si e, end due to	tated. the causa(s	;)
To the To the Com	Σ	29b. Signetura and title of pertifier	VI 2 NOTE			29c.	Licens	e number		29d. Data sign	ed (Month,	Dey, Year)	
nes		30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)						D33280 Dec 17, 1997					
		Sunil Gupta, M.	D. 625 I	Kent Av	renue		mbe	rland, M	ID 2150)2			
Stat Registra	_	31. Dete filed (Month, Dey, Yeer) DEC 1 7 1997	32. Registr	er's Signeture	4								



State of Maryland / Department of Health and Mental Hygiene

							(Certi	ficate of	Death		Reg. No	91	3	728	84
	Dharata		1. Decedent's Nama (First	Middle, La	est)			19			2. Dete of D			Year	3. Time	of Death
	Physici /Medi		CATHERINE M	ARY V	IZZA						DEC	7,			4:00	A.M.
	Examir		4a. Facility Nama (If not ins	titution, gi	ve street end num	ber)				4b. City, Town, or L			County			
L			EGLE NURSING						If Under 1 Yaar	LONACON INC			LEGA			
L	Funeral Director		5. Sociel Security Number 218 12 5607 Usuel Residence of Deced		Sax 7 1 □ M 2 🗓 F	7. Age (In yrs. le	Yn	A	Months Days	Hours Min.	8. Deta of Bi (Month, D FEB 2	ey, Year)	24	9. Birthplac Country MARY L	AND	a or Foreign
	/land		10a. Stete 10b. 0			10c. City	Town	or Locat	tion					10d	l. Inside	City Limits
	Man	tor	MARYLAND ALL	EGANY		ECKHA	ART	MIN:	ES						1 ☐ Ye	s 2 No
	death with the Maryland ma 23a or 28a-f show	irec	10e. Street and Number						10f. Zip Code		10g. Citizen of Whet Country?					
	23a	ral	17210 BEECH	ERS A	VE., SW				21528	t of Hispenic Origin? (Specify Yes or Nouse, Mexican, Puerto Rican, etc.) No Specify:		U.S.				
21215-0020	or Its	by Funeral Director	11. Meritel Stetus 1 Navar Married 2 3 Widowed 4 December 1		12. Wes Deced Armed Ford 1 Yas 2 If Yes, Giva Yeer or Det	ces? 2 🔯 No						No- 14. Race - Ame Bleck, Whi Specify: WH			nita, atc.	
5-0	72 hours natural'.	eted	15. De	cedent's E	ducation ade completed)		16a. D	eceden	it's Usuel Occup	petion	dna	16b. Kind of Business		siness/Indu	stry	
121		Completed	Elementery/Secondary (-	College (1-4	4or 5+)				during most of working ed)						
	Hygier there there	Be Col	10 17. Fathar's Nema (First, A	liddle Lee			HOU	ISEW	IFE	40 Markada Nasa	- 151-14 B 81-141		HOMI			
Maryland	position e., Marly Identification 2.1.2. permit. Peges 1 and 2 should be filled within Department of Health and Mental Hyglene. Important: If item 27 is marked other than any injury or other traumatic event, the Monce.		JOSEPH DURKI		,				18. Mother's Neme (First, Middle, Maiden Surname) JULIA SULLIVAN							
7	2 should and Men is marks	To	19e. Informent's Neme/Re		(Type Print)		19b. k	Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)								
2	nd 2 stiffs are little are 27 is retrau		RUDOLPH VIZZ							S AVE., S						1528
e,	of Health of Health I Item 27 r other tr		20e. Mathod of Disposition			0.00	ece of D	ispositi	on (Nama of tory or other ple		Data	T		City or Towr		1320
E	Pege mt: If ry or		1 🖾 Burial 2 □ Cram 4 □ Donation 5 □ Ot			1010				GARDENS 1	2/9/97	LaV	ALE,	MD		
Baltimore	permit. Peg Department Important: I any injury c		21. Signature of Funerel S	eryice Life	nsee	0		22. N	lema and Addre	ss of Fecility		Da v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LLD		
B	Depa Impo		Y nou	1	ma	husen	1			NERAL HOM		' MD	2.1	532		
			23a. Part1. Enter the disac shock, or heert feilure	sa, or con	plicetions thet car	used the death.	Do not	t enter t	the mode of dyl	ng, such as cardiac	or respiretory	errest,		A	pproxim	ate
V	Physician		SHOOK, OF HEER ISHION	. List Only	One cease on ee	Cit iii ig.									ntarval Be Inset and	
1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth) e. Cerebral Vas Cular Accident Due to (or es a consequence of): b. General Arteriosclerosis 4:											1 2	10.	
п	LAAIIIIIEI	L.	resulting in deeth)		0	Due to (or	es a co	nseque	nce of):							
7	pet ist	nine			6. Gen	eral!	di	ter	ipscle	nosis					440	ars
_6	The law requires that the deeth certificate be executed ate has been signed by the ettending physician and page 2 should be deteched for use as the burlet-transit	Examiner	Sequentielly list conditions if eny, leeding to immadiat cause. Enter Underlying Ceuse (Diseese or injury	Due to (or es e consequence of):									4			
68760,	siciar bunni															
68	ificet g phy as th	ğ	resulting in deeth) Last			Dua to (or	as a cor	rsequer	nce or):							
Box	eth cert ettendin I for use	2		-	d											
	deet deet deet	sicie	Part II. Other significant co	nditions	contributing to dee	th but not rasui	ting In th	he unde	ertying cause gi	ven in Pert I.	23b. Dic	I tobacco	uss con	tributs to ti	he caust	s of death?
P.0	that the de ned by the e deteched i	Physician/Medical	0	~	Mart	I'C			, ,		1	Yes 2	□ No	3 Probel	bly 4)	Unknown
	es tha igned be del	by	Conges	ne	Treate	Jac	aura	2							(`
ord	v require been sl should	te d	Deans	5 (adre OF		-		~ 0			s an autor	psy	24b. Were availe	eble prior	r to
Records,	hes be	Completed		an a	The state of	CVVIC	>	4	100	, h				of de	oletion of eth?	causa
H		S	Chronic	, 0	Gstruc	time 1	uls	110	weru	Diseas	0 10	Yes 2	Mo	101	res 20	□ No
Viital	Physician: The this certificate ral director, pag	Be	25. Wes case referred to mexeminer?	edicai	H				0	26. Plece of Deel						
of	Physic this c	T ₀	1 Yes 2 No			patient 2 E			3LI DOA	ner: 4 Nursing Ho						
no	After funer	ion	1 Neturel 5 1	ending rvestigatio	28a. Dete of (Month,	Dey Year)	28b. Tim Inju		28c. Inju Wo M 1□	rk? Yes 2 □ No	28d. Describe	now inju	ry occurr	B O		
Division	f or Attending Peter death. Director: After	fica	3 Suicide 6	Could not b	00 01	of Injury - At hor	ne. ferm	street		163 2010	28f. Location	(Street en	nd Numbe	er or Rurel F	Poute Nu	ım <i>ber</i> .
Ö	offer effer Dire	Certification:	4 Homicide	ioto i i i i i i o c	building	g, etc. (Specify)		,	, , , , , , , , , , , , , , , , , , , ,			wn, Stete				
	To the Hospital or A within 24 hours effer To the Funeral Direct completely filled in b	edicai C	29e. Certifier 101 Ce (Check only one) 2 Ms	rtifying Pi dical Exa	nysician: To the be miner: On the bas end menne	is of examinetic	ledge, d	leeth od or Inves	ccurred et the ti	me, dete and place, opinion, deeth occur	end due to the red at the time	cause(s)) and ma d plece, a	nner as stet	ed. ne cause)(s)
	Withir To the	Me	29b. Signature end titla of	ertifiar	0	0			29c. Licans	sa number		29d. Da	ta signed	(Month, Da	y, Year)	
	2		1 1 2 2 2 2 2 3 1						Do	D07004 0F2/8/97						
	nus		30. Neme end eddress of p	erson who	completed cause	of death (Item :	23e) (Ty	/pe, Pri	nt)				-			
	770		L. R. MILES							LONACONI	NG, MD	215	39			
	Sta		31. Dete filed TET Any	10499	Sakien	Blucksond	an S	H		1=						
	Registr	ar			0											

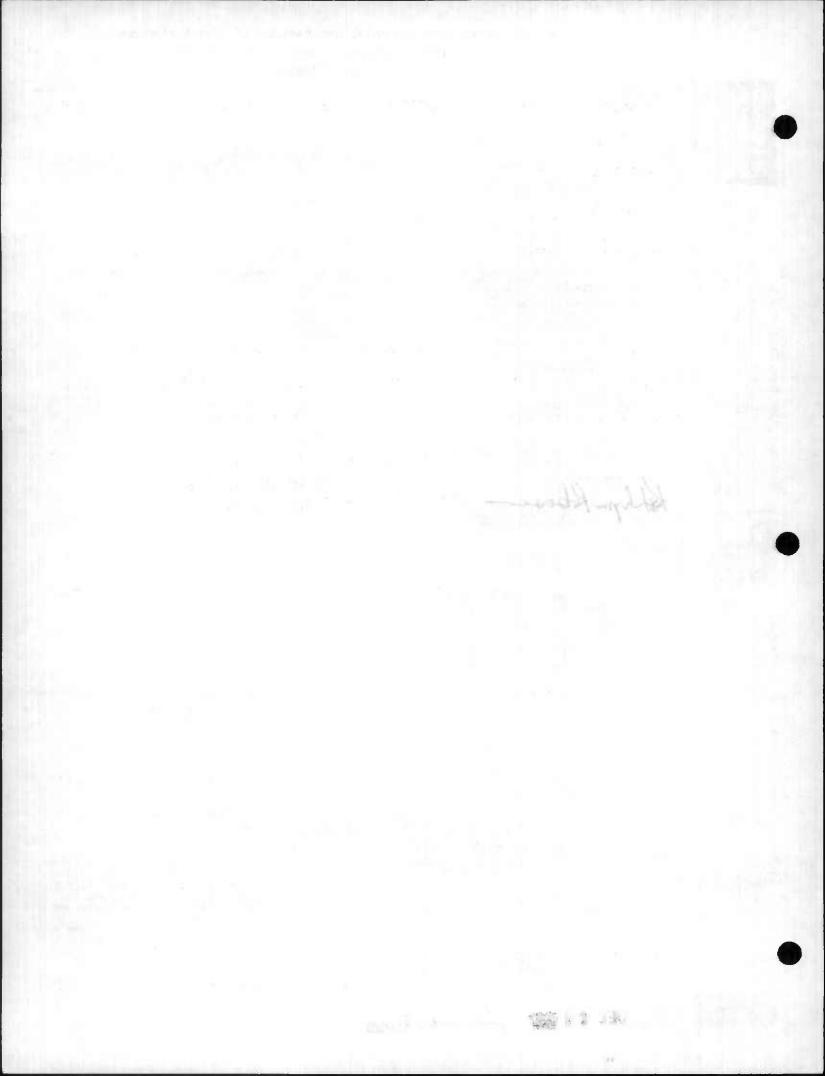
DHMH 16 Rsv 6/95

Marth : bear

State of Maryland / Department of Health and Mental Hygiene 7 39285

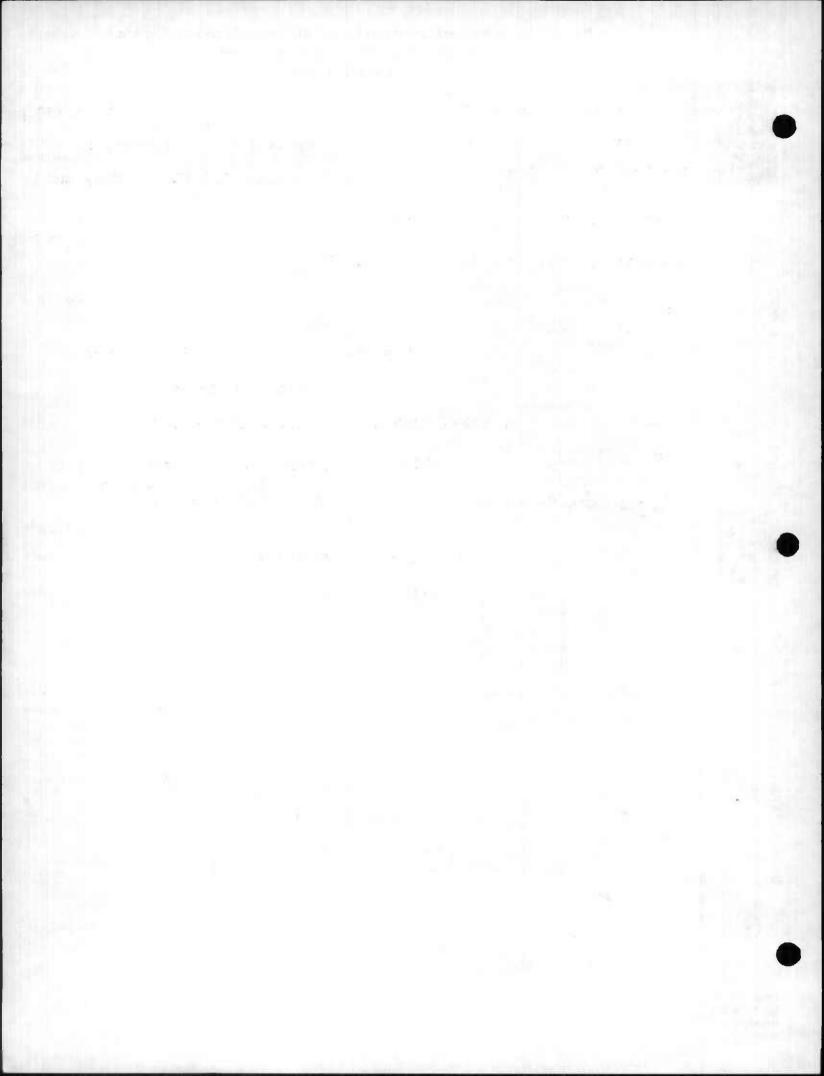
					C	ertificat	e of	Death		Reg. No.	0.	7203
Physic	ian	Decedent's Name (First, Middle							2. Date of I		Y <u>e</u> ar	3. Time of Death
/Medi	cal	Larry 4e. Facility Name (If not institution	Wayne		WILI	12	Sr		Decemb or Location of De	. 1	997	9:40 am
xami	ner	3480 Pleasant						ib. Oily, Town,	or Ecoation or De	46. Cour	nty of Death	
eral		5. Sociel Security Number	6. Sex 1. M M 2□ F	7. Age (i	In yrs. last birthde	Months	r 1 Yeer Deys	If Under 24		Birth Dev. Year)		place (State or Forei
tor		215-64-1608 Usual Residence of Decedent	HEM ZUF		43 Yrs		,-		Feb 21	Dey, Year) 1, 1954		dérick
		10a. State 10b. County		10		c. City, Town or Location						10d. Inside City Limi
	ctor	Maryland Fred	erick		Ijan	nsville	2					1 ☐ Yes 2 🛣
	Il Director	10e. Street and Number 3480 Pleasant	Grove Dr	rive	10f. Zip Code 21754						of What Country?	
	y Funeral	11. Marital Status 1 Never Married 2 Man	ied 1 Tyes	Forces? s 2 ANo Give	er in U,S. 1	3. Was Dece If Yes, spe	cify Cuba	ispenic Origin an, Mexican, P	? (Specify Yes or I uerto Ricen, etc.)		Race - American Indian, Black, White, etc.	
	ed by	3 Widowed 4 Divorced	Yeer or		16a Do	cedent's Usu						
	Completed	15. Decedan (Specify only highe Etementary/Secondary (0-12)	st grede completed	·	(G	ive kind of wo e. DO NOT u	rk done	during most of	working	16b. Kind of	Dusinessiii	idustry
	E O	9	College	(1-4or 5+)	Неа	vy Equ	ipme	ent Ope	rator	Cons	truct	ion
	To Be	17. Father's Name (First, Middle, Bernard	Earl		V	ILLS		18. Mother's Mary	Name (First, Midd	le, Maidan Sum velyn		BURDETTE
		Ms Pearl A. Wil	hip <i>(Type, Pri</i> nt) .1s/ Wife						r Rural Route Num e, Freder			
		20a. Mathod of Disposition			20b. Place of Discemetery.	sposition (Ne	me of other pied	(e)	Date	20c. Locatio	n - City or T	own, State
important: If it any injury or o		1 ☐ Burial 2 🛣 Cremetion 4 ☐ Donation 5 ☐ Other (S		m State					11,1997	7 Smith	sburg	g, Marylan
once.		21. Signature of Funeral Service	Licensee		22. Name and Address of Facility Keeney & Basford P.A. Funeral Home							
O.		Kahom Kor	seve		100706	106 Ea	st C	hurch S	St, Frede	erick, M		nd 21701
		23a. Part1. Enter the diseasa, or shock, or heart failura. List	complications that only one cause on	t caused the each line.	e death. Do not	entar tha mod	de of dyln	g, such as cer	diac or respiratory	arrest,	1	Approximata Intarval Batween
an		Immediate Cover (Final									į	Onset and Death
al er	п	Immediate Causa (Final disease or condition resulting in death)	a. Asp	hyxia								
	ē	Due to (or as a consequence of):										
	Examiner	b. Strangulation Due to (or as a consequence of):									Minutes	
		if eny, leading to immediate ceuse. Enter Underlying										
	edical	Cause (Diseese or Injury that Initiated avants resulting in death) Last Due to (or as a consequence of):										
	3											
	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributions.									Ī	
	hysi	Part II. Other significant condition	ns contributing to	death but n	ot resulting in the	a underlying o	euse giv	an in Part i.		23b. Did tobacco use contribute to		to the cause of deat obably 4 ☐ Unkno
	by P									_ 168 212.IN	3 J PR	Debty 4 Official
										as an autopsy rformed?	24b. V	Vera autopsy findings valleble prior to
	Completed											ompletion of cause f death?
	Con								10	Yes 2KΩNo	1	☐ Yes 2 No
	Be	25. Was case referred to medice axeminer?						26. Place of	Death (Check onl	y one)		
	2	1 X Yes 2 □ No		Inpatient	2 ☐ ER/Outpe			4 LI NUISII	ng Home 5 🖾 Re			ify)
	on:	27. Manner of Death 1 □ Natural 5 □ Pandin	28a. Date (Mo	e of Injury onth, Dey Y	ear) 28b. Time Injur		28c. Injur Wor			e how injury occ		.1.0
	cat	2 Accident Investig	of be	6,199				Yes 2X No		ect Han		
	Certification:	4 Homicide datam	Ined 200. Plac	lding, atc. (- At home, farm, Specify)	street, factor	y, office		City or 1	own, Stete) I	amsvi	rai Route Number,
		29a. Cartifier 1□ Certifyin		home	ny knowledge de	ath occurred	at the tir	na deta and n	3480 P	Leasant	Grove	e Drive
	edicai		Examiner: On the		amination and/or				occurred at tha tim			
	Me											
		Mual	w to	حاو	X	7	D35	164		De cembe	er 6,	1997
		30. Nama and addrass of person	who completed car	use of deat	(Item 23a) (Typ	oe, Print)						
		Andrew Zarick	Jr, M.I	0., 10	080 West	Patri	.ck S	street.	Frederi	ck, Mar	yland	21703
Sta	ate	31. Date filed (Month, Day, Year)	32.	Ragistrar's	Signature							
Regist	rar	DEC 0 8	TOW .	Jalia a	Divolego	al de						
tou cm	5		L			- Arrest						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Fayette Elizabeth Wood 12 97 /Medical 11:50 pm 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner College View Center Frederick
| Funder 1 Year | Funder 24 Hrs. | 8. Do Frederick Birthplece (State or Foreign Country) 5. Social Security Number 6. Sex 1 ☐ M 2 ☐ F 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Days 196-28-0894 93 Yrs. Director 12/5/03 Maryland Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "naturel", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified at Director 1√ Yes 2 No Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 90 Waverly Dr., death Funeral Apt. 104 21702 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married permit. Pages 1 and 2 should be filed within 72 hours aft. Depertment of Health and Mental Hygiene. Important: If Item 27 Is marked other than "naturel", or I any Injury or other traumatic event, the Medical Example once. Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐No à 3. Widowed 4 □ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker in own home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Walter Mills Ada M. Pfeifer 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Beverly Miller (daughter) 253 W. 5th St., Frederick, MD 21701 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12/10 Drexel Hill, PA Arlington Cemetery 22. Name and Address of Fecility 21. Signature of Funeral Service Libe Donald B. Thompson Funeral Home 31 E. Main St. Middletown, MD 23a. Perth. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** Cerebrovazeular accident /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner the death certificate be executed and Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or as e consequence of) physician a Box 68760 Physician/Medicai Due to (or es a consequence of): 9SI Part It, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Dellerlin þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed certificate 1 ☐ Yes 2 No Division of Vital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatienf 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred After 1 Naturel 2 Accident 5 Pending efter death. 1 Tyes 2 No Investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide 24 hours e the Hospital 29e. Certifler 1 🗹 cartifying Phyalcian: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. within 2 To the F 29b. Signature end fitte of contile 29d. Dete signed (Month, Dey, Year) mon who completed cause of death (Item 23a) (Type, Print) love House 31. Dete filed (Month, Day, Year) 32. Registrar & Signeture State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month Thelma November 22, 1997 12:45 pm Foreman WILLARD 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth College View Center Frederick Frederick If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Days 1 ☐ M 2 🛛 F 217-30-6141 91 1906 Aug Maryland Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Frederick Frederick 1 X Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3 East Ninth Street 21701 U.S.A. 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ŽNo If Yes, Give Yeer or Dates: 1 Never Married 2 ☐ Merried 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 NWidowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Cafeteria School System/Public 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Calvin LIDAY Sadie HEIM 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Mr Kenneth E Willard/ Son 816 Montclaire Avenue, Frederick, Maryland 21701 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremetion 3 ☐ Removal from State Mt Olivet Cemetery Nov 25, 1997 Frederick, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility
Keeney & Basford P.A. Funeral Home M00706 106 East Church St, Frederick, Maryland 21701 and Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart ailure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Ceuse (Final disease or condition resulting in death) 41050 fot. 2 Keart Diseage Due to (or as e consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Last Due to (or es e consequence of): Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Diabetes Melling 24e. Was en autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Hospital: Other: 4 Jursing Home 5 Residence 6 Other (Specify) 1□ Yes → No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Naturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 6 Could not be 3 ☐ Suicide 28e. Plece of Injury - At home, farm, atreet, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homloide Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) end manner es stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) and menner stated. 29a. Certifler

> 29c. License number D16428

29d. Date signed (Month, Dey, Year)

November 24, 1997

physician end the burial-transit Division of Vital Records, P.O. Box 68760, ettending pl signed by hes Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica funeral director,

Physician

/Medical

Examiner

Directo

Funeral

by

Completed

Be

2

Examiner

Physician/Medical

P

Completed

Be

Certification:

Medical

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hyglene. Important: if item 27 is marked other than "naturel", or items 23e or 28a-f show any injury or other traumatic event, the Medical Example must be notified at once.

Physician /Medicai

Examiner

Baltimore, Maryland 21215-0020

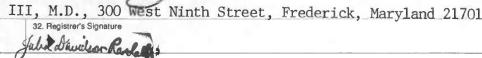
To the Hosp within 24 hor To the Fune completely fi

State Registrar

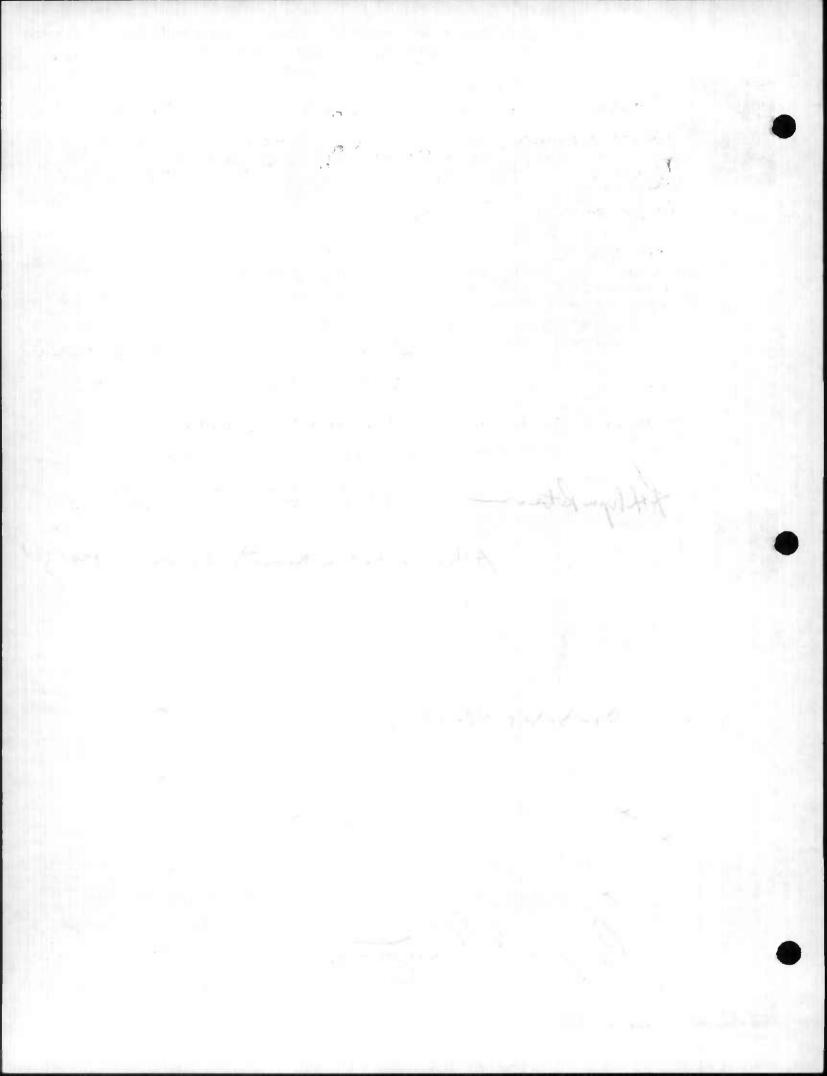
Nuv. 2.5 1997

Casper E. Cline, 31. Date filed (Month, Day, Year)

29b. Signature end tipe of cartifier



s of person who completed cause of deeth (Item 23a), hope, Pr



			State of Mi	arylariu /		ificate o	Health and f Death		Reg. No.	39	9288
		1. Decedent's Name (First, Middle,	Last)	9 1 1		1971		2. Date of De	ath		3. Time of Death
Physicia	_	Harlen Albert	Wiles					Novembe	er 18, 1	997	11:12 PM
/Medica Examine		4a. Facility Name (If not institution, g	give straat and number)				4b. City, Town, or	Location of Death	-		
EACHTINIC	•	Frederick Memori	lal Hospita	1			Frede	rick	Frede	rick	
Funeral			Sex 7. Ag	e (In yrs. iast b	oirthday)	If Under 1 Yes		s. 8. Date of Birt	th V Years	9. Birthp	iace (State or Foreign
Director		220-05-6422	1₫-M 2□ F	84	Yrs.	Months Day	s Hours Min	Nov. 20	y, Year) 1912	Mar	yland
2 >		Usual Residence of Decedent 10a. State 10b. County		40- Oh. T.		41					
show a show	_			10c. City, To						1	0d. Inside City Limits Y Yas 2 □ No
ineo within 72 hours after death with the Maryland thygiene. ther than "natural", or items 23a or 28a-1 show int, the Medical Examiner must be putified at	ect 6	Maryland Freder	rick	Frede	erick	1					
0.8	ă					10f. Zip Code 21701			10g. Citizen of		
\$ 23a	e a	233 Wyngate Driv	-	E	40.14					U.S.	
Remains	Funeral Director	11. Marital Status 1 ☐ Never Marriad 2 ☒ Married	12. Was Decedent Armed Forces?		13. VV	as Decedent of Yas, specify Co	i Hispanic Origin? (uban, Mexican, Puei	c Orlgin? (Specify Yes or No- dcan, Puerto Rican, atc.)		 Race - American In- Black, White, etc. 	
0	by	3 ☐ Widowed 4 ☐ Divorced	It Yes, Give Year or Dates:	40	1[☐Yes 2☐XN	o Specify:		Specify	Whi:	te
		15. Decedent's		16	a. Decede	nt's Usual Occ	upation	1	16b. Kind of B		
u de la	Be Completed	(Specify only highast g	grade completed)		(Give ki	nd of work dor O NOT use reti	ne during most of wo	orking			,
rhygiene. ither then ent, the M	E	Elementary/Secondery (0-12)	College (1-4or 5	Farmer			er		Fa	Farming	
othe ,	e O	17. Father's Nama (First, Middle, La	st)				18. Mother's Na	me (First, Middle,	Maiden Suman	ne)	
rked tic e	2	Charles Courtney	Wiles		Alta May Summers						
E		19a. intormant's Name/Relationship	(Type, Print)	19	19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, 2						Code)
27 i		Grace C. Wiles/V	Drive, F	rederick	, Maryla	and 2	1701				
r other tra		20a. Method of Disposition		20b. Piece	ot Disposi	tion (Name of	ilace)	Date	20c. Location -	City or To	wn, State
Department of important: if it any injury or o		1 ☑ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec				vet Cer		11/21	Freder	ick,	Maryland
nysician Medical kaminer).	23a. Party Enter the disease, or control, or heart taiture. List on Immediate Cause (Final disease or condition resulting in death)	a. Mu	Due to (or as a	Internet	the mode of d	MARKET Sylng, such as cardia	ac or respiratory a	rast,	MD 2	Approximate Intervel Batwean Onset and Death
physicis s the bu	by Physician/Medical Examiner	Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	Due to (or as a							
y the attanding sched for use as	SIC B	Part II. Other significant conditions	contributing to death by	ut not resulting	In the und	lerivina ceuse	given in Part I.	23b. Did 1	tobacco usa co	ntribute to	the cause of death
by the standard	֓֞֝֟֝֟֝֟֝֟֝֟֝֟֝֟	1 1	11- 1		5	5/		10	/		oably 4 Unknow
een signed b	2	Lengesten	bear	0	Cu	Cer					
	Completed	Dyperter	Geod sur					24e. Wes perfo	an autopsy med?	COL	ere autopsy tindings aliable prior to mpiation ot ceusa death?
page	0							101	res 20Mo	10	Yes 2 No
	9	25. Was case referred to medical examiner?					26. Place of De	ath (Check only o	ne)		
0 0	0	1 ☐ Yes 2 ☑ No	Hospitai: 1 Dinpatie	nt 2 ER/C	Outpatient	3 DOA	Other: 4 Nursing	Homa 5 🗆 Rasio	dance 6 □Oth	ar (Specify	y)
After the funeral	ation:	27. Menner of Death 1 □ Naturai 5 □ Pending 2 □ Accident investigati		ry y Year) 28b.	Time of Injury	28c. In W	jury at /ork? □ Yes 2 □ No	28d. Describe	now Injury occur	red	
within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Certification:	3 Sulcide 6 Could not determine	be d 28e. Place ot inju- building, etc	ury - At home, to. (Specify)	tarm, stree	et, tactory, offic	e	28t. Location (S City or Tox	Street end Numb vn, State)	er or Rura	l Route Number,
within 24 hours after To the Funeral Dir complately filled in	edical	29a. Certifier (Check only one) 1 ☐ Cartifying F	Physician: To the best of aminer: On the besis of and menner ste	examinetion a	ge, death o and/or inve	occurred at the stigation, in my	time, dete and piec opinion, death occ	e, end due to the urred at the time,	cause(s) end mo date and piace,	enner es st and due to	teted. the ceuse(s)
withir comp		29b. Signatura and like of contillor	-	2 1		29c. Lice	nse number		29d. Date signe	d (Month,	Day, Year)

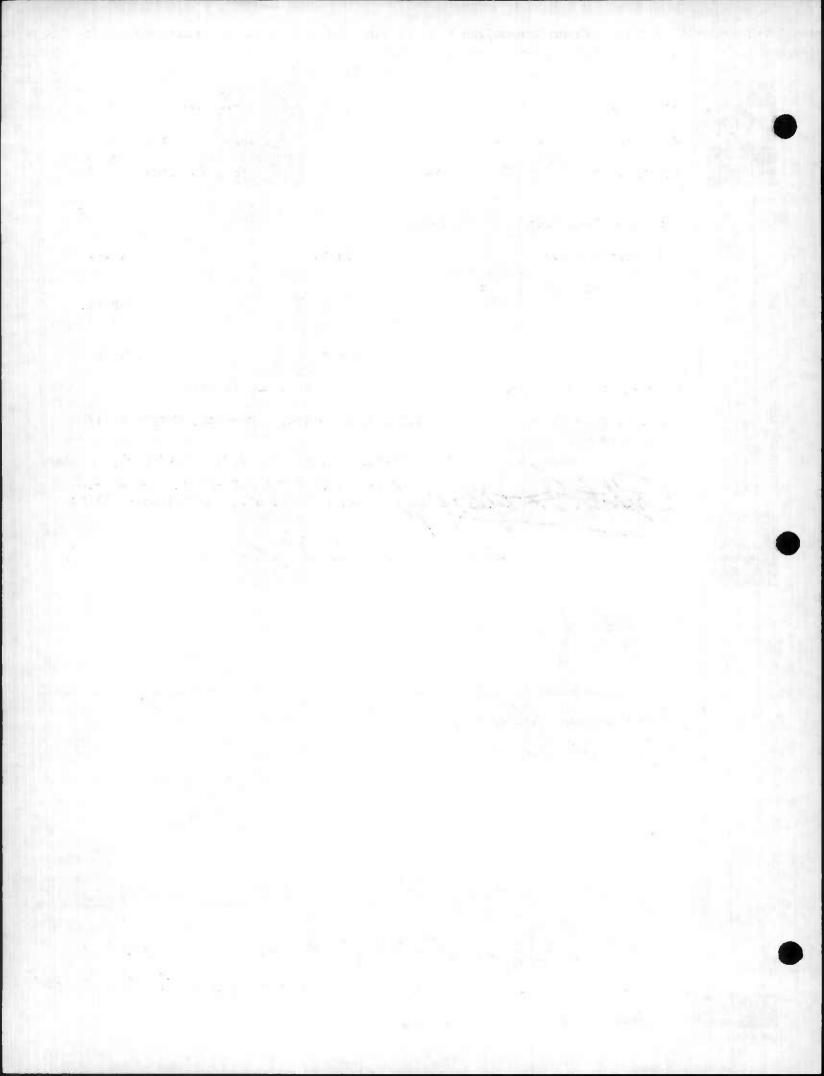
Registrar's Signature

300 un 9th ST, Frederick, Md.

State Registrar

31. Date filed (Month, Day, Year)

NOV 2 1 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nema (First Middle Lest) 2. Date of Death Month Year **Physician** Carrie Wastler Emmamae December 9, 1997 7:05 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick If Under 1 Year Months Days If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. iest birthday) Birthplace (Stata or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** 1□M 2\ F Yrs. Director 213-12-7173 88 Dec. 14, 1908 Maryland Usual Residence of Dacedant Pages 1 end 2 should be filed within 72 hours after death with the Maryland neat of Health and Mental hygiene. Intent of Health and Mental hygiene. Intit if item 27 is marked other than "naturel", or items 23s or 28s-f show any or other traumatic avent, the Mental Exertines must be notified at any or other traumatic avent, the Mental Exertines must be notified at 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits TV Yes 2 □ No Director Maryland Frederick Thurmont 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 17 Walnut Street 21788 Funeral U.S.A. Race - American Indian, Black, White, etc. 12. Was Decedant Evar in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Yes 2 No If Yas, Give Year or Dates: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 by 1 ☐ Yas Z☐ No Specify: Specify. 3 Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) 9 Homemaker Own Home 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Charles William Tressler Elizabeth E. Stambaugh 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Wayne M. Wastler/Son 28 Walnut Street, Thurmont, Maryland 21788 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cramatory or other place) 20c. Location - City or Town, State Date 1 Burlel 2 □ Cremation 3 □ Removal from State permit. Page Department o Important: If i Blue Ridge Cemetery 12/12 Thurmont, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Lie 22. Name and Addrass of Facility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 615 EAST MAIN ST., THURMONT, MD 21788 23a. Part1. Enter the disease, or complications that cause the disease, or heart failure. List only one cause on each new that the disease of th ith. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximata Interval Batween Onset and Death **Physician** /Medical Immediate Causa (Final diseese or condition rasulting in death) Examiner Examiner or Attanding Physician: The law requires that the death certificate be executed ician and burief-trans Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Diseasa or injury that Initiated events resulting in death) Lest Due to (or es a consequance of) P.O. Box 68760, physician Physician/Medical Dua to (or as e consequence of): 950 signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yss 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings evallable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed pege 2 2 No Division of Vital director 25. Was casa referred to medical axaminer? Be 26. Place of Death (Check only one) Hospital: Inpatient 2 ER/Outpatient 3 DOA 2 No Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes Certification: To After this Data of Injury (Month, Day Year) funeral Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Naturel 5 Pending investigation 2 Accident 1 ☐ Yas 2 ☐ No 24 hours efter death.

Funeral Diractor: A 8 Could not be determined 3 Suicide 281. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, straet, factory, office building, etc. (Spacify) 3 4 ☐ Homicide filled in Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as steted.

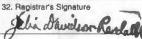
Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Certifier Medical completely (Check only one) To the F 29b. Signature end titla of contino 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

31. Data filed (Month, Day, Year) 32. Rac

Robert L. Kaufmann, MD

30. Nama end address of person who complated causa of death (tram 23a) (Type, Print)



300 West Ninth Street, Frederick, Maryland 21701

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Yaar Thomas DOOM 10 1997 6:08 AM December 4a. Facility Name (If not institution, give street and number) 4b City Town or Location of Death 4c. County of Death St. Mary's Hospital Leonardtown St. Mary's It Under 24 Hrs. 8. Data of Birth Hours Min. Feb. 2, 1908 5. Social Security Number 6. Sex 1 ☒ M 2 ☐ F if Under 1 Yaar 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foraign Maryland Days 89 577-07-7929 Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 20 No Maryland St. Mary's Abell 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? U.S.A. # 6 Gerard Cove Road 20606 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Giva Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American indian, Black, White, atc. 1 ☐ Never Married 2 ☐ Married White 1 Yes 2 No Specify: 3 X Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade complated) 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) N/A Washington Gas Light Co General Service 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Surname) Soper Wood Florence Ramey

19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Dec. 13ate

20c. Location - City or Town, State

29d. Data signed (Month, Day, Year)

Dec 10, 1997

Suitland, Maryland

Onset and Death

2 days

11214 Oakwood Drive Dunkirk, MD 20754

Physician /Medical

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

19a. Informant's Name/Ralationship (Type, Print)

4 ☐ Donation 5 ☐ Other (Specify)

20a. Method of Disposition

Leonard L. Wood (Son)

1X Burial 2 Cremation 3 Removal from State

10a State

Funeral

Director

7 is marked other than "naturel", or items 23e or 28a-f show treumstic event, the Medical Examiner must be notified all

permit. Peges 1 and 2 should be filed within 72 hours effer to Depertment of Health end Mental Hygiene. Important: If Item 27 le marked other than "naturel", or ther any Injury or other treumatic event, the Medical Examples.

Baltimore, Maryland 21215-0020

the Maryland

deeth

Examiner sician and bunial-transit

physician s the burial Physician/Medical signed by it à Completed Be 10 Medical Certification: by To the Hospital of within 24 hours of To the Funeral D completely filled

certificate has

After this

death.

ò

efter death

Division of Vital Records, P.O. Box 68760,

THOMAS LEONIDOUS WOOD

22. Nama and Address of Facility Lee Funeral Home, Inc. 21. Signature of Funeral Sarvice Licensee 6633 Old Alexanderia Ferry Rd Clinton, MD 20735 23a. Part 1. Enter the disaase, or complications that caused the daath. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Causa (Final Acute myocardial disease or condition resulting in death) artery Coronary Sequentially list conditions, if any, leading to immediate causa. Enler Underlying Cause (Disaasa or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequance ot): Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown cancer 24a. Was en autopsy performed? 24b. Were autopsy tindings evailable prior to completion of ceuse of death? Dementia 1 Yes 2 No 25. Was casa referred to medical examiner? 26. Placa of Daath (Check only one) Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yas 2 No 1 M Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 Matural 2 Accident 5 Pending invastigation 1 Yes 2 No 6 Could not be determined 3 Suicida 28e. Placa of Injury - Al home, tarm, street, factory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Routa Number, City or Town, State) 4 T Homicide

(Dr. m. A. Rahnau, Mi)

32. Registrar's Signatura

30 Name and address of person who completed cause of death (Itam 23a) (Type, Print)

20b. Place of Disposition (Name of cemetery, crematory or other place)

Washington National Cem. 1997

15 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and placa, and due to the cause(s) and manner stated.

29c. Licansa number

D50044

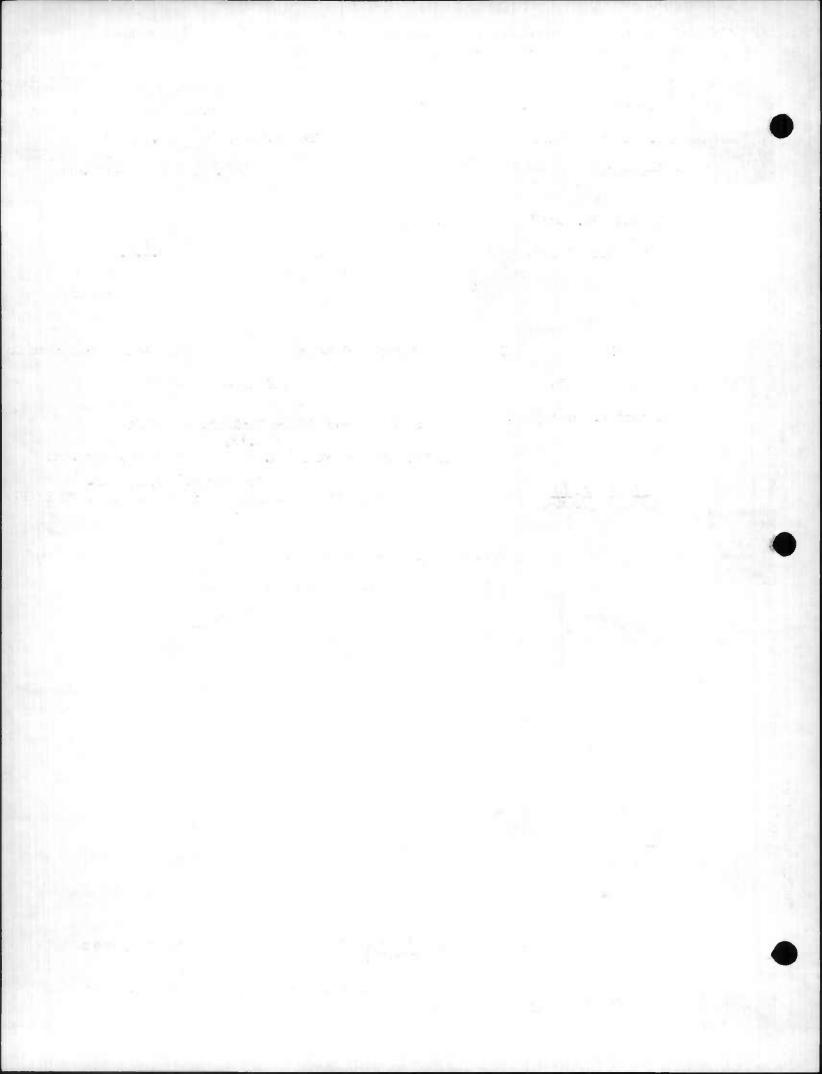
PHILIP BEAN MEDICAL CTR. HOLLYWOOW, MD. 20636

State Registrar

29a. Cartifier

20b. Signature and fille of certifier

MOHAMMAD RAHMAN M.D.

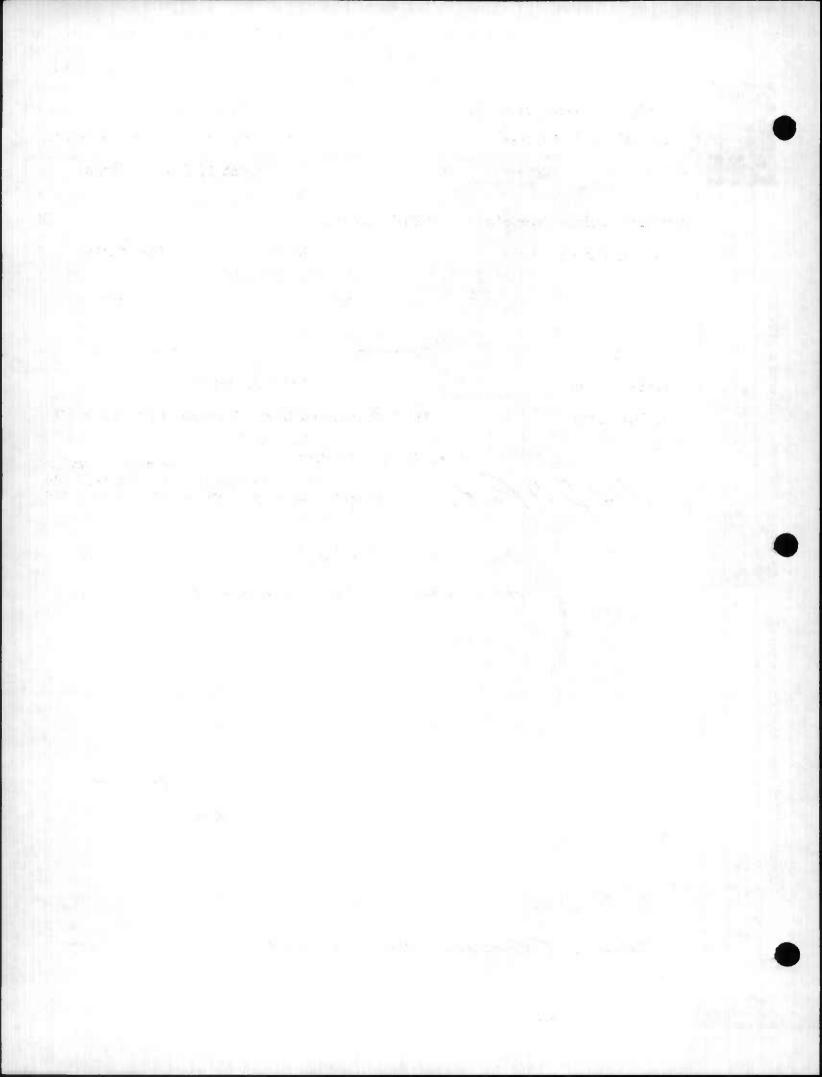


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Bea No. 7 3 9 2 9

						Certifica	te o	Death			Reg. No.	3:	1676
Dhuale	lan	1. Decedent's Name (First, Middle,	Last)			0				2. Data of De	eath Day	Yaar	3. Time of Death
Physic /Med		Ohmer Watso		Decemb		1997	3:00 AM						
Exami		4a. Facility Nama (If not institution,		mber)						ocation of Deat		ty of Death	
		7605 Walker Mil						-		eights		ice Ge	oerge's
Funeral Director		577 05 5566	Sex M 2□ F	7. Aga (In yi		Months	ar 1 Yas Day		Min.	6. Data of Bi	1967	9. Birthp Virg	laca (Steta or Foraigi Inia
pue *		Usual Residence of Decedent 10a. State 10b, County		10c	City, Town o	or Location				10d. Inside			0d. Inside City Limits
f aho	5		George'		7.2	ol Hei	~h+c						1 ☐ Yas 🏋 🛱 No
tha 128s	Directo	Maryland Prince	George	5	сарти		ip Code	,		10g. Citizen of What Country?			
Tarylang ZIZID-0020 2 should be filed within 72 hours after death v and Mental Hygiene. Is marked other than "natural", or items 23s aumatic event, it a Medical Examination in a To Re Commissed by Eumanel	rai Di	7605 Walker Mi	ll Drive		20743							ed Sta	,
	une	11. Marital Status	12. Wes Deci	orcas?	U,S.	13. Was Dec	edent of ecify Cu	Hispanic Or ban, Maxice	igin? (Sp n, Puerto	ecify Yes or No Ricen, etc.))- 14. R	ace - Americ lack, White,	
	by	1 Never Married 2 Married	1 Tes If Yes, Giv Yeer or D	2 No vex X Pates:		1□ Yes	2EN	Specify:			Spec	whit	e
	etec	15. Decedent's (Specify only highest)			16a. D	ecedent's Us Give kind of w	ual Occ	upation e durina mos	st of work	dina	16b. Kind of	Business/Inc	dustry
	mpidu	(Specify only highest grade completed) Elementery/Secondary (0-12) 8th (Giva kind of work done during most of work iffe. DO NOT use retired) Excavation							Const	anatio	n		
								arla Nlam	o /Fires haidele			11	
	To Be	William O. Webb	51)						_	. Garma	əmə)		
		19e. Informent's Name/Relationship Shirley Davis	(Type, Print)		19b. A 166	Meiling Address 01 Mat	tawo	man L	er or Rui ane	, Waldo	er, City or Tow orf, Mai	n, Stete, Zip Tyland	20601
permit. Pegas 1 and Department of Haelth Important: If Item 27 any Injury or other tronce.		20a. Method of Disposition 1 ☐ Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spe				isposition (No cremetory or ncoln			16,	1997	20c. Location		
permit. I Departm Importar any infu		21. Signature of Funeral Service Lic		2		22. Name a	nd Add	ress of Facili	by oo	Funora			Maryland 633 Old
Depariment in police.		> Modell	Ofa	h									d 20735
		23a. Part1. Enter the disease, or co	mplications that o	aused the de								-	Approximata
Physician	1	shock, or heart feilure. List on	ly one ceuse on e	ech line.								1	Interval Between Onset and Death
/Medical	ш	Immediate Cause (Final diseasa or condition	M	1010	1.21	1	100	2 of	-			1	H.
Examiner	1.1	resulting in death)	e. M	Due to	(or es e co	nsequence of):	1801				-	
p ii	ine		· At	251050	des	tre	Corr	MOVA	150	Max ,	NEVAL		1/2
ertificate be executed ling physician and e as tha bunal-transit	Examiner	Due to (or es e consequence of): b. Attrioscopicos tre Common A Secular District Sequentially list conditions, If any leading to immediate											
ifficete be exa g physician a													
phys s tha	Medical	thet Initieted events resulting in death) Last Due to (or es e consequence of):											
certifi ding													
sattend of for us	Physician	Port II. Other significant conditions	annishuting to d	ant but not a		la constantida a	CLNGS INC	Seed to Date		not Die			
that the died by the deteched	hys	Part II. Other algnificant conditions	contributing to de	eath but not r	esuiting in ti	ne underlying	cause ç	iven in Pert	I.	23b. Did tobacco use contribute to the cause of c			
es that igned t	by P									''	Tas ZLING	3 Pio	DEDIY 4 ONKHOW
requir been s should	Completed b										an autopsy ormed?	av	ere autopsy findings aliabla prior to impletion of ceusa
0 E 0	mc										Yes 2 No		deeth?
F # 6		25. Was cese referred to medical						00 81				1	☐Yes 2☐No
Physician: The this cardificate	To Be	examiner?	Hospital:	Inpatient 2	☐ ER/Outp	atient 3 C	04 0	thor:	ursing Ho	th (Check only	idence 6 🗆 C	that (Enacif	
Phys ar this eral di		27. Manner of Death	28e. Date	of Injury	28b. Tin		28c. Inj		uising no		how Injury occ	-	//
ath. r: Afte e fun	atio	1 Neturei 5 Pending Investiget		th, Dey Year)	Inju	iry M			No				
f or Attending after death. Director: After d in by the fune	Certification:	Accident Investigation M 1 Yes 2 No								28f. Location (City or To	Street end Nur wn, State)	n <i>ber</i> or Rura	I Routa Number,
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completaly filled in by the funer	edical Co	(Check only 2 Medical Ex	Physician: To the aminer: On the ba	best of my ki	nowledge, d	leath occurred	d et the	time, dete ar	nd place,	and due to the	ceuse(s) and date and place	manner as si	teted.
thin 2 mple	Med	one) 29b. Signatura and title of certifiar	and man	ner stated.				nse number	-				
F . F . S			XFre	M	, DI	11)		192	7		29d. Date sign		
						N		170	2		13 D	1	77/
		30. Name end eddress of person wh			4 1		100			1			
		31. Dete filed (Month, Day, Year)	77,1	W agistraria Ci-	14012	nd 1	11)	20	601	/			
St Regist	ate rar	DEC16	07	egistrer's Sig	stan Pa	alast.							
		250101	101	And the second	-600 -000	Adams							

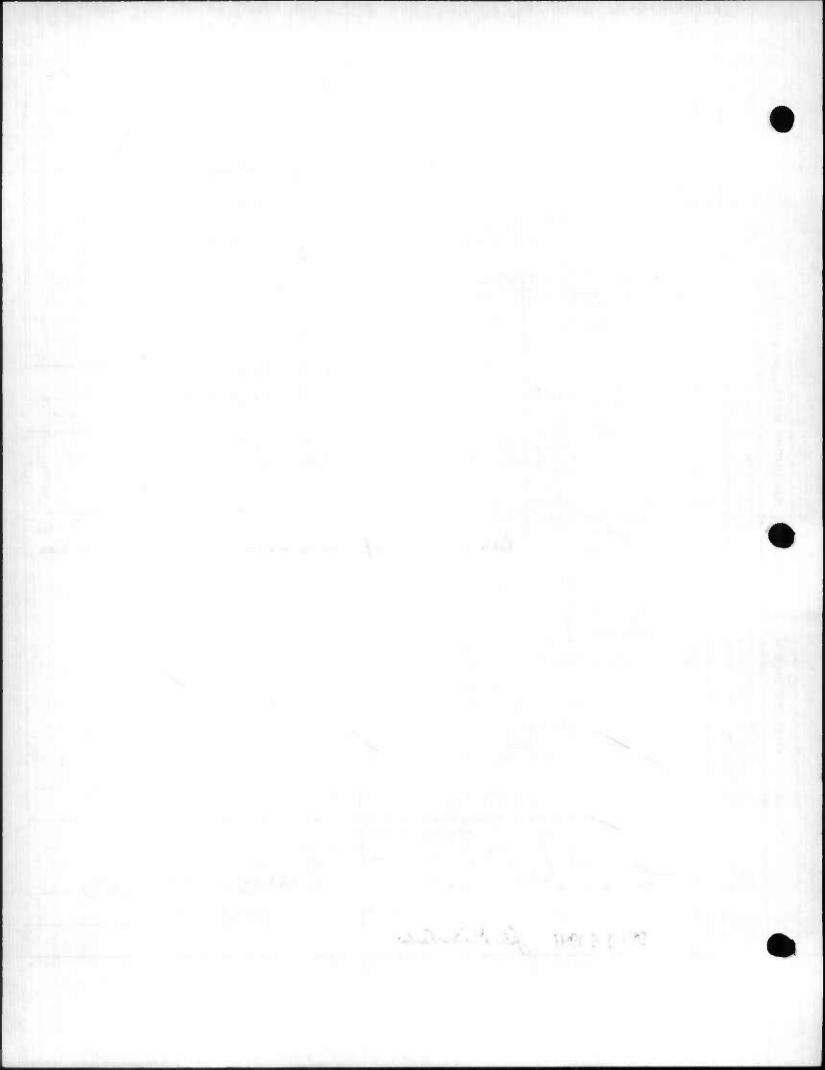


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	FOR STATE REGISTR	AF
,	1. 0	ECEDENT'S	N/
í		m	A

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	NEGISTIAN		CLRI	ILICAI	E OF	DEATH	HEG. NO).		
	1. DECEDENT'S NAME (First, Middle, Lest) MARY EU1	en wo	on				2. DATE OF DEATH	MY J		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest birthde	ny) IF UND	ER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	8. BIRTHPLAC	CE (State or Foreign
	577-14-1476	1 M 2 F	78 YRS	MONTHS	DAYS	HOURS MIN.	NOV 1.3 1	919	Country)	n d
	9a. FACILITY NAME (If not institution, give are	et and number)				OR LOCATION OF D			Maryla	
E C	BRADFORD OF	KS 7		a	INT	m		1	OG	
5	RESIDENCE OF DECEDENT									
DIRE	Maryland Princ	ce George'		city, town Suitl		TION				INSIDE CITY LIMITS? YES 2 VO
FUNERAL DIRECTOR	4801 Auth Place				10	1. ZIP CODE 20746		-	ed Sta	
BY FUN	11. MARHAL STATUS 1. Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR I	VER IN U.S. ARMED YES 2 THO DR DATES XX	U.S. ARMED 13. WAS DECENDENT OF HISPANI 1 yes, specify Cuban, Mexican 1 YES 2 TONO Specify:				e or No-	14. RACE — A Black, Why Specify	imerican Indian, ita, etc.
0	16. DECEDENT'S EDUCA (Specify only highest grade or	ATION	16a. DECEDEN	T'S USUAL	OCCUPATI	ON	16b, KIND OF BU	SINESS/INDU	ISTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		T use retired.	-	ost of working	General	Acct		
\$	17. FATHER'S NAME (First, Middle, Lest)		Dupu			[•	
	Thomas E. Wood, Si	c.					AME (First, Middle, Maider	Surname)		
8	19a. INFORMANT'S NAME (Type/Print)		195 MAII	ING ADDRES	SE (Street	Linda	V. Soper Route Number, City or Tox	on Chair Tin	Cardal	
2			4969	9 Kep	pler	Road. T	emple Hill	s. Mai	rvland	20748
	Viola McDonald 29s METHOD OF DISPOSITION 100 Buriel 2 Cremetton 3 Remov									
	14 Buriel 2 Cremetion 3 Remov	ral from State					2, 21997200. LG			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	St Barna	abas 1	. NAME A	ND ADDRESS OF F	Lee Fun	mple I	dills,	Maryland
	1		/	0	ld A	lexandri	Lee Fun a Ferry Ro	eral I	Home,I	nc 6633
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	E OF):				RMED?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE PEATH?
Σ							_		10	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				Ba D	LACE DF DEATH (C)	neck anti-one!			
SIC	EXAMINER?	HOSPITAL:	(Outpetings 2 DO)	ОТНЕ	rA:					
Ė	27. MANNER OF DEATH	28a. DATE OF INJU	URY 28b. 1	TIME OF	7	IURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCI	IRED	
	1 Natural 5 Pending	(Month, Day, Ye	bar)	INJURY M		YES 2 NO	TO THE PARTY OF TH			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE DF IN.	JURY — At home, farr	m, street, fac			28f. LOCATION (Street	and Number o	r Rural Route i	Number.
	4 Homicide determined	building, etc.	(Specify)				City or Town, State			7,00
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICA 2 MEDICAL EXAMINER:						to the cause(a) and ma			menner as stated.
u I	296. SIGNATURE NO TITLE OF CERTIFIER	4/1/				29c. LICENSE NU	MBER	29d. DATE	SIGNED (Mont	th, Day, Year)
0	freed S-VI	12	un			D 153	73	•	12/8/	97
=	30. NAME AND ADDRESS OF PERSON WHO									-
	Lucio Villa-Real	2 Street 1			, #5	02, Wald	dorf, Mary	Land 2	0603	
	31. DATE FILED (Month, Dey, Year) 1997	32. ALGISTRANS	SIGNATURE PARL	4						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1 Decedent's Name (First Middle Last) 2. Date of peccember 3. Time of Death **Physician** HARVEY WOODROW WILLIAMS 10:06 AM 12 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 24635 Cougar Court Hollywood St. Mary's 5. Social Security Number 7. Age (In yrs. last birthday) 79 Yrs. If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** XDM 2DF 579 09 8003 Director May 12, 1918 Maryland Usual Residence of Decedent tha Maryland 10a Stete 10b County 10c. City. Town or Location item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Modical Examinat must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director St. Mary's Hollywood 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? 24635 Cougar Court 20636 United States Funeral daath 12. Wes Decedent Ever in U,S. Armed Forces?

1 (X) Yes 2 □ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritel Status permit. Pagas 1 and 2 should be filled within 72 hours attant. Department of Haalth and Mental Hygiena. Important: If item 27 is marked other than "natural". or hand any injury or other transment. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ Specify: by Specify. ₩Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 8th Bus Driver St. Mary's County 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Joseph A. Williams Dasie Mae Renner 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) John Williams 20b. Plece of Disposition (Name of Dec. 17, Date 7, 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Resurrection Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Clinton, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of FacilityLee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 20735 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Interval Between Onset end Deeth **Physician** /Medicai Immediate Ceuse (Final diseese or condition resulting in death) Examiner Examiner hysician and the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. Physician/Medical SE attanding for Records, P.O. signed by the d Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peen : paga 2 has cartificate 1 Yes 2 TNo 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicet Be 28. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funaral 27. Manner of Deeth 28e. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? : Aftar 5 Pending investigation 1 (Naturat 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide

Division of Vital I or Attending Physician: after death. Director: in by tha To the Hospital or within 24 hours aff To the Funeral Di completely filled in

1 Certifying Physician: To the best of my knowledge, deeth occurred et the lime, date end place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who completed ceuse of death (Item 33a) (Type, Print)

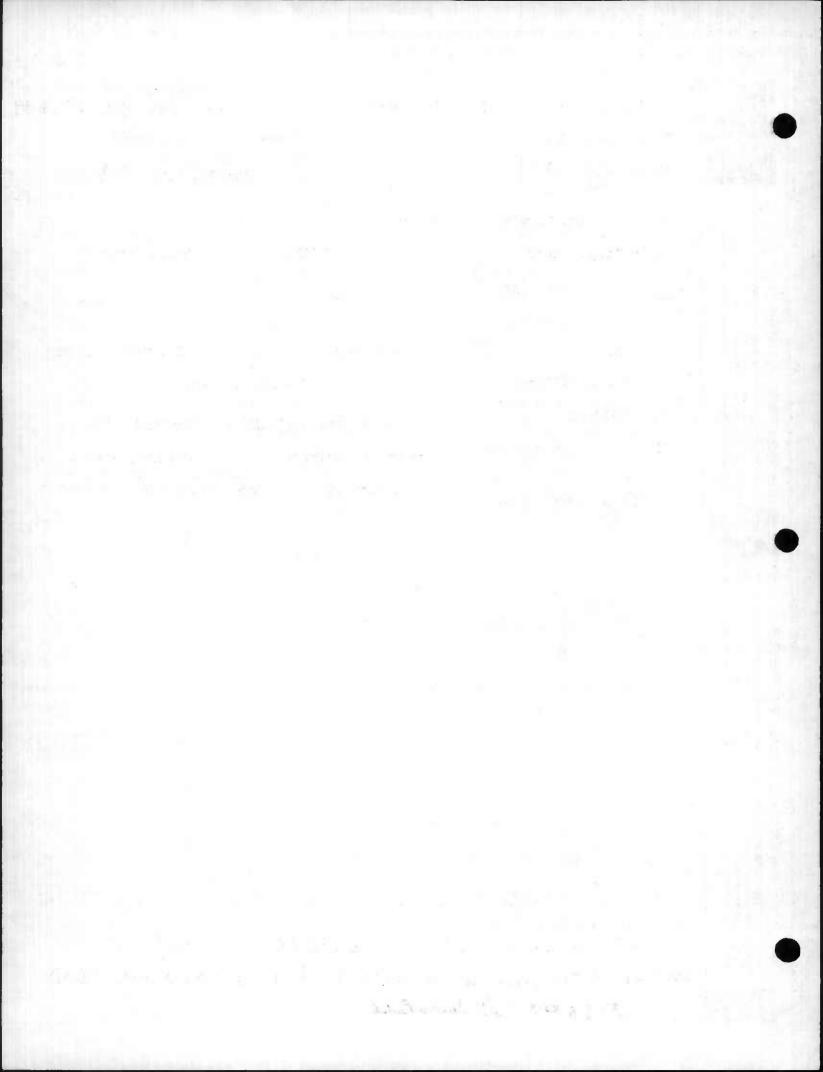
MARGARET A DALY, M.D. 662 MOAKLEY ST. #101 LEONAROTOWN MD 20650 31. Date fited (Month, Day, Year)

State Registrar

Medical

29a. Certifier (Check only one)

> 32. Registrer's Signature DEC16



31. DATE FILED (Month, Day, Year)

DEC 1 6 1997

32. REGISTRAR'S SIGNATURE

elis Skudior Randall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EDNA AILEEN WARRING 440 997 A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Fereign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH JAN - 3 - 1920 DAYS HOURS 1 M 2 M YRS. WASH .permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BRADFORD PG DIRECTOR NTON RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CHARLES WALDORF 1 - YES 2 NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 1907 Michael Road page 5 should be detached for use as the burial-transit 20601 executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Maxican, Puerto Rici 1 Never Married 2 Married Specify: White IF YES, GIVE WAR OR DATES 3 X Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 165 KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 8 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John E. Day BE Jessie Soper 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joyce A. Windsor-Daughter 1907 Michael Road, Waldorf, MD 20601 pe 20a. METHOD OF DISPOSITION
1 □ X Burlel 2 □ Cernstion 3 □ Removal from State
4 □ Donetion 9 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must the attending physician and completely filled in by the funeral director, Mental Hygiene prior to bunial, cremation, or removal. cemetery, crematory or other place)
Trinity Memorial Gardens 12-19 Waldorf, MD 21. SIONATURE OF FUNE AL SERVICE OCENSEE

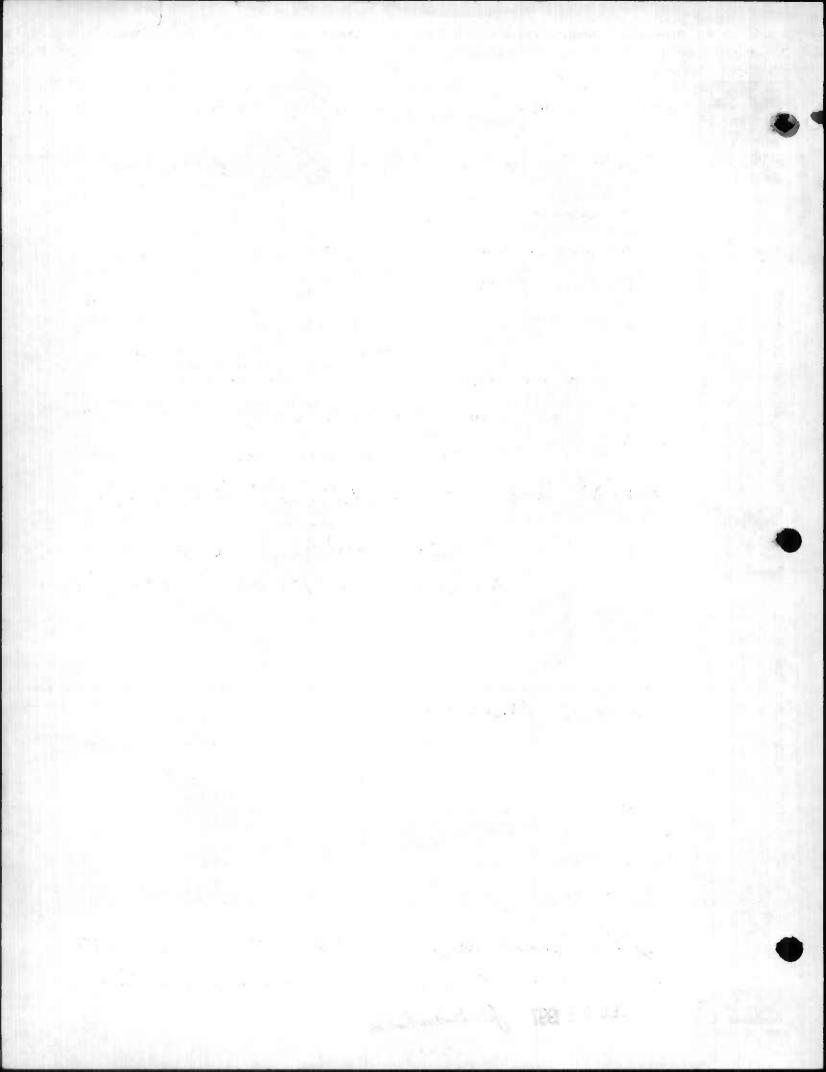
Mark G. Brohawn examiner 22. NAME AND ADDRESS OF FACILITY
Huntt Funeral Home, Inc. 0. Box 156. Waldorf, MD 20604-0156 M00053 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feliure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition almonary resulting in death) other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 any injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. . DR ATTENDING PHYSICIAN: The law requires that the DIRECTOR: After this certificate has been signed by the hours after death with the State Dept, of Health and Millem 28 is marked, or Item 23 shows any inju BY PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER: 1 YES 2 LNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Nome 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 1 Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 🔲 Homicide TO THE HOSPITAL DR AT
TO THE FUNERAL DIRECT
DE RIGH WITHIN 72 HOURS A
IMPORTANT: If Item 2 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED_(Month, Day, Year) BE 13 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 Paul 20901 Fort Was BONEIMI Md 2074

TET BEST SELECTION

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Dhysiele		1. Decedent's Name (First, Middle, I	Last)					2. Date of De Month	eath /	Year	3. Tima of Dear
Physicia /Medica		Mary Ger	nevieve			Young		Decemb	er 7, 19		8:45 a.
Examine	er	4e. Facility Neme (If not institution, g Frederick Memor					4b. City, Town, o	r Location of Deat ick		of Death	k
Funeral Director				'. Age (In yrs. las 91	st birthdey) Yrs.	If Under 1 Year Months Days	CONTRACTOR CONTRACTOR				lace (Steta or Ford
hand ow		Usuel Residence of Decedent 10a. State 10b. County		10c. City.	Town or Loc	cation				1	0d. Inside City Lin
vith the Marylar or 28s-1 show	tor	Maryland Freder	rick		xvill						1 ☐ Yes 2 💢
6 8		10e. Street and Number 3610 Olive S	School Roa	ad		10f. Zip Code 2175	58		10g. Citizen of What Country?		
permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mental hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumetic event, the Medical Exacticer must be notified at once. To Be Completed by Funeral Director	þ	11. Marital Status 1 Never Married 2 Merried XX Widowed 4 Divorcad	Armed Ford	XNo	If	Vas Decedent of I I Yes, specify Cub		(Specify Yes or Norto Ricen, etc.)	Specific		
	etec	15. Decedant's (Specify only highest of	Educetion grade completed)		16a. Deced (Give I	lant's Usual Occup kind of work done	pation during most of w	orking	16b. Kind of Bu	usiness/Ind	dustry
	dmo	(Specify only highest grade completed) Elamantary/Sacondary (0-12) Collaga (1-4or 5+) (Give kind of work done during most of work life. DO NOT use retired) Homemaker							Our Ho	nme .	
	Be	17. Fether's Name (First, Middle, La: Lewis Ma		ORUM	Homemaker Own Home 18. Mother's Name (First, Middle, Melden Sumeme) Annie Mae HAUPT						
		19a. Informant's Name/Relationship Mr. Gary W. Harg		son				ad, Knox			Code) 21758
		20a. Mathod of Disposition 1XX aurial 2 Cremation 3 4 Donation 5 Other (Spec		tate cerr	netery, crem	sition (Name of netory or other ple View Cen		Dec. 9,	20c. Location - 1997 Bur		
Important: any injury		21. Signeture of Funeral Service Lic	M. I	MOO255	TZ TZ	Neme end Addre	nd Raefo	rd P.A.	Funeral	Home	
	-	23a. Part1. Enter the disease, or co shock, or haart failure. List on	mplications that cer	used the deeth.	Do not ente	LO6 East or the mode of dyl	Church	St., Fre	derick,	Md.	21701 Approximate
ysician		shock, or haart failure. List on		ch line.							Intervel Betwee
ledical		was the same and the same								1	011001 0110 000
Examiner		Immediate Cause (Final disease or condition resulting in death) a. MIDDLE CEREBRAC ARTERY IN PAR CTO Due to (or as a consequence of): ARTERIUSCLENOTIC VASCULAN DISEASO Due to (or as a consequence of): for eny, leading to immediate cause. Enter Underlying Due to (or as a consequence of):								1	011001 0110 0001
<u> </u>		disease or condition	a/	1 I D D L E						1	011001 0110 0001
	uluer	disease or condition	a	Dua to (or a						1	011001 0110 000
	xaminer	disease or condition resulting in death)	aA	Due to (or a						1	011001 0110 000
n and iel-transit	cai Examiner	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	a	Due to (or a	CE as a consequ USCU as a consequ	WERRAC uence of): LENGTIC uence of):				1	011001 0110 000
physician and the bunel-transit	edical Examiner	disease or condition resulting in death)	a	Due to (or e	CE as a consequ USCU as a consequ	WERRAC uence of): LENGTIC uence of):				1	011001 0110 000
g physician and as the burel-transit	edical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a	Due to (or a	CE as a consequ USCU as a consequ	WERRAC uence of): LENGTIC uence of):				1	011001 0110 000
g physician and as the buriel-transit	edical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	bA	Due to (or e	LUSCUS a consequence a consequ	vence of): LENGTIC uence of): uence of):	VASC	ny INT		00	4 da
by the ettending physician and ached for use as the bunel-transit	edical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions	cd.	Due to (or e	is a consequence a consequence a consequence a consequence and the unique in the uniqu	vence of): LENGTIC uence of): uence of):	VASC	23b. Did	AR CTI DISEA	o~	4 da
gned by the ettending physician and be detached for use as the bunel-transit	by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	cd.	Due to (or e	is a consequence a consequence a consequence a consequence and the unique in the uniqu	vence of): LENGTIC uence of): uence of):	VASC	23b. Did	AR CTI	o~	4 da 3 year o the cause of debably 4 □ Unit
gned by the ettending physician and be detached for use as the bunel-transit	by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions	cd.	Due to (or e	is a consequence a consequence a consequence a consequence and the unique in the uniqu	vence of): LENGTIC uence of): uence of):	VASC	23b. Did	AR CTI	ontribute to 3 Prot	4 da 3 year o the cause of depathy 4 □ Unit
ss been signed by the ettending physician and 2 should be detached for use as the bunel-transit	by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions	cd.	Due to (or e	is a consequence a consequence a consequence a consequence and the unique in the uniqu	vence of): LENGTIC uence of): uence of):	VASC	23b. Did	tobecco use co	ontribute to	4 da 3 year o the cause of de bably 4 Universe autopsy findi
ss been signed by the ettending physician and 2 should be detached for use as the buniel-transit	Completed by Physician/Medical	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions	cd.	Due to (or e	is a consequence a consequence a consequence a consequence and the unique in the uniqu	vence of): LENGTIC uence of): uence of):	VASC	23b. Did 10 24a. Was	tobecco use co	ontribute to 3 Prot	3 years
artificate hes been signed by the ettending physician and rctor, page 2 should be detached for use as the bunel-transit	Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions ARE TO	b. A c. d.	Due to (or each to the but not resulting to the control of the but not resulting to the control of the but not resulting the but not	is a consequence of the conseque	uence of): LENGTIC uence of): uenca of):	VASC Ven in Part I.	23b. Did 10 24a. Was perl	tobacco use con Yes 2 No	ntribute to 3 Prot	the cause of departs of the cause of the ca
is certificate hes been signed by the ettending physician and director, page 2 should be detached for use as the bunel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions The conditions of the condi	b. A c. d. contributing to dea	Due to (or each of the but not resulting patient 2 F	is a consequence of the conseque	uence of): LENGTC uence of): uence of): uenca of):	VASC Ven in Part I. 26. Place of D har: 4 \(\text{Nursing} \)	23b. Did 1 24a. Was perl	tobacco use con Yes 2 No Gan autopsy ormed? Yes 2 No ona) Idence 6 Oth	ntribute to 3 Prot 24b. We ave con	the cause of departs of the cause of departs of cause of departs of cause of death?
is certificate hes been signed by the ettending physician and director, page 2 should be detached for use as the bunel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions AVETE 25. Was cese referred to medical examiner? 1 Yes 22 No 27. Mannar of Death 1 Natural 5 Pending	b. A c. d. Scontributing to dea f ME Hospital: 1 In	Due to (or each of the but not resulting patient 2 F	is a consequence of the conseque	uence of): LENGTIC uence of): uenca of): uenca of): deflying ceuse given the second seco	VASC VASC Ven in Part I. 26. Place of D har: y at rrk?	23b. Did 1 24a. Was perl	tobacco use con Yes 2 No	ntribute to 3 Prot 24b. We ave con	the cause of departs of the cause of departs of cause of departs of cause of death?
is certificate hes been signed by the ettending physician and director, page 2 should be detached for use as the bunel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions (AVETE 25. Was cese referred to medical examiner? 1 Yes 2 No 27. Mannar of Death	b. A c. d. Hospital: 1 Inn 28a. Date of (Month, ion be 28e. Place o	Due to (or a Due to (or a Due to (or a Due to (or a)	is a consequence of the conseque	uence of): LENGTIC uence of): uenca of): uenca of): deflying ceuse given the second seco	VASC Ven in Part I. 26. Place of D har: 4 \(\text{Nursing} \)	23b. Did 1 24a. Was perl eath (Check only Home 5 Res 28d. Dascribe	tobacco use con Yes 2 No Gan autopsy ormed? Yes 2 No ona) Idence 6 Oth	antributs to 3 Protein (Specify red	o the cause of de bably 4 United bable prior to mpletion of caused bable prior to mpletion b
is certificate hes been signed by the ettending physician and director, page 2 should be detached for use as the bunel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions 25. Was cese referred to medical examiner? 1 Yes 2 No 27. Mannar of Death 1 Natural 2 Accident 3 Suicide 6 Could not determine 29a. Cartifier 1 Cartifying F	b. A c. d. Hospital: 1 Inn 28a. Date of (Month, ion be 28e. Place o	Due to (or a Due to (or a) All patient 2 English Injury (Dey Year) Injury - At homologies of examination	as a consequence of the conseque	uence of): LENGTC uence of): uence of): uenca of): t 3□ DOA Other 28c. Inju Wo M 1□ eet, factory, office	VASC Ven in Part I. 26. Place of D har: 4 Nursing ry at rk? 1 Yes 2 No	23b. Did 1 24a. Was perf 24a. Was perf 24a. Was perf 24b. Describe 28d. Describe 28d. Location City or To	tobecco use collyse 2 No s an autopsyormed? Yes 2 No ona) Idence 6 Oth how injury occur (Street and Numb	ntributs to 3 Prot 24b. We avi cor of a factor of Rura anner as st	othe cause of debably 4 Unk are autopsy findinaliable prior to impletion of cause death? Yes 2 No No. 14 Route Number,
is certificate hes been signed by the ettending physician and director, page 2 should be detached for use as the bunel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions 25. Was cese referred to medical examiner? 1 Yes 2 No 27. Mannar of Death 1 Natural 5 Pending investigating Suicide 4 Homicida 29a. Cartifier Check only 2 Madical Examiner 29a. Cartifier 1 Cartifying F	b. A. c. d. d. d. Hospital: 1 Inin. 28a. Date of (Month.) be aminer: On the basaniner: On the basaniner:	Due to (or a Due to (or a) All patient 2 English Injury (Dey Year) Injury - At homologies of examination	as a consequence of the conseque	uence of): LENGTC uence of): uence of): uenca of): t 3□ DOA Other 28c. Inju Wo M 1□ eet, factory, office	VASC VASC Ven in Part I. 26. Place of D har: 40 Nursing ry at rk? J Yes 2 No ma, date and pla opinion, death occ	23b. Did 1 24a. Was perf 24a. Was perf 24a. Was perf 24b. Describe 28d. Describe 28d. Location City or To	tobecco use collyse 2 No s an autopsyormed? Yes 2 No ona) Idence 6 Oth how injury occur (Street and Numb	ntribute to 3 Prot 24b. We avi	o the cause of de bably 4 Unk or the cause of de bably 4 Unk or autopsy findir allable prior to mpletion of cause death? Yes 2 No
he Funeral Director: After this certificate hes been signed by the ettending physician and pletely filled in by the funeral director, page 2 should be detached for use as the bunel-transit	edical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions The provided Homes of the p	b. A. c. d. d. d. Hospital: 1 Inin. 28a. Date of (Month.) be aminer: On the bas	Due to (or a Due to (or a) All patient 2 Efficiency Dey Year) Injury - At homologies of examination	as a consequence of the conseque	uence of): LENGTIC uence of): uenca of): 28c. Inju Wo M 1 □ uet, factory, office coccurred at the tile restigation, in my office 29c. License	VASC VASC Ven in Part I. 26. Place of D har: 4 Nursing ry at rk? J Yes 2 No ma, date and pla opinion, death occ se number	23b. Did 1 24a. War perf 24a. War perf 28d. Dascribe 28d. Location City or To	tobecco use con yes 2 No No ona) Idence 6 Oth how injury occur (Street and Number Warn, Stete)	ntribute to 3 Prot 24b. We avi	o the cause of de bably 4 Unk or the cause of de bably 4 Unk or autopsy findir allable prior to mpletion of cause death? Yes 2 No
is certificate hes been signed by the ettending physician and director, page 2 should be detached for use as the bunel-transit	Medical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions 25. Was cese referred to medical examiner? 1 Yes 2 No 27. Mannar of Death 1 Natural 5 Pending investigati 3 Suicide 4 Homicida 29a. Cartifier (Check only one) 29b. Signature and title of certifier	b. A c. d. d. Hospital: 1 In	Due to (or a	as a consequence of the conseque	uence of): LENGTC uence of): uence of): uenca of):	VASC VASC Ven in Part I. 26. Place of D har: 40 Nursing ry at rk? J Yes 2 No ma, date and pla opinion, death occ	23b. Did 1 24a. War perf 24a. War perf 28d. Dascribe 28d. Location City or To	tobecco use con yes 2 No No ona) Idence 6 Oth how injury occur (Street and Number Warn, Stete)	ntribute to 3 Prot 24b. We avi	o the cause of de bably 4 Unix of the cause of de bably 4 Unix of the cause of de bably 4 Unix of the cause of death? If Route Number, the cause of the cause(s)
is certificate hes been signed by the ettending physician and director, page 2 should be detached for use as the bunel-transit	Medical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions The provided Homes of the p	b. A. c. d. d. d. Hospital: 1 Inin. 28a. Date of (Month.) be 28e. Place o building Physician: To the basend manner	Due to (or a Due to (or a) Ath but not resulti L TU patient 2 EF Injury Dey Year) of Injury - At homy and a continuation or steted.	as a consequence of the conseque	uence of): LENGTIC uence of): uence of): uenca of): 28c. Inju Wo M 1	VASC Ven in Part I. 26. Place of D har: 4 Nursing ry at rix? I) Yes 2 No ma, date and plac opinion, death occ se number 2263	23b. Dld 1 24a. Was perf 24a. Was perf 28d. Dascribe 28d. Dascribe 28d. Location City or To	tobacco use con (Scan autopsy ormed? Yes 2 No ona) Idence 6 Oth how injury occur (Street and Numb wn, Stete) cause(s) and ma date and plece, 29d. Date signe	anner as st and due to de (Month,	o the cause of de bably 4 Unix of the cause of de bably 4 Unix of the cause of de bably 4 Unix of the cause of death? If Route Number, the cause of the cause(s)
is certificate hes been signed by the ettending physician and director, page 2 should be detached for use as the bunel-transit	Medical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions 25. Was cese referred to medical examiner? 1 Yes 2 No 27. Mannar of Death 1 Natural 5 Pending investigating invest	b. A c. d. d. Hospital: 1 In	Due to (or a Due to (or a) Ath but not resulti L TU patient 2 EF Injury Dey Year) of Injury - At homy and a continuation or steted.	as a consequence of the conseque	uence of): LENGTIC uence of): uence of): uenca of)	VASC Ven in Part I. 26. Place of D har: 4 Nursing ry at rix? I) Yes 2 No ma, date and plac opinion, death occ se number 2263	23b. Did 1 24a. War perf 24a. War perf 28d. Dascribe 28d. Location City or To	tobacco use con (Scan autopsy ormed? Yes 2 No ona) Idence 6 Oth how injury occur (Street and Numb wn, Stete) cause(s) and ma date and plece, 29d. Date signe	anner as st and due to de (Month,	o the cause of do bably 4 Unit of the cause of do bably 4 Unit

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middla, Last) 2. Dete of Death **Physician** ELMER W. ARONSON DECEMBER 25, 1997 7:00P.M. /Medical 4b. City, Town, or Location of Death 4e. Facility Name (If not institution, give street and number)
Saint Joseph Medical 4c. County of Death Baltimore Examiner Center If Undar 1 Yaar If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yea 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpleca (Steta or Foreign Country) **Funeral** Months Deys 11☑M 2□ F Vrs Director January 20,1920 Minnesota 476-16-3239 Usual Residence of Decedent Manyland 10e. Stete 10b. County 10c. City, Town or Locetion 10d. Inaide City Limits 28a-f show the Medical Examiner must be notified at 1 TYes 2XINo Director MD Baltimore Towson with the 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò items 23a 5 Acorn Circle, Apt. 301 21286 USA Funeral filed within 72 hours after death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yas 2 ☐ No If Yes, Give 11. Maritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Married 21215-0020 ò Specify: White 1 ☐ Yes 2 ☑ No Specify: by 3 Widowed 4 Divorced "natural" Yeer or Detas: WW II Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Pagas 1 and 2 should be filed within nent of Haalth and Mental Hygiene. ent: If Itam 27 Is marked other than ' Elamantary/Secondary (0-12) Coliage (1-4or 5+) 12 Accountant Steel Industry traumatic event, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maldan Surneme) Be Signa Carlson Peter Aronson 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Clara E. Aronson (wife) 5 Acorn Circle, Apt. 301, Towson, MD. 21286 other 1 Baltimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete ò 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Ramovei from State permit. Page Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley 12/29/97 Timonium, MD. 21. Signeture of Funerei Sarvice LicenseeDennis C. Carroll 22. Name end Address of FecilityRuck Towson Funeral Home, Inc. 1050 York Rd. 21204 Towson, MD. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Between Onset end Death **Physician** MENINGEAL CARCINOMATOSIS /Medical Immediate Cause (Final diseesa or condition resulting in deeth) Examiner Due to (or es e consequence of):
CELL CARCINOMA OF THE LUNG SMALL Examiner The law requires that the death cartificete be axecuted burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest and Due to (or es e consequence of) nding physician usa as the burial Box 68760. Physiclan/Medical Due to (or es a consequence of): attan signed by the aid be datached for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Tonknown Records, þ paga 2 should b Completed 24b. Were eutopsy findings available prior to 24a. Wes en eutopsy performed? completion of ceusa of deeth? 1 ☐ Yes 2 ☐ No 1 Yas 2 No Division of Vital Be Attending Physician: this cartific 25. Was cese referred to medicel 26. Plece of Deeth (Check only one) Hospital: 1 ∏Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 2 1 ☐ Yas 2 ☐ ★10 27. Manner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Aftar 5 Pending 1 Yes 2 No daath. investigation ofter death Director: 2 Accident the 3 Sulcide 6 Could not be 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, Stete) in by 4 - Homicide 6 To the Hospital of within 24 hours of To the Funeral D completally filled 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifler Medicai (Check only one) 29c. License number 29b. Signatura and the obsertition 29d. Date signed (Month, Dey, Year) D25886 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) LILIA CEBALLOS, M.D. 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Dete filed (Month, Day, Year) Planting Signature State

DHMH 16 Rev 6/95

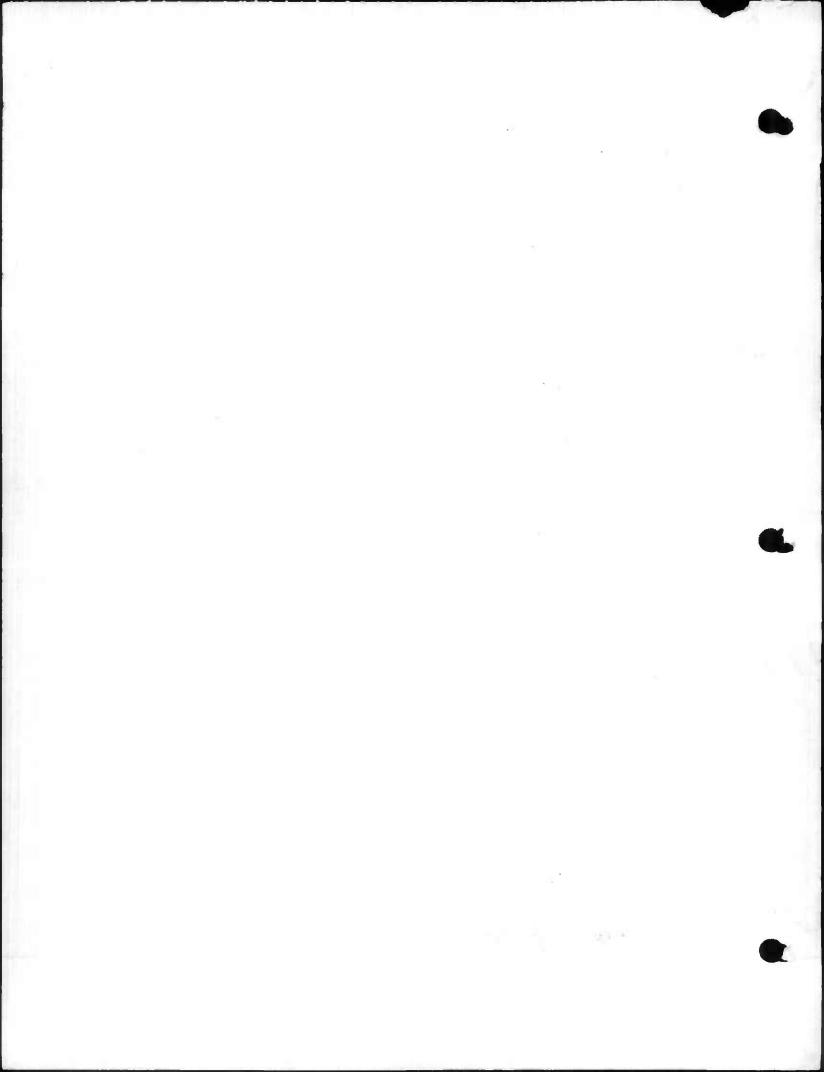
Registrar

3 0 1997

should

TO RE COMPLETED BY ELINEBAL DIDECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other triumalic event, the medical examiner must be notified at once.
al.	the fined within 72 hours after death with the State Dept. of Health and Mental Hygiene (Mor to human chemation, or removal.
After this certificate has been signed by the attending infection and committely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the transfer of the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND	MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last) ALAITE ALI	FL)			2. DATE OF DEATH DO DECEMBER	AY YEA	3. TIME OF DEATH
	1 11 0022	5. SEX 6. AGE (In yrs. Ia:	st birthday) IF UNI YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign
В	9e. FACILITY NAME (If not institution, give street		enter so. c	TY, TOWN OR LOCATION OF D	EATH	9c. COUNTY O	County Md
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOW	TOTAL CALL		74-774	10d. INSIDE CITY
		rondeL	9le	nn Burne	-		LIMITS?
FUNERAL	7839 Huff	et		2/222		10g. CITIZEN C	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 P IF YES, GIVE WAR OR DATES		3. WAS OECENDENT OF NISPAL If yes, specify Cuban, Maxico 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	1 .0	IACE — American Indian, Ilack, White, etc.
	15. DECEDENT'S EDUCAT (Specify only highest grade col		ECEDENT'S USUAL	OCCUPATION of during most of working	16b. KINO OF BUS	SINESS/INDUSTR	Black
COMPLETED		life	Do NOT use retired	(.).	Dom	ection	-
	17. FATNER'S NAME (First, Middle, Last) HANDY GAR	b1 N		18. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) SAGIE ROBINS.	4 9	839 HU	SS (Street and Number or Rural OF CT Gla-		n, State, Zip Code	222
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	20b. PLACE comptery, cre	AND DATE OF DISP	OSITION (Negre of	DATE, 20c. LO	CATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		2	2. NAME AND ADDRESS OF FA	CILITY		
	Oseph B.	Kocks- X					me 21203
	23. PART /. Enter the diseases, or con abock, or his t failure. Lis immediate Cause (Final disease or condition resulting in death)	aterio Scler	ofir (and the mode of dying, such	4		Approximate Interval Batween Onset and Death
z		Diments	QUENCE OF):				
MATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):				
AL CE	PART II. Other significant conditions of	contributing to death but not	resulting in the	underlying cause given in	Part i. 24s, WAS AN		24b. WERE AUTOPSY FINDINGS
	retal/Colom	Canar			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIE				ND		1 TES 2 NO
/SICI		26. PLAC 1OSPITAL:	DOA 4 5		6 Other (Specify)		
ВУ РН	27. MANNED OF OEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE NOW II	NJURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, ferm, etraet, f	octory, office	261, LOCATION (Street a City or Town, State)	and Number or Rui	ral Route Number,
COMPLETED		in: To the best of my knowledge, de					
BE CO	296 SIGNATURE AND TITLE OF CERTIFIER	On the beats of examination and/or	investigation, in m	29c. LICENSE NUI			IEO;(Month, Day, Year)
108	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type Print)	1)42	820	12	129/97
	Christopher	de Borio	m.	3703 m	buntain	Rd	
	DEC 3 0 1997	12. ROUSERAR'S SIGNATURA	82				



DI-MH 16 Rev 6/95

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

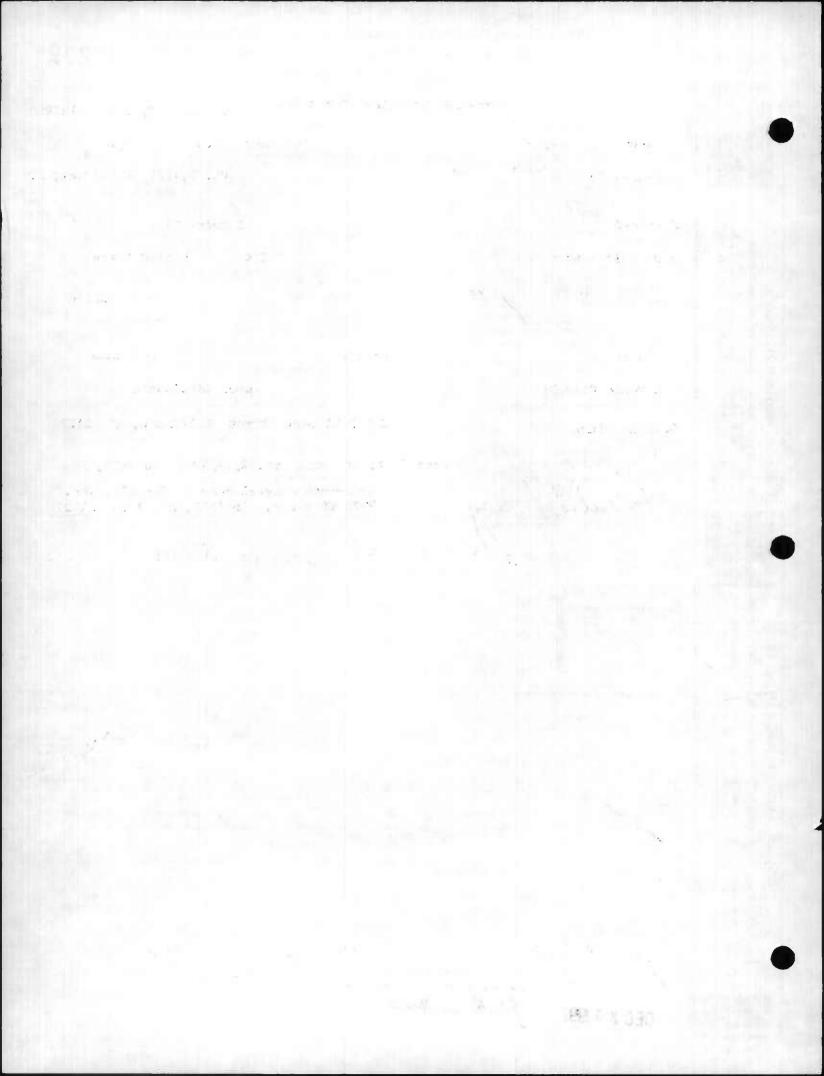
E	CDITH AK	INS	5	State of Mai		eparime C <i>ertifica</i>			ientai Hy	giene Reg. No. 9 7	30	1298			
	Physicia		1. Decedent'a Name (First, Middla, La						2. Data of De		Year	3. Time of Death			
	/Medic		Edith M		5				DEC.	19, 199	7	12:50 PM			
	Examin	er	4a Facility Nama (If not Institution, giv 501 EAST PRESTO					4b. City, Town, or Lo BALTIMO		h 4c. County	of Death				
	Funeral Director		210-10-0139	Sex 7. Age	(In yrs. lest birth	Month	der 1 Year ns Days	If Under 24 Hrs. Hours Min.	8. Date of Bil (Month, Di	rth ey, Yeer) 9-38	9. Birthpl Count So 4 M	ace (Stata or Foreign			
	hend /lend		Usual Residence of Decedent 10a. State 10b. County	-	10c. City, Town	or Location						Od. Inside City Limits			
	e Man	ctor	md. N/s		BA	tim	ore					1 1 Nes 2 No			
	15-0020 n 72 hours efter deeth with the Maryland "naturel", or items 23s or 28s-1 show soles Esseries must be notified.		10e. Street end Number				Zip Code			10g. Citizen of		ry?			
			301 E. PRESLO		ecedant Evar in U.S. 13. Was Decedent of Hispanic Origin				C (Specify Vas or No. 14 Bace -			an Indian.			
5 2 5		by	1 Navar Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yas 2 No If Yes, Give Year or Dates:	s? If Yas, specify Cuban, M No 1 ☐ Yes 2 ☑ No S			an, Maxican, Puarto Specity:	Rican, etc.)		14. Race - American Indian, Black, White, atc. Specify: BLACK				
21215-0020	72 hours "naturel",	Be Completed	15. Decedent's Ed (Specify only highest gra	ducation ade completed)	16a. I	Decedent's U	sual Occup	pation during most of work	ina	16b. Kind of B					
121		du	Elementary/Secondary (0-12)	College (1-4or 5+)	7	-	during most of work d)		Home	Maker				
	Hyging Hyging Hyging	e Co	12 b 17. Father's Name (First, Middle, Last,)		VOM	es /.	18. Mother's Nem	e (First, Middle						
Maryland	should be nd Mental marked o	ToB	GEORGE GA	rrison				ANNIE	Mille	K					
Man	2 sho end is me		19a. Informant's Name/Relationship (-	19b.	Meiling Addre	ess (Street	end Number or Run				Code)			
	1 end Health em 27 ther to		Rose Roberson 20a. Method of Disposition	- SISIEN	20b. Pleca of I	03 Po	Pul Pame of	AR GROV	e 5A	20c. Location		LI C			
Baltimore,	permit. Peges 1 en Department of Heal Important: If Item 2 any Injury or other anca.	-	1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specific		cemetery	cremetory c	or other ple	(e)			-				
altir	permit. Pe Departmen Important: eny Injury		21. Signature of Funeral Service Licer	nsee		22. Nama	and Addre	e Teky /	2/26/97	Buch	more	-, mol, md. 21213			
Ö	Deparimon eny Ir		D.14 11.10.			Tree	639	IL . I DO	Guny	10441	2000	I Service			
	Physicían		23. Ped 1. Enfer the disease, or come shock, or heart failura. List only	plications that caused to one cause on each line	he death. Do no	ot enter tha m	node of dyin	ng, such as cerdiac	or raspiratory a	arrest,		Approximate Interval Between Onset and Death			
ı	/Medical Examiner	Immediate Cause (Final disaesa or condition													
	LABITATION	-	resulting In death)	/ /	ue to (or as a co	nsequence	of):								
П	uted	edicai Examiner	Sequentially list conditions. Due to (or as a consequence of):												
o,	an end	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury	r, leading to immediate e. Enter Undartying et Obsesse or injury											
68760,	tificate be executed ig physician end es the bunel-trensit	dicai	Cause (Disease or injury that initieted events rasulting in death) Last	C	ue to (or as a co	nsequenca c	of):								
	ding p			d											
Box	leath certifi ettending I for use et	clan	Part fl. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contributing to death but not resulting in the underlying cause given in Part I.									İ			
P.O.	that the death cert ed by the ettendin deteched for use	Physician/M	Part II. Other eignificant conditions of	ontributing to death but	not resulting in	ne underlyin	g cause gr	en in Parti.		Yes 2010		nably 4 Unknown			
Ś	es tha	by F				134									
Record	e law requires that the death certificate be executed has been signed by the ettending physician end ge 2 should be deteched for use es the bunel-trensit	Completed								s an autopsy ormad?	ava	ore autopsy findings allabla prior to applation of cause death?			
	The page	Con	Me De la la la la la la la la la la la la la						159	Yes 2□No	192	Yas 2□ No			
Viital	Physician: The ribis certificate and director, par	Be	25. Was case referred to medical examiner?	Hospital:			DO Oth	26. Place of Deat							
o	Phys r this aral di	. To	1)Xivas 2 □ No 27. Manner of Death	28a. Date of Injury	Powresb. Ti		DUA	4 U Nursing Ho		Idance 8 □Oth how Injury occur		Moured			
ion	Attending Property. Sector: After by the funer	atlor	1 ☐ Neturel 5 ☐ Pending Investigation	(Month, Dey	rear) in	ury		c. Injury at Work? 1 ☐ Yes 2 ☑ No		gay in	- 3	way			
Division of	or Attend effer death Director: /	Certification:	3 Suicide 6 Could not b determined	e 28e. Place of Injury building, etc.	y - At home, fari (Specify)	n, street, fact	tory, offica			per or Rura	l Route Number,				
٥	oftal o urs eff ral Di				Resid					Forst Pi	reston	street			
	Hosp 24 ho Fund etely f	edicai	29a. Certifier 1 Certifying Ph (Check only one)	nysician: To the best of niner: On the besis of a and manner state	xaminetion end	death occurr or investigati	ed et the tir ion, In <i>m</i> y c	me, dete and plece, ppinlon, deeth occurr	end due to the red at the time	cause(s) end ma , date and place,	anner as st and due to	ated. the cause(s)			
	To the Hospital or Attending Physician: The i within 24 hours effer death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Me	29b. Signatura and titla of certifiar	MI			29c. Licens	se number		29d. Data signe	d (Month, I	Day, Year)			
				9/ 4/			O.C	O.C.M.E			0, 19	97			
			30. Name and address of person who	1.			troot	, Baltimo	ro Mar	c breive	1201				
	Stat		31. Date filed (Month, Dey, Year)	Will Registrar	LII J	CIII S	Tree!	, partillo	re, Mai	гутана 2	1201				
1	Registra	*	DEC 3 0 1997	getta May d	son-Manda	20									

MALE TO THE THREE PARTY

State of Maryland / Department of Health and Mental Hygien 7 39299

Physician		Decedent's Nam	e (First, Middle,	, Last)	0	, .	7 7		D 1		2. Dete of D Month	eeth Dey	Yeer	3. Time of De	
/Medical						celia	Made.	line	Bor	KOWICZ	Decem		22,1997		
Examiner	4a	Fecility Name (i	If not Institution,	, give stre	et and numi	ber)				4b. City, Town, o	r Location of Dea	1th 4c.	County of Dee	eth	
			Fait Av					. M. I land	er 1 Year		ore City		N/A		
Funeral Director	2	Sociel Security N 12-28-7 ual Residenca o	959	8. Sex 1 ☐ M	2√2 F /	. Age (In yrs. 80	Yrs.	Months			n. (Month, L	7,191		thplece (State or Frountry) timore, 1	
8 m	-	a. State	10b. County			10c. Ci	ty, Town or	Location						10d. Inside City L	
-f ehow	M	arvland			N/A						Baltimor	co Cit		1 XYes 2	
be notified	10e	Street and Nu			N/ EI			10f. Z	ip Code		Darcimor		zen of Whet C	country?	
23a or	3	400 Fai	t Avenu	ie.						212	2.4	Unit	ted Sta	ites	
12 should be filed within 72 hours after dea h end Manial Hygiene. I'ls marked other than "natural", or items treumatic event, the Medical Evantrer in To Be Completed by Funer	11.	Marital Status		12.	Was Deced	ent Ever in U	I,S. 13	3. Was Dec	edent of	Hispanic Origin? (Specify Yes or N	lo- 1	14. Race - Am		
		1 Never Marr		ed	Armed Ford 1 Yes 2 If Yes, Give Year or Dat	No		1 ☐ Yes			nto Hican, etc.)		Bleck, Whi	White	
		/0	15. Decedent's	s Educati	ion		16a. Dec	cedent's Us	uel Occu	pation	arkina	16b. Kir	nd of Business	s/Industry	
	E	(Spec	ondary (0-12)	1	College (1-4or 5+)		life	(Give kind of work done during most of working life. DO NOT use retired)			orking				
		10 Ye				Housewife						Own Ho	ome		
		Fether's Name	(First, Middle, L	.ast)			18. Mother's Name					le, Maiden	Sumame)		
											Agnes Za	aksiev	wska		
	198	a. Informent's Na	ame/Relationshi	пір (Туре,	Print)		19b. Ma	ailing Addre	ss (Stree	t end Number or i	Ru <i>ral Rou</i> te Num	ber, City o	r Town, Stete,	Zip Code)	
	L	ucille	Blama				828	Sout	h Cl	inton St	reet Ba	altimo	ore, MI	21224	
Department of Healt Important: If Item 2: any Injury or other pnce.	-	. Method of Dis				20b. I	Place of Dis	position (N	eme of	200)	Date	20c. Lo	cation - City o	r Town, State	
		F 4 61													
ysician Medical caminer	Imr dis- res	a. Part1. Enter t shock, or hea mediate Ceuse lease or conditic sulting in deeth)	(Finel	complicationly one of	ions that can ceuse on ear	tosto	th. Do not e	ad	enoc	Se Ave.					
physician and is the buriel-transit and the buriel-transit and the second and the	Imr discress	mediate Ceuse	onditions, nmediate erlying Injury	e b c	ions that careuse on ear	Due to (axte	sequence of	1000 n: n):						
stending physician end in properties as the buriel-transit and control of the con	Imr discress	mediate Ceuse i lease or condition sulting in deeth) quentially list control, leading to in use. Enter Unde use (Disease or ti mittated events sulting in death)	(Finel on onditions, namediate orlying Injury s Last	e b c d	me	Due to (c	or es a cons	sequence of	()()():	rancino	na of	co/	0 ^	3 y ear	
by the ettending physician end inposed for use as the buriel-transit and inposed for high physician/Medical Examiner	Sectifies Cau	mediate Ceuse lease or condition sulting in deeth) quentially list coonly, leading to in use. Enter Unde use (Diseese of initiated events	(Finel on onditions, namediate orlying Injury s Last	e b c d	me	Due to (c	or es a cons	sequence of	()()():	rancino	23b. DI	CO/	0 \rightarrow		
by the ettending physician end inposed for use as the buriel-transit and inposed for high physician/Medical Examiner	Sectifies Cau	mediate Ceuse i lease or condition sulting in deeth) quentially list control, leading to in use. Enter Unde use (Disease or ti mittated events sulting in death)	(Finel on onditions, namediate orlying Injury s Last	e b c d	me	Due to (c	or es a cons	sequence of	()()():	rancino	23b. DI	CO/	Use contribut	3 y ear	
has been signed by the ettending physician end inpoperation of the buriel-transit in property of the physician of the property of the physician ph	Sectifies Cau	mediate Ceuse i lease or condition sulting in deeth) quentially list control, leading to in use. Enter Unde use (Disease or ti mittated events sulting in death)	(Finel on onditions, namediate orlying Injury s Last	e b c d	me	Due to (c	or es a cons	sequence of	()()():	rancino	23b. DI 1[24a. W	d tobacco Yes 2	Use contribut	By ear	
has been signed by the ettending physician end inpoperation of the buriel-transit in property of the physician of the property of the physician ph	See if e c Cert the res	mediate Ceuse i lease or condition sulting in deeth) quentially list control, leading to in use. Enter Unde use (Disease or ti mittated events sulting in death)	enditions, enditions, endidate strying Injury s Last	e b c d	me	Due to (c	or es a cons	sequence of	()()():	ven in Part I.	23b. DI 18 24a. We pe	d tobacco Yes 2 es en eutoproformed?	Use contribut □No 3□1 Day 24b	By ear	
certificate has been signed by the ettending physician end in process, page 2 should be deteched for use as the buriel-transit in process.	Imr distress Section 1 Canada	mediate Ceuse isase or condition sulting in deeth) quentially list comy, leeding to inuse. Enter Under use (Disease or sulting in death) till. Other signification.	onditions, namediate orlying Injury Stast	e b c d	buting to dea	Due to (c) Due to (c) Due to (c)	or es a consor es a consor as a consor es	sequence of sequen	(): (): () cause g	ven in Part I.	23b. Di 15 24a. Wi pei	d tobacco Yes 2 es en eutopromed? Yes 2/4 y one)	Use contribut ENo 3□ F	By early et to the cause of corposition of cause of death?	
his certificate has been signed by the ettending physician end in property in the partician of in property in the participant in the property of the property is a property of the property in the property of the property is a property of the property of t	Imr distress Sector of catalogue of the res	mediate Ceuse is lease or condition sulting in deeth) quentially list control in the control in	onditions, neediate orlying Injury s Last	b c d Hos	buting to dea	Due to (c) Due to (c) Due to (c)	or es a cons	sequence of sequen	(): i): cause g	ven in Part I. 26. Place of Diher:	23b. Di 15 24a. Wi pei	d tobacco Yes 2 es en eutoprormed? Yes 26 y one)	use contribut No 3 6 Psy 24b	By early et to the cause of corposition of cause of death?	
of the death. Director: After this certificate has been signed by the ettending physician end in by the funeral director, page 2 should be deteched for use as the burief-transit in by the funeral director, page 2 should be Applied for use as the burief-transit in by the funeral director. To Be Completed by Physician/Medical Examiner	Imr distress Sector of catalogue of the res	mediate Ceuse rease or condition sulting in deeth) quentially list county, leading to make the course (Disease to initiated events sulting in death) The course of the course (Disease of the course (Disease of the course) The course of th	onditions, neediale briving last lineart conditions start lineart conditions.	b c d Host	pital: 1 In: 28a. Dete of (Month	Due to (c) Due to (c) Due to (c)	or es a consor as	sequence of sequen	Cause g	26. Place of Dither: 4 Nursing at of?	23b. Di 15 24a. Wr pe 16 eeth (Check only Home 5 Are 28d. Describ	d tobacco Yes 2 Ye	use contribut No 3 6	By early et to the cause of corposition of cause of death?	
of the death. Director: After this certificate has been signed by the ettending physician end in by the funeral director, page 2 should be deteched for use as the burief-transit in by the funeral director, page 2 should be Applied for use as the burief-transit in by the funeral director. To Be Completed by Physician/Medical Examiner	Imr distress Sector of catalogue of the res	was case reference of Deet 1 2 Accident 3 Suicide	inditions, neediate styling Injury stast Ideant condition The pending Investigate of Could not determine	b c d has contrib	pital: 1 Ing. 28a. Dete of (Month) 28e. Pleca c building	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Injury - At h (c), etc. (Special est of my known is of examine is of	or es a consor as onsor as a consor as a consor as a consor as a consor as a c	sequence of sequen	cause g	26. Place of Dither: 4 Nursing any at one; 2 No sime, date end place.	23b. DI 15 24a. We pe 16 24a. We pe 24a.	d tobacco Yes 2 es en eutopformed? Yes 2 yone) sidenca 8 e how injur	use contribut No 3 6 psy 24b No 8 Other (Spry occurred and Number or Numb	te to the cause of corposition of cause of death? 1 Yes 2 No	
of the death. Director: After this certificate has been signed by the ettending physician end in by the funeral director, page 2 should be deteched for use as the burief-transit in by the funeral director, page 2 should be Applied for use as the burief-transit in by the funeral director. To Be Completed by Physician/Medical Examiner	Imr distress Section of the cat Celebrate of the ca	was case referenced to Menner of Deet Was case referenced to Menner of Deet Was case referenced to Menner of Deet Menner of Deet Menner of Deet Accident Suicide Check only	onditions, neediate brying Injury stast ficant condition ficant condition The	b c d has contrib	pital: 1 In. 28a. Dete of Month 28e. Pleca c building	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Injury - At h (c), etc. (Special est of my known is of examine is of	or es a consor as onsor as a consor as a consor as a consor as a consor as a c	sequence of sequen	COOA Of 28c. Injuiced at the ton, In my	26. Place of Dither: 4 Nursing any at one; 2 No sime, date end place.	23b. DI 15 24a. We pe 16 24a. We pe 24a.	d tobacco Yes 2i es en eutoprormed? Yes 2ii y one) sidenca (Street an own, Stete e cause(s), e, dete and	use contribut No 3 4 No 24b No 8 Other (Spry occurred and Number or Fig.)	de to the cause of corprobably 4 Universal debt prior to completion of cause of death? 1 Yes 2 Note to the cause of corpression of cause of death?	
n 24 hours efter death. • Funeral Director: After this certificate has been signed by the ettending physician end in property filled in by the funeral director, page 2 should be deteched for use as the buriel-transit in its enditing in the funeral director. To Be Completed by Physician/Medical Examiner	Imr disires See cat Cat Cat the res 25. 27. 29b	was case referenced to Neurola Was case referenced to Neurola Was case referenced to Neurola N	onditions, neediate brying liniury stast ficant condition ficant	b c d ns contrib Hose ation of be ned g Physicia	pital: 1 In In. 28a. Dete of Month 28e. Pleca c building an: To the bas and manne	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Injury Dely Year) of Injury - At h g, etc. (Special contents of my known is of examine or stated.	or es a consor as onsor as a consor as a consor as a consor as a consor as a c	sequence of sequen	Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g	26. Place of Dither: 1 Nursing any at place of place of place and place of place of place opinion, death occase number	23b. Di 15 24a. We per 16 24a. We per 24a.	d tobacco Yes 2 es en eutoprormed? Yes 26 y one) Sidenca 6 e how injur (Street and cown, Stete e cause(s) e, dete and	use contribut No 3 4 No 24b No 8 Other (Spry occurred and Number or Fig.)	y Lay te to the cause of c Probably 4 Un Were autopsy find available prior to completion of cause of death? 1 Yes 2 No Rural Route Number as steted. te to the cause(s) nth, Day, Year)	
of the death. Director: After this certificate has been signed by the ettending physician end in by the funeral director, page 2 should be deteched for use as the burief-transit in by the funeral director, page 2 should be Applied for use as the burief-transit in by the funeral director. To Be Completed by Physician/Medical Examiner	Imr disires See cat Cat Cat the res 25. 27. 29b	was case referenced by the control of the control o	onditions, neediate brying liniury stast ficant condition ficant	b c d d ation of be gradient who comp	pital: 1 Ing. 28a. Dete of (Month) 28a. Pleca c building. en: To the bis and manne.	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Injury Dely Year) of Injury - At h g, etc. (Special contents of my known is of examine or stated.	or es a consor as onsor as a consor as a consor as a consor as a consor as a c	sequence of sequen	Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g	26. Place of Diher: 4 Nursing at only? Yes 2 No sime, date end pla opinion, death occase number	23b. Di 15 24a. We per 16 24a. We per 24a.	d tobacco Yes 2 es en eutoprormed? Yes 26 y one) Sidenca 6 e how injur (Street and cown, Stete e cause(s) e, dete and	use contribut No 3 6 Solution (Sp. 1) No 10 10 10 10 10 10 10 10 10 10 10 10 10	y Lay te to the cause of c Probably 4 Un Were autopsy find available prior to completion of cause of death? 1 Yes 2 No Rural Route Number as steted. te to the cause(s) nth, Day, Year)	

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygierie Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month BARNES **GFORGE** DONAL D **DECEMBER 26, 1997** 10:45 PM 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 4575 De 5. Social Security Number ERBY 1 DRIVE PANOR ALTIMORE If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) Days 28 04 216 28 UV Usual Residence of Decedent MARYLAND 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits NA 1 Yes 2 No MARYLAND PACTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ERBY RIVE 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bleck, White, etc. 11. Maritel Status 1 Mayes 2 No If Yes, Give 7-31-50 ro Yeer or Dates: 8-9-53 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No Specify: BLACK 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 12TH GRADE TRUCK DRIVER FELMOR ORPORATION 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) HARLES BERNICE SMSCNC 19e. informent's Neme/Relationship (Type, Print) 19b. Meliing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) RENA BARNES 4575 DERBY MANOR DR., BALTIMORE, MARYLAND 21215 WIFE) 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removal from State BALTIMORE CEMETERY 12-30-97 BALTIMORE, MARYLAND 4 □ Donation 5 □ Other (Specify) 21. Signeture of Funerel Service Licenses JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 2140 N. FULTON AVENUE, BALTIMORE, MD. 21217 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on egg/ ine. Approximate Interval Between Onset and Deeth immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24e. Was an autopsy performed? 25. Wes case referred to medical examiner? 1 Yes 1 ☐ Yes 2 ☐ No 26. Plece of Death (Check only one) Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Deleturel 1 Yes

and physician a s the burial-i Box 68760. Physician/Medical the attending signed by t Completed by peen certificate Be Medical Certification: To

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

Funeral

Director

6 items 23a

6

"natural",

permit. Pages 1 and 2 should be liled within Department of Health and Mentel Hygiana. Important: If Itam 27 is marked other than any injury or other traumetic.

Physician /Medical

Examiner

traumatic event, the Medical Examiner must be notified at

the Maryland

Baltimore, Maryland 21215-0020

P.O. 1 Records, Division of Vital To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certific completaly filled in by the funeral director,

State Registrar

31. Date filed (Month, Dey, Year)

2 Accident

3 Sulcide

29a, Certifier

4 ☐ Homicide

29b. Signature and title of certifier (Hem 23a) (Type, Print)

6 Could not be

Plece of injury - At home, farm, street, fectory, office building, etc. (Specify)

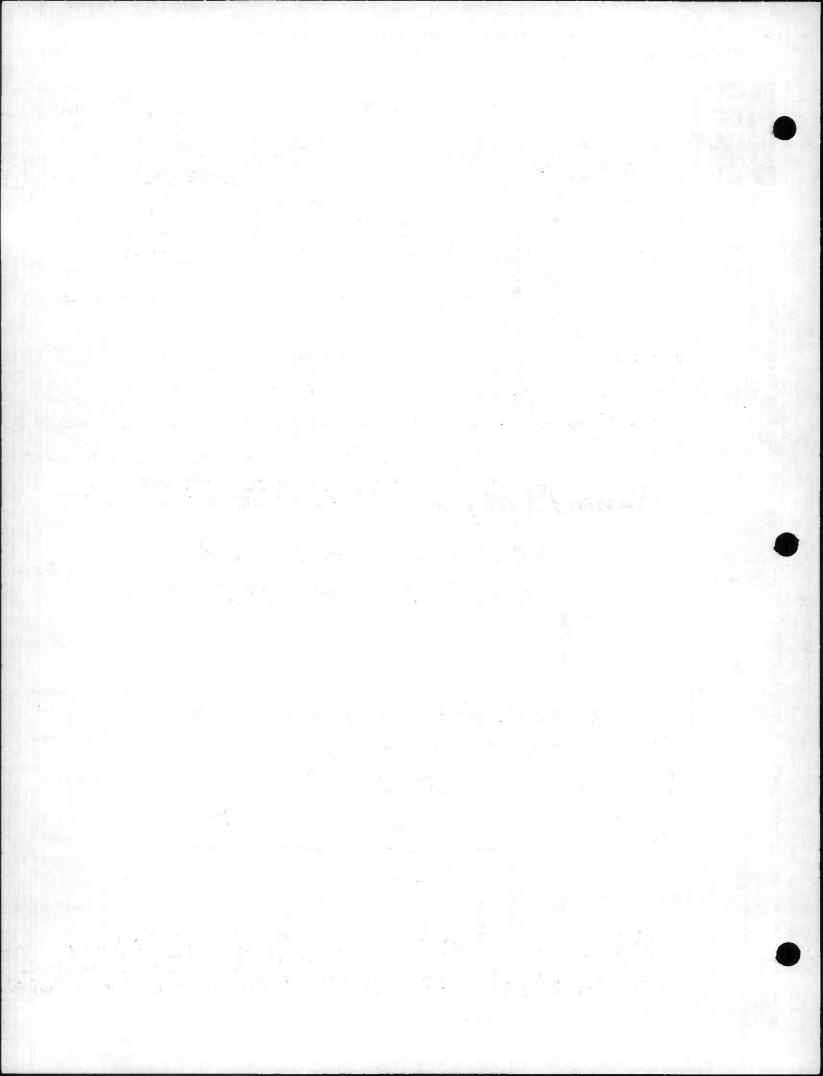
29c. License number

15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) and manner as steted.

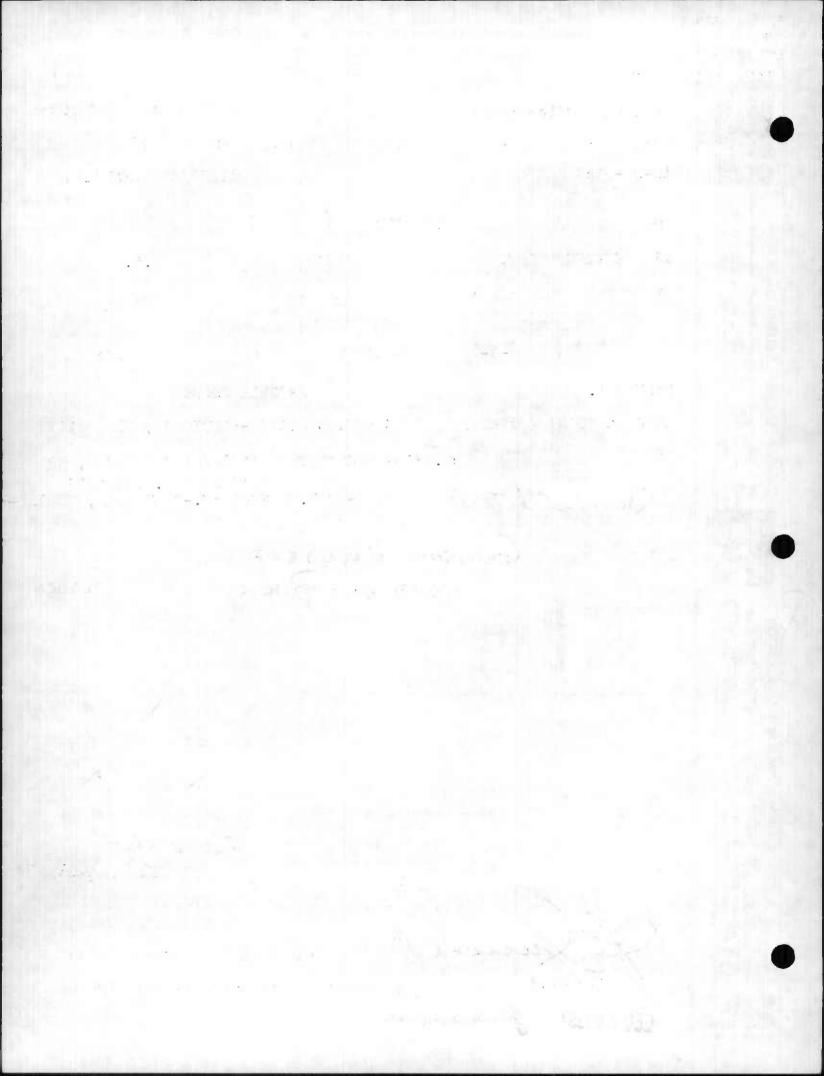
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the ceuse(s) end manner stafed. 29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

Registrer's Signature DEC 3 0 1997 Davidson



NK.#97-278 NTONIO BRYA	N POONE	State of Marylar		ent of Health ate of Deati		Il Hygiene Reg. No. 9	39301	
Physician /Medical Examiner	1. Decedent's Name (First, Middle, Last,	N BOONE	4b. City, 1	2. Dete of Death Month Day Year DECEMBER 26, 1997 0158AM Town, or Location of Deeth 4c. County of Death				
Funeral Director	UNIVERSITY HOSPITA 5. Social Security Number 6. Sec 212-02-5465	7. Age (In yrs.		ler 1 Year If Unde	IMORE CI' er 24 Hrs. 8. Dat Min. (Mc	TY N e of Birth onth, Dey, Year) ./20/81	9. Birthplace (State or Foreign Country) MARYLAND	
yland 21215-0020 uid be filed within 72 hours after death with the Maryland Mental Hygiene. srked other than "natural", or frame 23s or 28s-1 show afte event, the Medical Examiner must be notified at TO Be Completed by Funeral Director	Usual Residence of Decedent 10e. Stete 10b. County MD N/A		ty, Town or Location				10d. Inside City Limits	
	10e. Street and Number 1808 ETTING ST	REET	10f. 2	21217		II.	t What Country?	
	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		edent of Hispanic Coecify Cuben, Mexic		s or No- etc.) 14. Ri Bi	ace - American Indian, lack, White, etc.	
	15. Decedent's Edu (Specify only highest gred		16e. Decedent's U (Give kind of life. DO NOT	vork done during me use retired)	ost of working	16b. Kind ot	Business/Industry N/A	
	17. Father's Name (First, Middle, Last) MERVIN A. BOYD			18. Mot	TORIA B		eme)	
CHNF	19a. Informant's Name/Reletionship (Ty ANTORIA BOONE 20e. Method of Disposition 11€ Burial 2 □ Cremation 3 □ R	(MOTHER)	1808 ET	TING ST	REET-BA		MD 21217 n - City or Town, State	
permit. Pages 1 a Department of Her Important: if item any injury or othe pnce.	4 Donation 5 Other (Specify) 21. Signature of Funeral Service License	MT.		and Address of Fac	ility ELIZA	BETH L.	TIMORE, MD PHILLIPS IMORE, MD 212	
ath certificate be accurred to the state of	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	Due to/(i	or as a consequence of	1): NO B	OF ACK		Sudden	
that the death cértific ed by the attending p detached for use as Physician/Me	Part II. Other significant conditions con	stributing to death but not res	sulting In the underlyin	g cause given in Par	11. 25	Bb. Did tobacco use of	contribute to the cause of death 3 Probably 4 Unknow	
The law requires it can have been signed, page 2 should be Completed by		le Hea			24	e. Wes en autopsy performed?	24b. Were autopsy tindings available prior to completion of cause of death?	
skriant: The lu cartificate his irector, page : o Be Comp	25. Was case referred to medicel examiner?			26. Pla	ce of Death (Chec	1 Yes 2□No	yes 2□ No	
or Attending Phy after death. Director: After tha Lin by the funeral of ertification: To	132 Yes 2 No 27. Manner of Death 1 Naturel 5 Pending 2 Accident investigation 3 Sulcide 6 Could not be 4 Memorial desermined	dospital: 1 ☐ Inpatient 2 ☐ 28a. Date of Injury (Month, Dey Year) 12-26-1997 28e. Place of Injury - At houlding, etc. (Special Control of the Control of	28b. Time of Injury 0023 A Mome, farm, street, fact	28c. Injury at Work? 1 ☐ Yes 2	28d. Do		curred 60 + mber or Rural Boute Number ALTIMORE, MARYLAN	
24 hours 24 hours Funanti etaly fills dical C	29a. Certifier Continue on 1 Certifying Portion 2 Medicel Examination 1 Certifying Portion 1 Certifyin	ician: To the best of my knoner: On the basis of examine and menner stated.	wiedge, death occurre	ed at the time, date a on, in my opinion, de	and place, and due	e to the cause(s) end	manner as steted.	
To the sound	29b. Signature and 196 of certifier	male	el	O.C.M.E.			ned (Month, Dey, Year) BER 26, 1997	
State Registrar	30. Name and address of perfsor who od 5 / 4 / / / / / 31. Dete tiled (Month, Dey, Yeer)	Impleted cause of death (Iter CE K 32. Registrar's Signi	111 Penn	Street,	Baltimor	e, Marylan	nd 21201	



State of Maryland / Department of Health and Mental Hygiene Item: 7 per FH G-754 12/30/97 dh Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Brown Month Tugh 9.20 PM 23 1997 December /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner NA Center 5. Social Security Number Datimore edical If Under 24 Hrs. 8. Date of Birth (Month, Day, 12-25 If Under 1 Year 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) **Funeral** Months Days 1 M 2□ F 75 212-20-9802 74 Yrs. Director Usuai Residenca of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director Baltimore 1 Yes 2 No NA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 3718 238 2/2/3 · 5H Lane Funeral 12. Was Decedent Ever in U,S.
Amed Forces?
1 ≥ 10 Yes 2 → No 4 -12 -45
1 Yes, Give
Year or Dates: 7 - 1946 items 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American indian, nit. Peges 1 end 2 should be filed within 72 hours efter carment of Heelth end Mental Hygiene. ortant: if item 27 is marked other than "natural", or iten injury or other traumatic event, tra Medical Example. Black, White, etc. 1 Never Married 2 Married 1□ Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced 7-1946 Specify: Black Completed 16a, Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired)

(A 5 + 6 du Can 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Bustness/Industry School Etementary/Secondary (0-12) Coilege (1-4or 5+) ustodian NA 5th grade Maryland 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Annie Brown 19a. Informant's Name/Retationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3130 lena Iden a 140, Ma Baltimore, 20b. Placa of Disposition (Name of permetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1X Burlat 2 ☐ Cremetion 3 ☐ Removal from State Department of Important: If any injury or once. 4 □ Donation 5 □ Other (Specify) TISON 21. Son ture of Funerel Service Lic - H, U wabash tt. Entar the disease, or edmptications that caused the country. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart faiture. List only one cause on each line. Approximate tntarval Between Onset and Death **Physician** /Medical Immadiata Cause (Final Sepsis

Dua to (or as a consequence of): disease or condition resulting in death) Examiner Examiner neumon10 or Attanding Physician: The lew requires that the deeth certificate be executed efter deeth.

Director: After this certificate has been signed by the ettending physician end Sequentially tist conditions, if any, leading to immediata cause. Enter Underlying Causa (Disaase or Injury that initiated events resulting in death) Lest burial-tran Due to (or as a consequence of): Multiple
Due to (or es e consequence of): Box 68760. physiclan myeloma Physician/Medicai the signed by the e Part It. Other significant conditions contributing to death but not resulting in the undaritying cause given in Part I. Division of Vital Records, P.O. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy peen : 2 No 1 Tyes 1 ☐ Yes 2 ☐ No funeral director, 25. Was case referred to medicat Be 26. Placa of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 € Inpatient 2 ER/Outpatient 3 DOA 28a. Date of injury (Month, Day Year) Certification: 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. injury at Work? 1 Naturat 5 Pending investigation 1 Yes 2 No 2 Accident the To the Hospital or Attar within 24 hours efter des To the Funeral Director completely filled in by th 6 Coutd not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Ptece of tnjury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medicai 29a. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) December 23, 1997 Dienvenu mp 30. Name and address of parson who completed causa of death (Itam 23a) (Type, Print) Kristine Bienvenu Baltimore, Mary land medical Center MD bouriew 31. Date filad (Month, Day, Year)
DEC 3 0 32. Registrar's Signatura State **Registrar**

MAR . The second of th Living your properties when an element would be come to recome a perfect

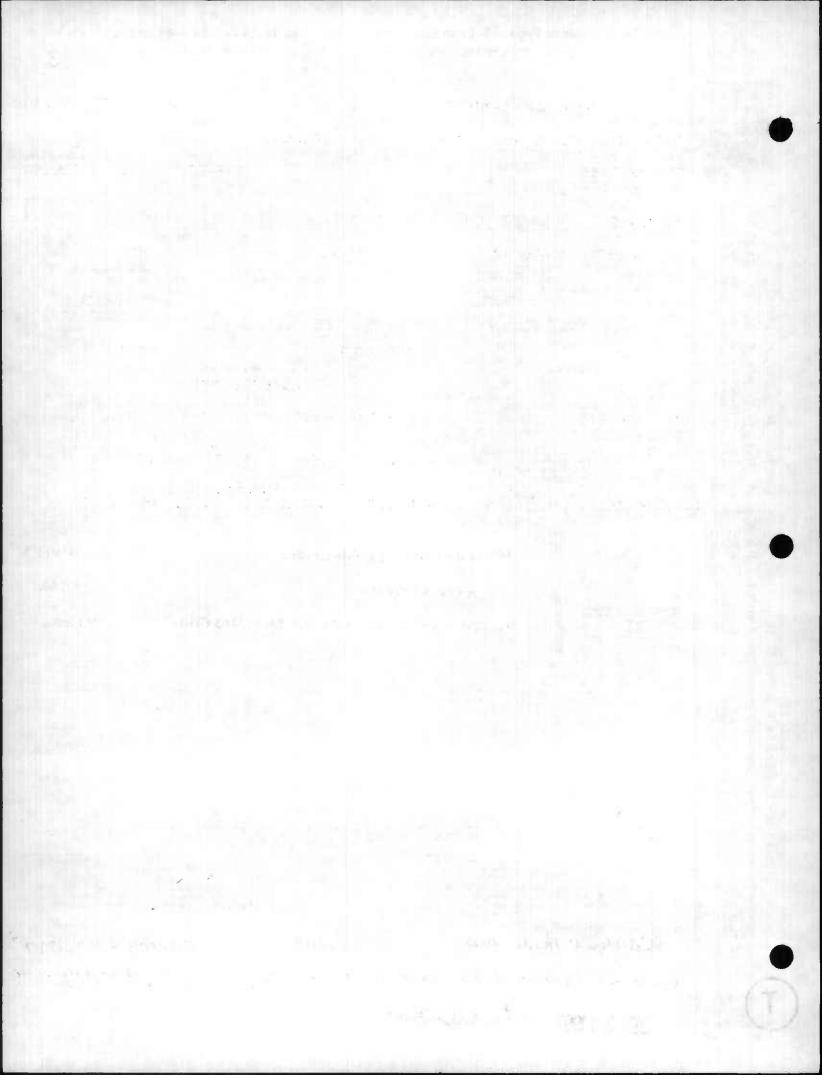
State of Marvland / Department of Health and Mental Hygien

Certificate of Death 1. Decedent's Nama (First, Middle, Lest) 2. Data of Death 3. Time of Death DECEMBER 27, Yaar 1997 11:30AM **Physician** NANCY ANN BARNETT /Medical 4b. City, Town, or Location of Daath 4c. County of Death 4a Facility Nama (If not Institution, giva straat and number) Examiner BALTO. CO. 100 CENTER PLACE APT 611 DUNDALK If Undar 1 Yaar | If Undar 24 Hrs. 9. Birthplace (State or Foreign S. CAROLINA 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Days 1□ M 2□ F 72 Vrs 247-36-7154 Director Usuel Rasidanca of Decadent with the Maryland 10c. City, Town or Location 10d. Insida City Limits r 28a-f show 10a, Stata 10b. County 1 ☐ Yas 2 ☐ No Directo MARYLAND BALTO. CO. DUNDALK 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? "natural", or items 23s or USA 100 CENTRE PLACE APT. 611 21222 death v Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ②No If Yas, Giva Yaar or Datas: permit. Pages 1 and 2 should be filed within 72 hours after deal Department of Health and Mental Hygiena. Important: if flam 27 is marked other than any Injury or other trauments. Was Decedent of Hispanic Orlgin? (Specify Yas or No-ff Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☒ No Specify: WHITE py 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Dacedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coilega (1-4or 5+) OWN HOME 12 YEARS HOMEMAKER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) FLORENCE BROWN JOHN COX 19a. Informant's Nama/Relationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 7247 BRIDGEWOOD DRIVE. BALTO. MD. 21224 MR. BARNETT 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Deurial 2 Cramation 3 Ramoval from Stata OAK LAWN CEMETERY 12 - 31BALTO. MD. 4 □ Donation 5 □ Other (Spacify) of Funarai Sarvice Lio 22. Nama and Addrass of Facility KACZOROWSKI FUNERAL HOME MUNICIPAL DUNDALK AVE. BALTO. MD. Part1. Enter the disease, or complications that cales at the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause in such line. Approximeta Intarval Batween Onsat and Daath Physician Immadieta Causa (Finel disaasa or condition resulting in daath) /Medical MINUTES MYOCARDIAL INFARCTION Examiner Dua to (or es a consequence of): Physician/Medical Examiner YEARS HYPERTENSION physician and s the burial-trans Sequantially list conditions, if any, laading to immediata causa. Enter Underlying Ceuse (Disaese or injury that Initiated avants resulting in death) Last Dua to (or as a consaquance of): HISTORY OF CORONARY ARTERY DISEASE Division of Vital Records, P.O. Box 68760, VEARS Dua to (or as a consequence of) 88 USB signed by tha a d be detached f 23h. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24e. Was an eutopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed is certificate has director, page 2 1 Yes 2 No 1 ☐ Yes 2 No 25. Was cesa rafarrad to medical exeminer? Be 26. Placa of Daath (Check only ona) To Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 ☐ Nursing Home 5 🗷 Rasidance 6 ☐ Othar (Specify) 1 ☐ Yas 2 X No this 28a. Data of Injury (Month, Day Year) 27 Mannar of Death 28b. Tima of Injury 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: Attending 5 Pending Invastigation 1 Natural 1 Yas 2 No hours after death. 2 Accident the Funeral Director filled in by the 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicida 29a. Certifier t 🗵 Certifying Physician: To tha best of my knowledga, daeth occurred at tha tima, data and plece, and due to tha ceusa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end piece, and due to the cause(s) and manner stated. To the Vithin 2 To the Complet 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 29b. Signatura and titla of certifiar Carolyn C. Howle M.D. 96008 DECEMBER 305, 1997 30. Name and eddress of person who completed cause of death (Ham 23a) (Type, Print) BAYVIEW MEDICAL CENTER 4940 FASTERN AVE. CAROLYN C. HOVK, M.D. JOHNS HOPKINS BALTIMONE, MARYLAND 21224 31. Data filed (Month, Day, Yaar) 32. Registrar's Signature State

Registrar

whit Davidson Bandalle

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth December Day 23 189 Gruce 4a. Facility Nama (If not institution, give street and number 4b. City, Town, or Location of Deeth If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

May 6, 1928 4c. County of Deeth Maryland Genera N/A 5. Sociel Security Number 7. Age (In yrs. last birthdey) If Under 1 Yaar 6 Sex Birthpleca (State or Foreign Country) Months Deys 1 M 2 SEF 219-22-1741 69 Yrs. Maryland Usuei Rasidence of Decedent 10e. Stete 10b County 10c. City, Town or Location 10d. Inside City Limits Maryland Harford Edgewood 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3071 Sounding Drive 21040 U.S.A. 12. Wes Decadant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give X Yeer or Detas: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - Amarican Indien, Black, White, atc. 11 Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: White Specify: 3 Widowed 4 Divorced 15. Decadent's Education (Specify only highest grada completed) 16e. Decedant's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 6 Teachers Aide Board Of Education 17. Fethar's Name (First, Middle, Last)

James V. Williamson 18. Mother's Neme (First, Middle, Maiden Sumama) Ruth C. Horner 19a. Informent's Name/Raiationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) (Daughter) Lori A. Ayres 3071 Sounding Drive Edgewood, Md. 20b. Placa of Disposition (Neme of cematary, cremetory or other placa) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1 Buriai 2 ☐ Cremetion 3 ☐ Removel from State Holly Hill Mem. Gardens 12/29/1997 Baltimore, Co., Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatura of Function 22. Name end Address of Facility

Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. Entar tha disease, or comblications that caused tha death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, k, or heart failure. List only one cause on each line. Approximeta Interval Between Onsat end Death Immedieta Cause (Finel disaese or condition resulting in death) Sequentielly list conditions, if any, leeding to Immediate cause. Entar Underlying Ceusa (Diseese or Injury that initiated events rasulting In deeth) Last Due to (or es e consaquence of) Due to (or es e consequança of): Pert II. Other significant conditione contributing to deeth but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No + nextension 24b. Were eutopsy findings eveilable prior to 24a. Was an autopsy completion of cause of deeth? 1 Yes 1 Yes 2□ No 2 No 25. Wes case rafarred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menger of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 5 Panding invastigation 1 Yes 2 No 2 Accident 6 Could not be datermined 3 Suicide

Examiner The law requires that the death certificate be executed P.O. Box 68760, Division of Vital Records.

tha bunal-tran Physician/Medical þ Completed Be 10

Physician

/Medical

Examiner

Funerai

Director

28a-f show

items 23a or

ŏ

nd Mental Hygiene. marked other than "natural",

Pagas 1 and 2 should be nant of Haalth and Mental out: if item 27 is marked o

permit. Pagas 1 and 2: Department of Haalth at Important: If Item 27 Ia any injury or other tray

Physician /Medical

and

or other traumatic event, the Medical Examiner must be notified at

Funeral Director

þ

Completed

Be

cartificata has been signed by tha attanding physician irector, page 2 should be datached for usa as tha buna Aftar this in by tha funaral Certification:

or Attending Physician: daath. s after daath To the Hospital of within 24 hours a To the Funeral D completaly filled in Medical

Registrar

29b. Signeters and title of certifier

4 ☐ Homicide

(Check only one)

29a. Cartifier

MO

D43725

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and mannar as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end manner stated. 29d. Dete signed (Month, Day, Year)

30. Nama end eddrass of person who complated cause of death (Itam 23e) (Type, Print) MAITMUND 821.N. Entar SI-

Cmil- 348

29c. License number

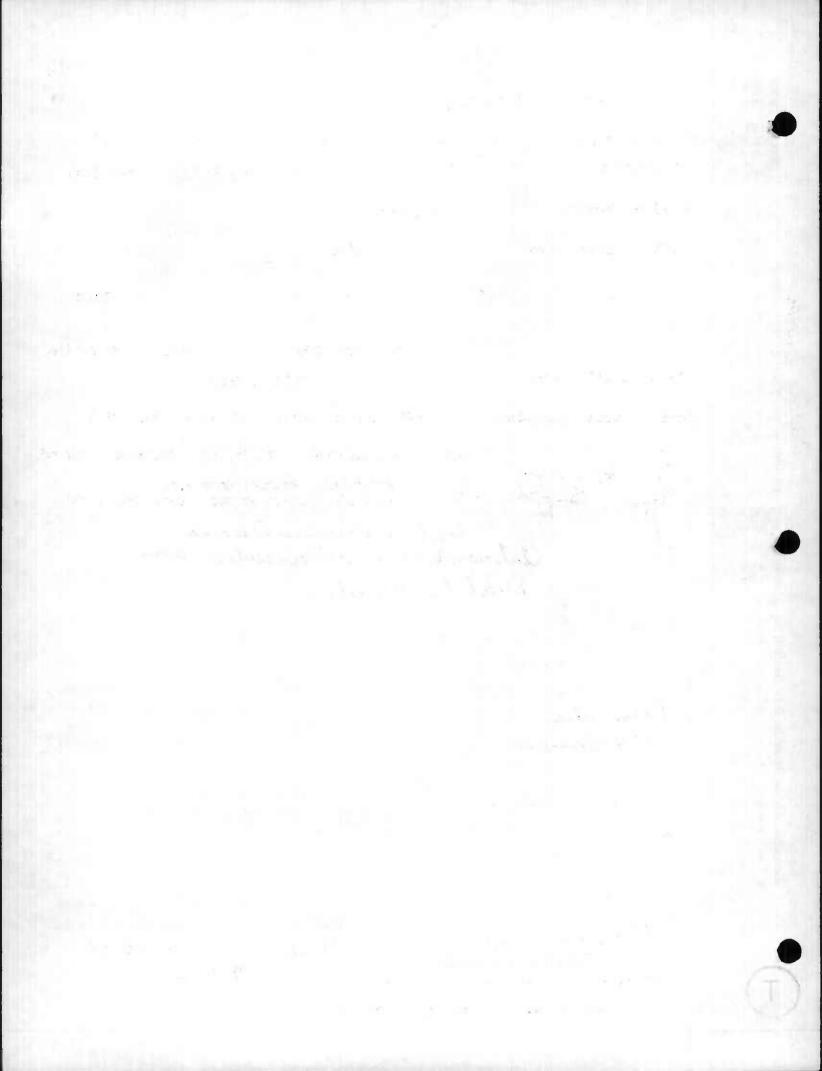
Balhowere

28f. Location (Streat and Number or Rural Routa Number, City or Town, State)

31. Dete filed (Month, Dey, Year)

32. Registrar's Signeture Julia Veridson Randelle

28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middla, Last) 2. Date of Death 3. Time of Death Day **Physician** December 24, 1997 7:18 am BOWSER Margaret B. /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, giva street and number) Examiner Franklin Square Hospital Center Rosedale Baltimore 8. Date of Birth (Month, Day, Year)

July 11, 1913

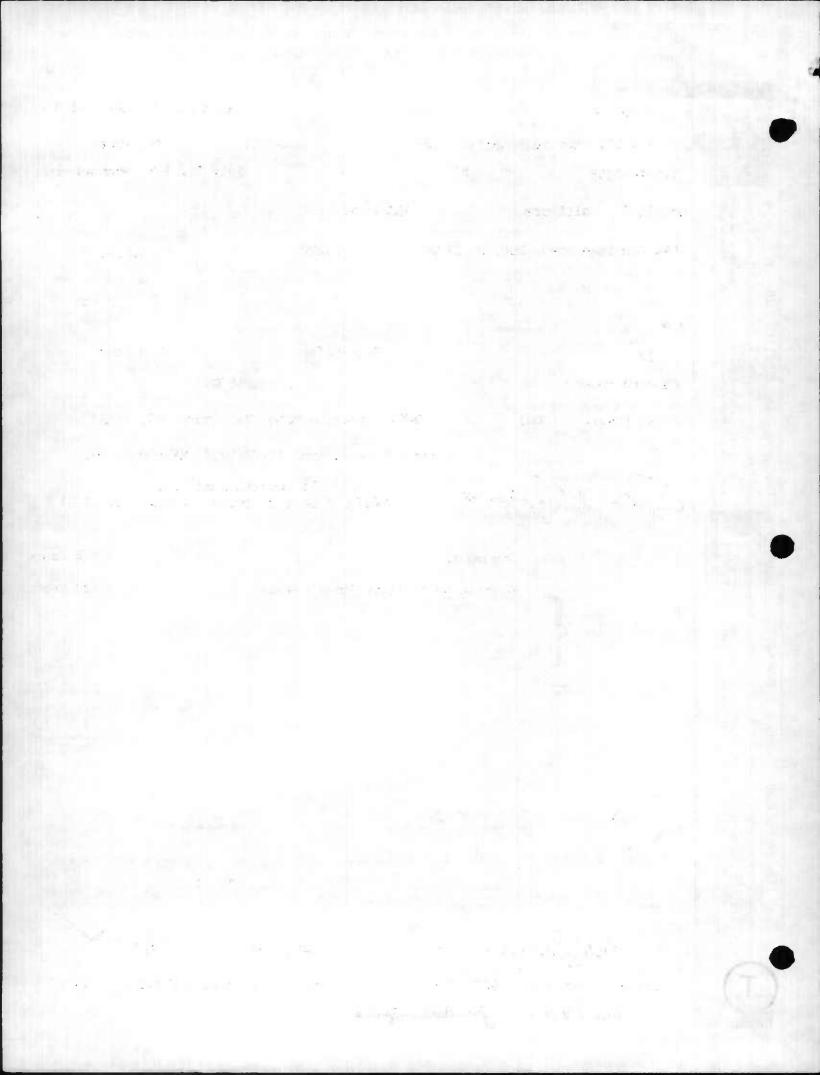
9. Birthplace (State of Country)

Pennsylvania If Undar 1 Yaar If Undar 24 Hrs. 9. Birthplace (Stata or Foraign 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 M 2 KF Months Days Hours 84 Yrs. 170-14-8093 Director Usuai Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If them 27 is marked other than "naturel", or thems 23a or 28a-f show eny Injury or other traumatic event, the Medical Exercises. 10a. State 10c. City, Town or Location 10d. Inside City Limits Middle River Maryland Baltimore 1 ☐ Yas 2 ☐ No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 614 Lanoitan Road Apt. H 21220 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2K Married 1 Yes 2 No Specify: Specify: þ White 3 Widowed 4 Divorced Completed 16a. Decedent's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Housewife Own Home 12 18. Mother's Name (First, Middla, Maidan Sumema) 17. Fathar's Name (First, Middla, Last) Be Leonard Bowser Margaret Hart P 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Perry Bowser 7401 Gumspring Road Baltimore, Md. 21237 (son) 20b. Piace of Disposition (Nama of camatary, cramatory or other p 20c. Location - City or Town, Steta 20a. Method of Disposition 1 Buriai 2 Cremation 3 Ramoval from State Meadowridge Mem. Park 12/27/1997 Elkridge, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility
Bruzdzinski Funeral Home P.A. 21. Signature of Funeral Sarvice Line 1407 Old Eastern Avenue 21221 Part1. Enter the disease, or complete shock, or heart failure. List only or that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Intervel Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Pneumonia 24 Hours Examiner Due to (or as a consequence of): Examiner 20 Years Chronic Obstructive Lung Disease physician and the buriel-transit The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or es a consequenca of): Division of Vital Records, P.O. Box 68760, Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of): 88 use for detached 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown signed t p 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peeu page 2 s certificate has 2 No 1 ☐ Yes 2 ☐ No Physicien: 25. Was case referred to medical exeminer? director Be 26. Plece of Deeth (Check only ona) Other: 4 Nursing Home 5 Restdence 6 Other (Specify) 1 Yes 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Date of tnjury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After Attending 1 Naturat 5 ☐ Pending 1 Yes 2 No death. 2 Accident Investigation efter death Director: 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 6 Could not be determined 3 Suicide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 e Funeral Direction of Funeral Direction of Funeral Direction of Funeral Direction of Funeral Property Filled in Direction of Funeral Property Filled in Direction of Funeral Property Filled in Direction of Funeral Property Filled in Direction of Funeral Property Funeral Propert 4 - Homicide 5 Hospital 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and placa, and due to the cause(s) and manner stated. 29e. Certifier edicai (Check only one) To the To the To the 29d. Date signed (Month, Day, Year) 29b. Signature and title of cartiful 29c. License number 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 21237 9000 Franklin Square Drive Baltimore, Maryland Michael Suter M.D. 31. Data filed (Month, Day, Year) 32. Registrar's Signature State DEC 3 0 1997 who Deviden

Registrar

DHMH 16 Rev 6/95

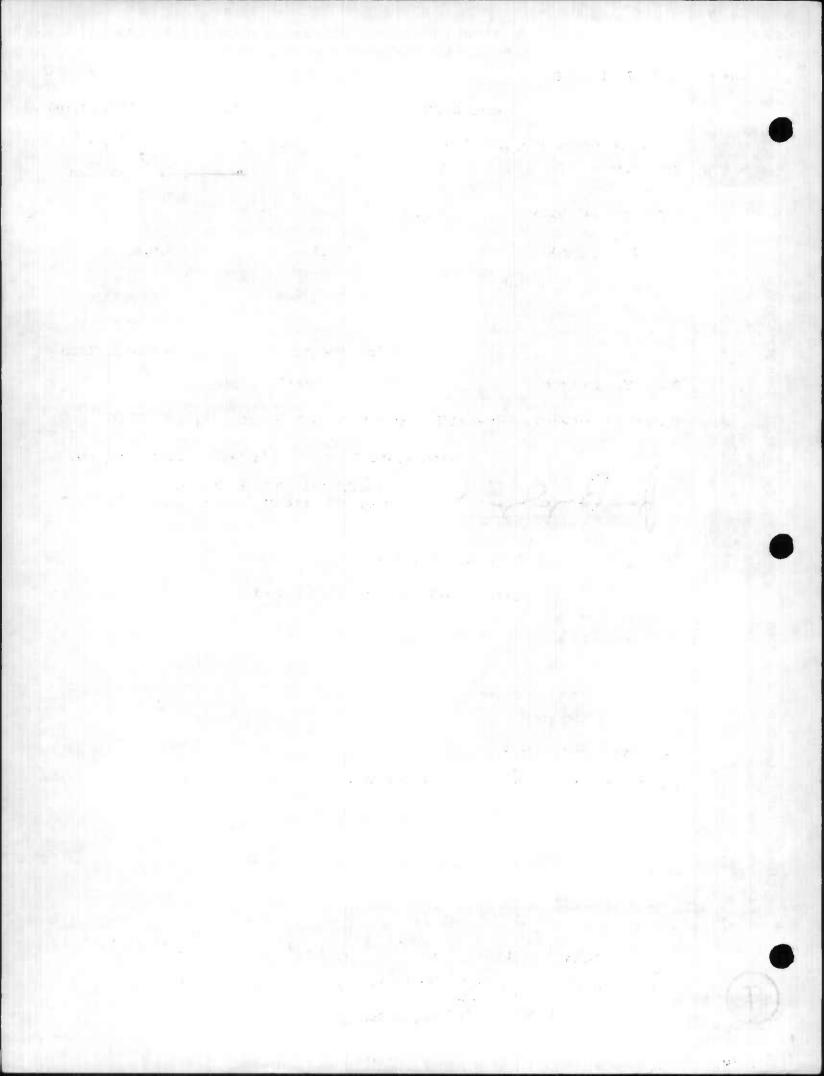


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Amended #8 perFH G755 1/6/98 EW 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** December 29, 1997 11:00 am BURKINDINE Audrey A. /Medical 4b City Town or Location of Deeth 4e Facility Neme (If not Institution, give street and number) 4c. County of Death Examiner Rosedale Baltimore Franklin Square Hospital Center If Under 24 Hrs. 8. Date of Birth 6/30/27 Min. Min. 3, 1927 If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Months Deys 1□ M 25 F 70 219-16-4170 Yrs Maryland **Director** Usual Residence of Decedent with the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or Nema 23a or 28a-f ahow the Medical Examiner mant be notified at Baltimore Maryland Essex 1 Yas 2 No Direct 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 965 Martin Road 21221 U.S.A. filed within 72 hours efter death Hygiene. Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. 11. Marital Status 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☑ Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Sales Manager Department Store 12 is marked other permit. Pages 1 and 2 should be file Depertment of Heelth and Mental Hy Important: if Item 27 is marked ofth any lipury or other traumatic event Roca. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Marie Shipley Frank E. Steinert 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Townsend P. Burkindine (Husband) 965 Martin Road Essex, Maryland 21221 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Locetlon - City or Town, Stete 20a. Method of Disposition 1 M Burial 2 ☐ Cremation 3 ☐ Removal from State 1/2/1998 Moreland Mem. Park Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue 21221 . Enter the disease, or complications that caused the k, or heen feilure. List end one cause on each line cations at caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) a Brainstem Hemorrhage 2 days Examiner Due to (or es a consequence ol): Physician/Medical Examiner Hypertensive Cardiovascular Disease 2 days that the death certificate be executed ettending physician end for use as the buriel-trensit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events Due to (or as e consequence of) Box 68760. Due to (or as a consequence of): resulting in death) Last 98 signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other elgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 1 Yes 2 No 3 Probably 4 Unknown Atrial Fibrillation Division of Vital Records, ð The law requires 24b. Were eutopsy lindings evailable prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed peen s Coronary Artery Disease certificate hes page 2 2 No 1 ☐ Yes 2 ☐ No Cardiovascular Accident left parietal area Physician: 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) s efter death.
al Director: After this ce Hospital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 10 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of Injury 28d. Describe how injury occurred Certification: 28c. Injury at Work? Attending 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 281. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 6 within 24 hours of To the Funeral C Hospital 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the ceuse(s) and manner as atated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. edicai 29a. Certifier (Check only one) the 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certified cause of death (Item 23a) (Type, Print) allem 31. Date filed (Month, Day, Year) 32. Registrar's Signature State whie Devidoor DEC 3 Gegistrar

DHMH 16 Rev 6/95

6



Physicia	#1	7,18 perFH G755 16/98			Certificate of	Dealli	2. Dete of De	Reg. No.		3. Time of Death		
	an						Month	Dey	Year			
/Medic	-	George F. Beck 4e. Fecility Neme (If not institution, g				4h Oh Tour sal	Dec.		997	11:50 A		
Examin	er					4b. City, Town, or L		th 4c. County	of Death			
		9900 Georgia Av 5. Social Security Number 6.		(In yrs. lest birt	hday) If Under 1 Year	Silver S	pring	Montg				
uneral irector			167kM 2□ E	,	Months Deys	Hours Min.	(Month, De	ey, Year)	9. Birthpl Count	ece (State or Fore		
rector		578 10 3440 Usuel Residence of Decedent	8	0			Sept.	5, 1917	Wasl	nington]		
show		10a. Stete 10b. County		10c. City, Town	or Location				10	d. Inside City Lim		
23a or 28a-f shout be notified at	to	Maryland Montgon	0.027	C 4 1 ***	er Spring					NEXYes 2□!		
r 28a-f	Je l	10e. Street end Number	lely	STIVE	10f. Zip Code			10g. Citizen of V	What Count	rv?		
23a or	0	9900 Georgia Ave	# 708		20902				nited States			
Items 2	Funeral Director	11. Marital Stetus	12. Was Decedent Ev	ver in U,S.	13. Was Decadent of if Yes, specify Cut	Hispanic Orlgin? (Sp	ecify Yes or No		e - America			
or its	F	1 Never Merried 2 Merried					Rican, etc.)	Bled	ck, White, e	etc.		
	by	3 Widowed 4 □ Divorced	If Yes, Give Yeer or Detes:	44-46	1 ☐ Yes 2 ☐ No	Specify:		Specify	Whit	te		
77 100		15. Decedent's I	Education	16a. Decedent's Usual Occupetion				16b. Kind of Business/Industry				
Med	ple	(Specify only highest g Elementery/Secondary (0-12)	College (1-4or 5+		(Give kind of work done life. DO NOT use retire	dunng most of work d)	Inf			ter American		
Department of Health and Mantal Hygiana. Important: If Itam 27 is marked other than "natural any injury or other traumatic event, the Marical once. To Be Completed	0	11			ministrato	r		Defense	e Boa	Board		
		17. Fether's Name (First, Middle, Las		McAr	thur	18. Mother's Nam						
	0	(Unavailable)	Beek Ja	mes Arthu	Beck	Ruth	(Unava	ilable)	Ho	we11		
								ural Route Number, City or Town, State, Zip Code)				
		George F. Beck,	Jr. son	9	518 Lanham	-Severn Re	d. Seab	rook Md.	1070)6		
		20e. Method of Disposition		20b. Piece of	Disposition (Name of cremetory or other ple	ca) Doo be	2, Date 1997					
		Burlel 2 Cremetion 3	☐Hemovel from State		Hill Ceme		4, 199/		nd M	1		
Inju		21. Signature of Fungral Service Lice		Cedal	22. Name end Addre			Sultita	ma_Ma	ryland		
any l		Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowle Md. 20715										
-	-	23a Part 1 Enter the diseases or on	olications for	andooth Dan	16000 Anna	apolis Rd	Bowie	Md. 207	15			
		23a. Pert1. Enter the disease, or cor shock, or heert failure. List only	y one cause on each line		or enter the mode of dyl	ng, such es cardiec	or respiretory e	errest,		Approximete Intervel Between Onset and Deeth		
sician edical		Immediate Ceuse (Finel	Den	Leta	Cana					1001		
miner		disease or condition resulting in deeth)	ө.	state	- Can a	er				1707		
	ē		D	ue to (or es e c	onsequenca of):							
physician and is the bunel-transit	Examiner		b. —		onsequence of):							
al-tre	Xa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury			į							
sicial bun		Ceuse (Diseese or Injury that initieted events										
phy the		resulting in deeth) Lest			1							
			l d									
atached for use Physician/M	Clar											
for use	ysi	Pert II. Other significant conditions	contributing to death but	not resulting in	the underlying cause gi	ven in Pert f.	23b. Did	tobacco use cor	ntributa to	the cause of dea		
ched for use as							10	Yes 2 No	3 Prob	ably 4 Unkn		
by tha							24e Wos	on outonov	24h Wei	e autopsy finding		
igned by that be datached	d b						24a. Wes	en eutopsy ormed?	eve	ilable prior to		
igned by that be datached	eted by						p 0.1.1		of d	eath?		
igned by that be datached	mpleted by											
has been signed by tha ga 2 should be datached	Completed						10	Yes 2月1No	10	Yes 2□ No		
artificata has been signed by tha ector, paga 2 should be datached	Be Completed	25. Was case referred to medical exeminer?	Homite!		Τ-2-	26. Plece of Deet	10	200	10	Yes 2□ No		
his carificata has been signed by tha Il director, paga 2 shouid be datached	To Be Completed	exeminer? 1 Yes 2 No	Hospitel: 1 ☐ Inpatient		Detient 3LI DOA	ner: 4□ Nursing Ho	1 🗆	one) denca 6 □Oth	er (Specify)			
ar this carificata has been signed by tha naral director, paga 2 shouid be datached	To Be Completed	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Noturel 5 Pending	28e. Dete of Injury (Month, Dey)	28b. Ti	me of 28c. fnju	ner: 4□ Nursing Ho ry et rk?	1 🗆	one)	er (Specify)			
ar this carificata has been signed by tha naral director, paga 2 shouid be datached	To Be Completed	exeminer? 1 Yes 2 Vo 27. Manner of Death 1 Naturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey)	/ear) 28b. Ti	me of lury M 1	ner: 4 Nursing Ho ry et rk? Yes 2 No	1 Check only ome 5 Sessible 28d. Describe	one) denca 6 □Oth how injury occurr	er (Specify) ed)		
ar this carificata has been signed by tha naral director, paga 2 shouid be datached	To Be Completed	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 5 Pending	28e. Dete of Injury (Month, Dey)	/ear) 28b. Ti	me of 28c. fnju	ner: 4 Nursing Ho ry et rk? Yes 2 No	1 Check only ome 5 Sessible 28d. Describe	denca 6 Othichow Injury occurr	er (Specify) ed)		
ar this carificata has been signed by tha naral director, paga 2 shouid be datached	Certification: To Be Completed	exeminer? 1	28e. Pleca of Injury building, etc.	28b. Ti Inj	me of ury M 28c. fnjury Wo 1 □	ner: 4 □ Nursing Ho y et rk? Yes 2 □ No	n (Check only of the Section (City or Total	one) denca 6 □Othe how injury occurr Street end Numb wn, State)	er (Specify) red er or Rural	Route Number,		
ar this carificata has been signed by tha naral director, paga 2 shouid be datached	Certification: To Be Completed	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel	28e. Pleca of Injury building, etc.	28b. Ti	me of ury M 28c. fnjur Wo I □	y et k? Yes 2 No	n (Check only of the Section (City or Total due to the	denca 6 Other how injury occurr Street and Numb wn, State)	er (Specify) ed er or Rural	Route Number,		
ar this carificata has been signed by tha naral director, paga 2 shouid be datached	ledical Certification: To Be Completed	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Actident 3 Suicide 4 Homicide 1 Certifier (Check only one)	28e. Pleca of Injury building, etc.	28b. Tilling 1 - At home, ferr (Specify) my knowledge, tamination end	me of ury M 28c. fnjur Wo I □	y et k? Yes 2 No	n (Check only of the Section (City or Total due to the	denca 6 Other how injury occurr Street and Numb wn, State)	er (Specify) ed er or Rural	Route Number,		
ar this carificata has been signed by tha naral director, paga 2 shouid be datached	ledical Certification: To Be Completed	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel	28e. Pleca of Injury (Month, Dey) 28e. Pleca of Injury building, etc. (hyalclan: To the best of miner: On the basis of expenses of exp	28b. Tilling 1 - At home, ferr (Specify) my knowledge, tamination end	me of ury M 28c. fnjur Wo I □	ner: 4 Nursing Ho y et rk? Yes 2 No ne, date end plece, pinion, deeth occurr	n (Check only of the Section (City or Total due to the	denca 6 Other how injury occurr Street and Numb wn, State)	er (Specify) ed er or Rural nner as sta	Route Number, sted. the cause(s)		
ne Funeral Director: After this carificate has been signed by the plately filled in by the funeral director, paga 2 should be datached	Medical Certification: To Be Completed	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signeture end title of certifier	28e. Dete of Injury (Month, Dey) 28e. Pleca of Injury building, etc. (Month, Dey) 28e. Pleca of Injury building, etc. (Month, Dey)	'ear) 28b. Tilling - At home, ferr Specify) my knowledge, kamination endd.	me of uny M 28c. fnjury Wo 1 □ m, street, factory, office deeth occurred et the till or Investigetion, In my c	ner: 4 Nursing Ho y et rk? Yes 2 No ne, date end piece, pinion, deeth occurr se number	n (Check only of the Check only only only only only only only only	denca 6 Other how injury occurr Street end Numb wn, State) cause(s) end ma dete and pleca, 4 29d. Dete signed	er (Specify) red er or Rural nner as sta and due to	Route Number, sted. the cause(s)		
ar this carificata has been signed by tha naral director, paga 2 shouid be datached	Medical Certification: To Be Completed	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signeture end title of certifier	28e. Dete of Injury (Month, Dey) 28e. Pleca of Injury building, etc. (Month, Dey) 28e. Pleca of Injury building, etc. (Month, Dey)	'ear) 28b. Tilling - At home, ferr Specify) my knowledge, kamination endd.	me of uny M 28c. fnjury Wo 1 □ m, street, factory, office deeth occurred et the till or Investigetion, In my c	ner: 4 Nursing Ho y et rk? Yes 2 No ne, date end piece, pinion, deeth occurr se number	n (Check only of the Check only only only only only only only only	denca 6 Other how injury occurr Street end Numb wn, State) cause(s) end ma dete and pleca, 4 29d. Dete signed	er (Specify) red er or Rural nner as sta and due to	Route Number, sted. the cause(s)		
ar this carificata has been signed by tha naral director, paga 2 shouid be datached	Medical Certification: To Be Completed	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Actident 3 Suicide 4 Homicide 1 Certifier (Check only one)	28e. Dete of Injury (Month, Dey) 28e. Pleca of Injury building, etc. (Month, Dey) 28e. Pleca of Injury building, etc. (Month, Dey)	'ear) 28b. Tilling - At home, ferr Specify) my knowledge, kamination endd.	me of uny M 28c. fnjury Wo 1 □ m, street, factory, office deeth occurred et the till or Investigetion, In my c	ner: 4 Nursing Ho y et rk? Yes 2 No ne, date end piece, pinion, deeth occurr se number	n (Check only of the Check only only only only only only only only	denca 6 Other how injury occurr Street end Numb wn, State) cause(s) end ma dete and pleca, 4 29d. Dete signed	er (Specify) red er or Rural nner as sta and due to	Route Number, sted. the cause(s)		

DHMH 16 Rev 6/95

parate in the result

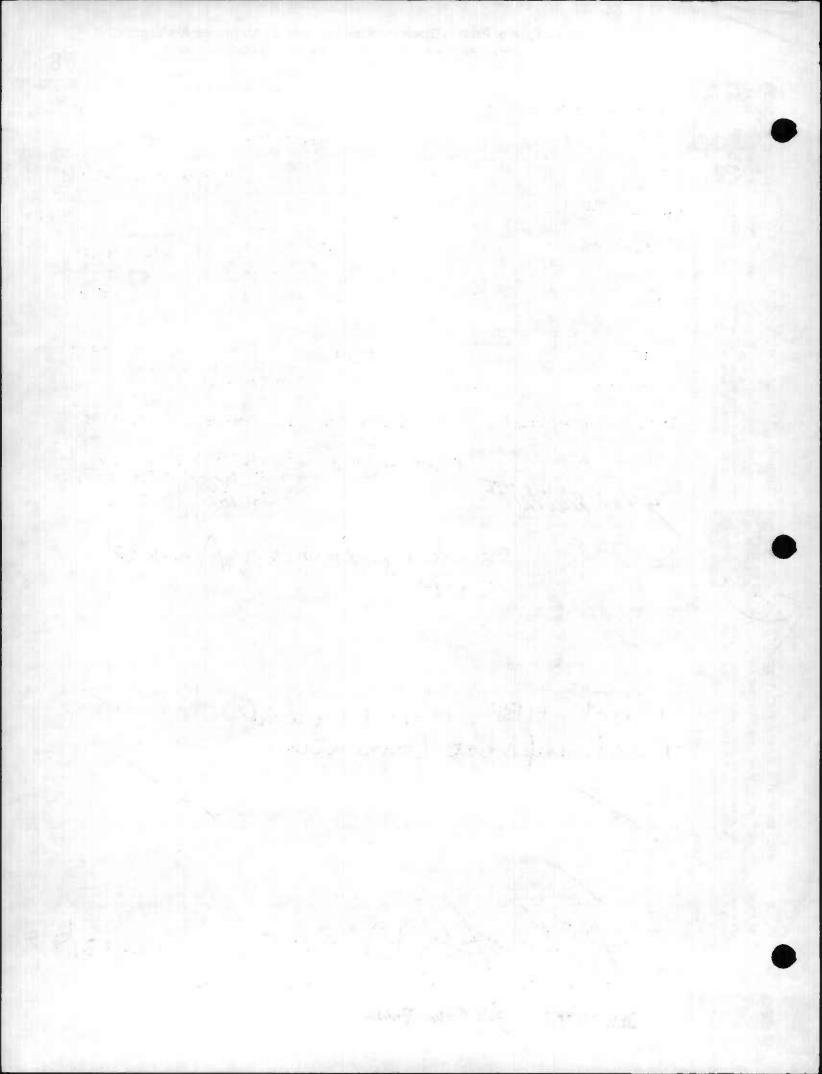
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** 1997 Helen Elizabeth Miles Bowling December 5:00 AM /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 806 Bear Creek Ct. Forest Hill Harford 8. Date of Birth (Month, Day, Year) March 9, 1927 If Under 24 Hrs. 5. Social Sacurity Number 7. Aga (In vrs. last birthday) Birthplece (Steta or Foraign
Country) **Funeral** Months 1 M 2 X F Days Hours 216-24-3839 70 Yrs Virginia Director Usual Rasidance of Decedant the Manyland 10a Stete 10b County 10c City Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Harford Forest Hill 1 ☐ Yas 2 No Director 10e. Street and Number 806 Bear Creek Ct. 10f. Zip Coda 10g. Citizen of What Country? with 21050 United States Funeral 12. Was Decadant Evar in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yas, Giva Yeer or Detes: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, Whita, atc. 11 Maritel Stetus Pages 1 and 2 should be filed within 72 hours after nand of Health and Mental Hydine.

Int: If item 27 is marked other than "natural", or flee inty or other traumatic event, it a Health Examine. 1 Navar Marriad 2 Married White Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: þ 3XWidowad 4 □ Divorced Completed 16a. Dacedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry College (1-4or 5+) Elemantary/Secondary (0-12) hair and beauty care beautician 18. Mother's Name (First, Middle, Maiden Sumema) 17. Fathar's Nema (First, Middla, Last) 8 Malvina White Miles Lawrence 19b. Melling Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Coda) 19e. Informant's Name/Reletionship (Type, Print) 806 Bear Creek Ct. Forest Hill, MD 21050 Janet Ruth Ison/daughter 20b. Placa of Disposition (Nama of camatary, crametory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Removal from State permit. Page Department of Important: If any Injury or 4 Donation 5 Othar (Specify) Dulaney Valley Mem Garden 12/29/97 Timonium, MD 22. Name and Addrass of Facility Mitchell-Wiedefeld Home, Inc. 6500 York Rd. 21. Signatura of Funaral Sarvica Licansaa 21212 Baltimore, MD art. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intervel Between Onsat and Deeth **Physician** /Medical Immediata Causa (Final diseese or condition rasulting in daath) Examiner Sequentially list conditions, if any, laading to immediate causa. Entar Undarlying Ceusa (Diseesa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequance of): 8 3 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 2 signed by it 1 Yee 2 No 3 Probably 4 Unknown à 24b. Were eutopsy findings eveilebla prior to 24a. Was an autopsy Completed omplation of cause ä 1 Yes 200 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only organ 25. Was case referred to friedical Be Other: 4□ Nursing Home 5 Desidence 6 □ Other (Specify) 2 1□ Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA a u 27. Manney & Death 28d. Describe how injury occurred 28b. Time of Certification: 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 1 (Selatural 5 ☐ Pending 1 Yes 2 No investigation 2 C Accident after deal! Director: 3 Suicide 6 Could not be 28s. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 24 hours a 24 hours a edical 16 Certifying Physician: To the bast of my howledge, death occurred et the time, date end plece, end due to the causa(s) and manner as stated.
2 Medical Examiner On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the causa(s) 29a. Certifian (Check only one) and mannar state Within 2 To the 29b. Signatura end titlerof 29c. License number 29d. Date signed (Month, Day, Yeer) 30. Name and edgrass of person who completed cause of deeth (Item 23e) (Type, Print) Alan Shorofsky, M.D. 515 Fairmount Ave. Towson, MD 21286

State Registrar 31. Date filed (Month, Day, Year) **DEC. 3 0 1997**

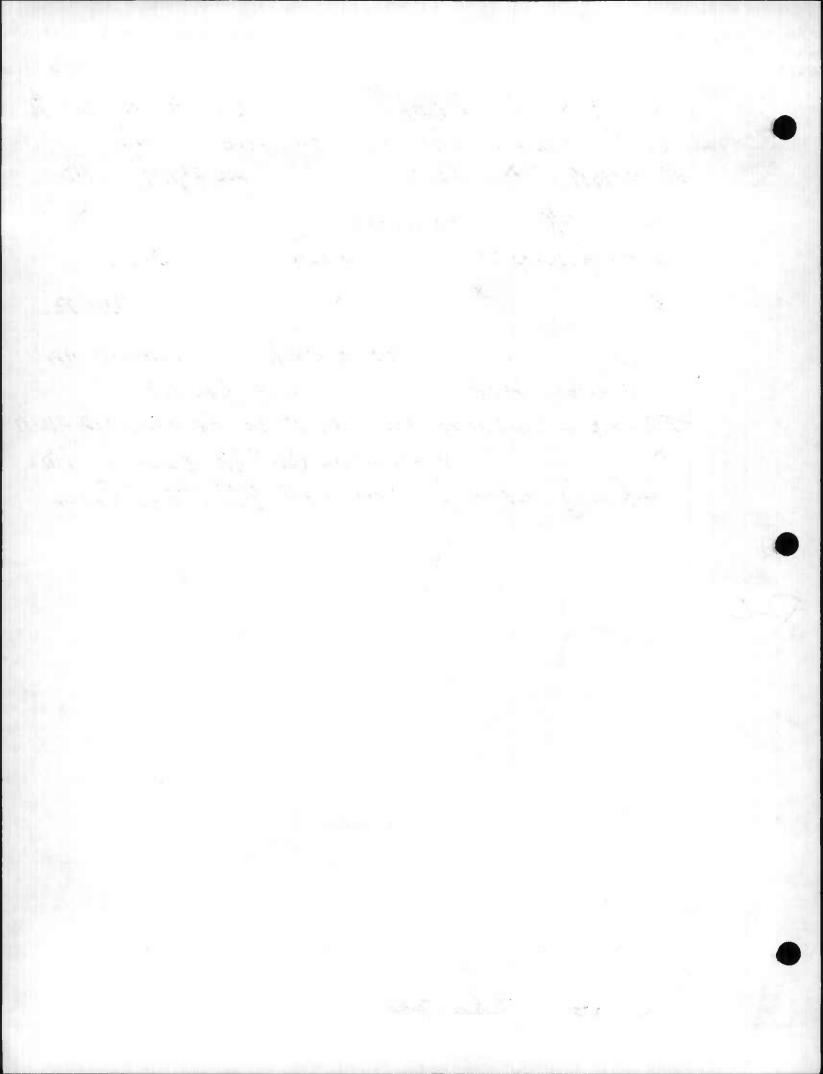
32. Registrar's Signatura

Turidom Pandoll



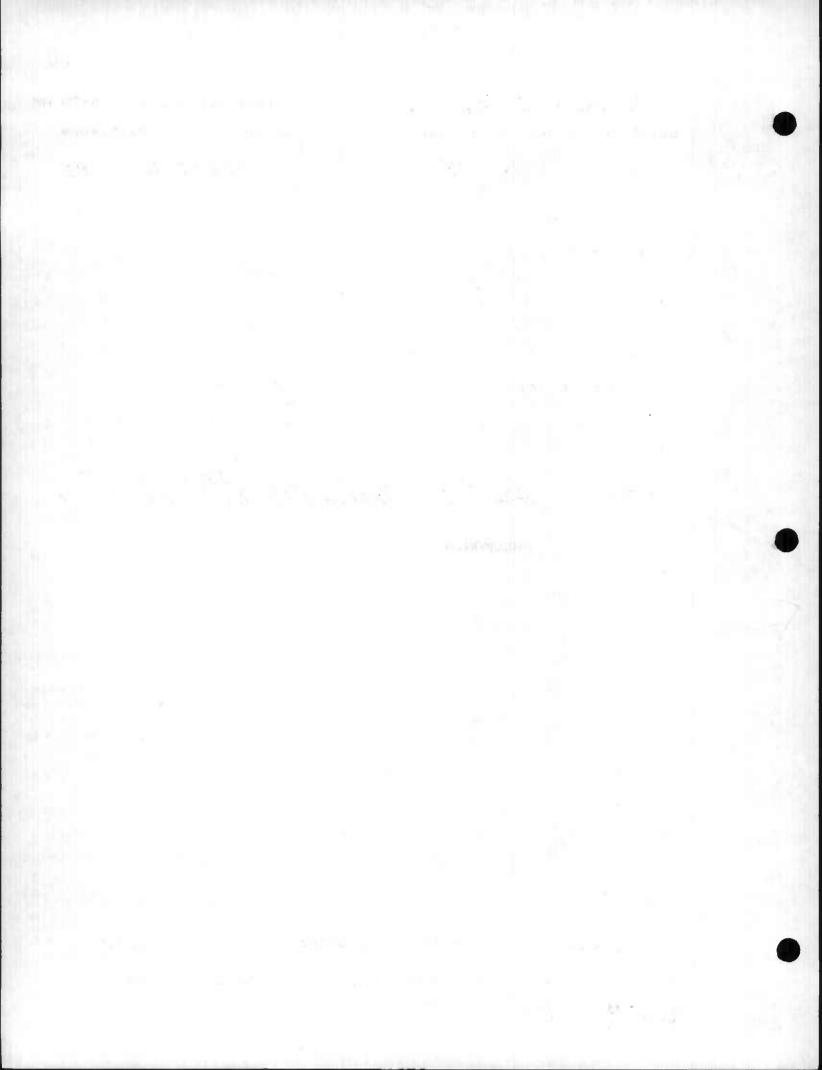
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth DEC **Physician** -,20 UC /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BACTI MOFE
If Under 24 Hrs. 8. Date ANION 7. Age (In yrs. last birthday) | Under | Yrs. | Months Security Number 8. Date of Birth (Month, Day) Birthplace (State or Foreign Country) **Funeral** 1□M 2XF Days Hours Director the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28a-f show traumetic event, the Medical Examinar mast be notified at Yes 2 No Director 10e. Street end Number 10g. Citizen of Whet Country? 3202 2/224

13. Was Decedent of Hispanic Origin? (Specify Yes or Noff Yes, specify Cuben, Mexican, Puerto Rican, etc.) ST. Funeral death 12. Was Decedent Ever in U.S. Armed Forces? 11. Maritel Stetus 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "natural", or her any Injury or other traumatic event 1 ☐ Yes 2 No 1 Never Married 2 Married 1 ☐ Yes 2 No Baltimore, Maryland 21215-0020 Specify: þ Specify: 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) ETELANS ADM 12 17. Father's Nama (First, Middle, Last) Be ALTER 19a, Informant's Name/Relationship (Type, Print). 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) SCHBOLOUGH ERESE 2510 20b. Placa of Disposition (Name of cematary, cremetory or other p Date C. 12 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removal from State 5 Other (Specify) 21. Signatura of Parral Service Acansee 22. Name and Address of Facility 21224 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical 5 MOKS Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disaase or injury that initiated avants resulting in deeth) Lest Due to (or as a consequenca of) Box 68786. Physician/Medical the Due to (or as e consequenca of): 1 5 Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not rasulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 3 □ Probably 4 Unknown 1 Yss 2 No 2 24b. Wara autopsy findings eveileble prior to completion of cause of death? Completed 24a. Was an autopsy 0806.2 certificate has 1 ☐ Yes 1 TYes 2 No Be 25. Was case referred to medical axaminer? 26. Placa of Death (Check only one) Other: 4 Stursing Home 5 Residence 6 Other (Specify) 1 Yes 2 Po Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Manner of Death 28a. Data of Injury (Month, Dev Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how Injury occurred Attending 1 WNatural 5 Pending investigation death. 1 Yes 2 No 2 Accident Director: 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, streat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) or A 4 T Homicide To the Hospital o within 24 hours at To the Funeral D 10 Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the tima, data and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and titla of cartifier 29c. License number 29d. Date signed (Month, Day, Yaar) 124276 1210 57 60. Name and addrass of person who complated cause of death (Item 23a) (Typa, Print) Hudson St. BAITO, MD. 21224 SiMON 2801 31. Date filed (Month, Dey, Year) State DEC 3 0 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene 7 20010

					Certi	ficate of	Death	,	Reg. No.	3931	U
Physician		1. Decedent's Name (First, Middle, Les	_					2. Dete of De Month		3. Time of	
/Medical	ı	MILDRED	E. T.		N			CEMBER		997 6:20	AM
Examiner	ľ	4e. Fecility Neme (If not institution, give Saint Joseph M			n		4b. City, Town, or I	n	B	altimore	
uneral irector		014 10 1634	ex □ M 2 F 7	Age (In yrs. lest		If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bir	1h Year) 922	9. Birthplece (State of Country)	r Foreign
**	_	Usuel Residenca of Decedent 10a. State 10b. County	tion		10d. Inside Ci	ity Limits					
if item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Exantiner, mat be notified at or other traumatic event, the Medical Exantiner, mat be notified at To Be Completed by Funeral Director		MD. HARFO			1 To Yes						
organism notified	1	10e. Street end Number			10g. Citizen of Whet Country?						
al D		13430 BOTTOR	1 RD-			210	82			U.S.A.	
ner		11. Maritei Status	12. Wes Decede Armed Force	nt Ever in U,S.	13. Wa		dispenic Origin? (Si en, Mexican, Puert	pecify Yes or No		ca - American Indien, ck, White, etc.	
by Fu		1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad	1 Yes 2[If Yes, Give Year or Dete	No		Yes 22 No		7 110011, 610.7	Specify		
Completed		15. Decedent's Ed (Specify only highest gre-	ucation de completed)	1	6e. Deceden	nt's Usuel Occup nd of work done	petion during most of world)	kina	16b. Kind of Bu	usiness/industry	
1dm		Elementary/Secondery (0-12)	College (1-4c	or 5+)						11-46	
		17. Fether's Neme (First, Middle, Last)			Trom	EMAKE	18. Mother's Nen	ne (First Middle	OWN,	-	
To Be		GEORGE W.	FEEHL	ev				A PETE		10)	
		19e. Informent's Neme/Reletionship (7	ype, Print)		19b. Meiling	Address (Street	end Number or Ru			State, Zip Code)	
		JOSEPH BLOWN			1343	0 13011	DAY RD.	HYDE	S, MO.	21080 City or Town, Stete	
	2	20e. Method of Disposition 1		10	a of Dispositi etery, cremet	ion (Neme of tory or other ple		110-11		Co. MD	
9	3	21. Signature of Poneral Service Licen		0 0	22. N	leme end Addre	ess of Fecility	7870	SILIDO	ON 5T	
- Source	ı	Medenie 1	Ale.	11	1	VARDA	2511	カーハー	AULUS	-21224	
	+	23e. Pert1. Enter the discoult or company shock, or heart fellum. List only	blications that caus	sed the deeth. [Do not enter	the mode of dyi	ng, such as cardied	or respiretory e	rrest,	Approximete	0
an	١	Shock, or neart tellum alist only o	one ceuse on eecr	i line.						Onset end I	ween Deeth
al .	-	Immediate Ceuse (Final disease or condition	PNEUM	DNIA							
er		resulting in death)	0	Due to (or es	a conseque	ence of):		-			
lne			b								
Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury		Due to (or es	e conseque	nce of):					
		cause. Enter Underlying Ceuse (Disease or injury thet Initieted events	c							1	
Medical		resulting in deeth) Lest		Due to (or es	e conseque	nce of):				1	
			d								
Physician/	1	Pert II. Other elgnificant conditione co	entributing to death	but not resultin	a in the unde	eriving cause gir	ven in Pert I.	23b. Dld	tobacco usa coi	ntribute to the cause of	of death?
hys	•							10	Yas 2 No	3 Probably 4	Unknown
by											
Completed									en eutopsy rmed?	24b. Were eutopsy f evelleble prior to completion of confideeth?	0
E								10	Yes 2 No	1 ☐ Yes 2 🔀	No
Be		25. Wes case referred to medical exeminer?					26. Plece of Dec	th (Check only	one)		
10		1 Yes 2 No	Hospitel: 1 Minpe	atient 2 ER	Outpetient	3□ DOA Oti	ner: 4 Nursing H	ome 5 Resi	denca 6 □Oth	er (Specify)	
atlon:	1	27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of Ir (Month, L	Dey Year) 28	b. Time of Injury	28c. Inju Wo M 1	ry et rk? I Yes 2 □ No	28d. Describe	how Injury occur	red	
Certification:		3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of	Injury - At home etc. (Specify)	, farm, street	t, factory, offica		28f. Location (City or To		ber or Rurel Route Num	iber,
Medical Certification: 7	-	29e. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exam	rsicien: To the besing and manner	of examination	dge, deeth or end/or inves	ccurred et the ti	me, date end plece opinion, deeth occu	, end due to the rred et the time,	ceuse(s) end me date end place,	enner es steted. end due to the ceuse(s	1)
₹ E		29b. Signature end title of certifier	and manner	o.arod.	1	29c. Licens	se number		29d. Dete signe	d (Month, Day, Year)	
		> man	21	Ol	00		263		12-19	5-97	
	13	30. Name end eddress of person who o	completed cause o	f deeth (Item 23	e) (Type, Pri	int)			, - 1	/	
			M. D., 7	620 YO	RK RC	DAD, TO	OWSON, N	MARYLAN	ND 2120	14	
State		31. Dete filed (Month, Dey, Yeer)	whice Davids	Markette Markette	2						
istrar		DEC 3 0 1997 7	The state of the s								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth sherman 30pm 12 26 Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of De llimore MEDICAL Contr If Under 1 Year Months Days 8. Date of Birth (Month, Dey, If Under 24 Hrs. Hours Min. cial Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Fereign Virginia 8-28-4997 26 Usual Residence of Decedeni 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 No Baltimore Md N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21225 1209 E. Patapsco Avenue U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Merital Status 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Ny Yes 2 No If Yes, Give Year or Dates: Viet Nam 1 ☐ Yes 2 ☐ No 3 ☐ Widowed 4 ☑ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th B W I Airport Bus Driver 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Marshall Garrett Brown Georgia Hicks 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 4312 Curtis Avenue Baltimore, Maryland 21226 Arthur Brown (Brother 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removel from State 4 Donetion 5 Other (Specify) Glen Haven Memorial Park 12/30/97Glen Burnie, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility
McCully-Polyniak Funeral Homes Kevin E. Ecker 237 E. Patapsco Avenue Balto., Md. 21225 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cardiec or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in death) 23b. Did tobacco use contributa to the causa of death? 1 Yes 2 10 3 Probably 4 Unknown 24e. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of ceuse of death? 2□/No 1 Yes 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No

MEDICAL CENTER

Physician/Medical Examiner Box 68760, or Attending Physician: The law requires that the death certificate the phys as USB been signed by the a should be detached O ۵ Records, by Completed page 2 certificata Division of Vital funeral director, Be Certification: To this After To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be P

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event, the Modical Examinat must be notified as

Physician

/Medical Examiner

21215-0020

Baltimore, Maryland

Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 25. Was cese referred to medical examiner? 1 Yes 2 No Manner of Death Naturel 1 Naturel
2 Accident 6 Could not be 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29e, Certifier 29b. Signature and Till 29c. License number 29d. Date signed (Month, Dey, Year)

32. Registrer's Signature

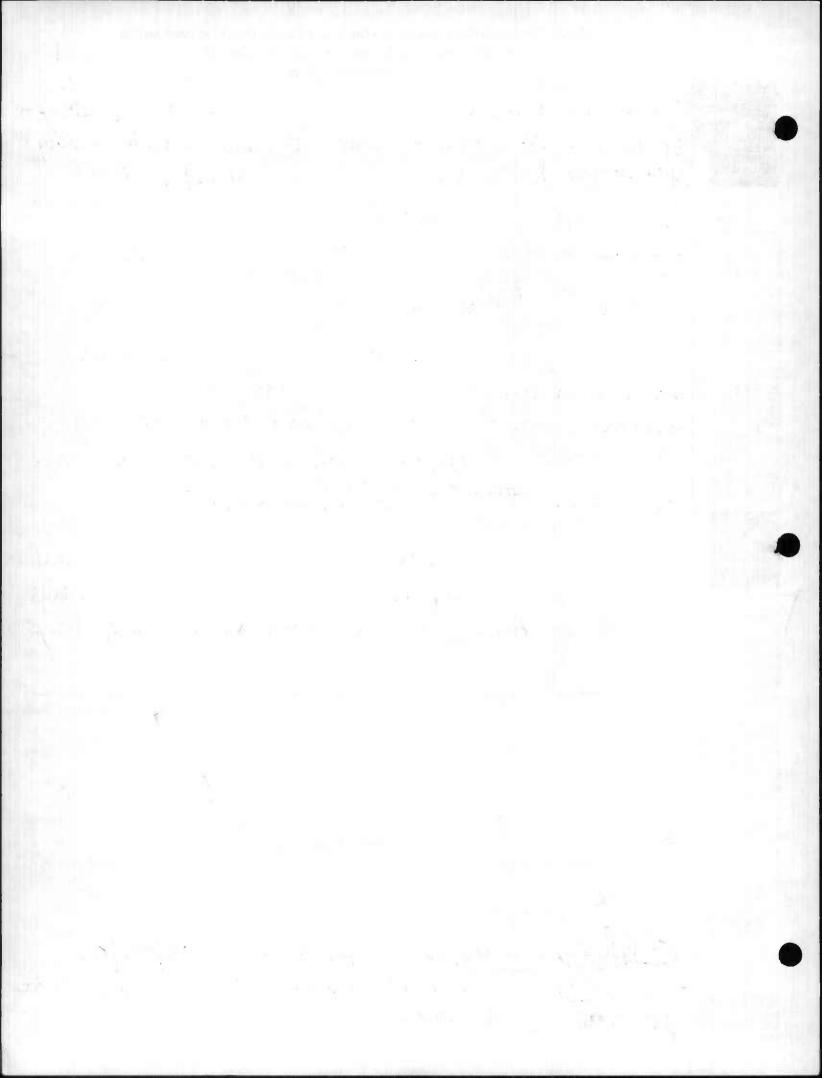
who hurdren

State Registrar

Medical pietaly

30. Name at

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Francis Coolidge Barnes 25, 1997 Dec. 0334 /Medical 4a. Facility Name (If not institution, giva street and numbar) 4b, City, Town, or Location of Death 4c. County of Death Examiner Harbor Hospital Center Baltimore If Under 1 Yaar | If Undar 24 Hrs. | Months | Days | Hours | Min. | 5. Social Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Birthplaca (State or Foreign Country) Days Yrs Director 218-18-4249 May 27, 1923 Maryland Usual Residence of Decedent 10a Slata And Mental Hygiene.

And Mental Hygiene.

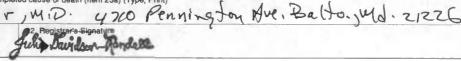
Therked other than "natural", or items 23s or 28s-f show matic event, the Medical Examiner must be notified as 10h County 10c. City, Town or Location 10d. Inside City Limits Anne Arundel Baltimore (Brooklyn Park) Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 315 Haile Avenue U.S.A. Funeral 21225 filed within 72 hours after deeth 12. Was Decedant Ever in U,S. Armad Forces? 1 10 Yes 2 □ No If Yes, Give Year or Dales: WW I I 11. Marital Slatus Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, etc.) 14. Race - American Indian, Black, Whita, atc. 1 Navar Married 2 Married 21215-0020 1 ☐ Yes 2 ☑ No Completed by 3 ₩ Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent'a Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10th i. Pages 1 and 2 should be filed w tment of Health end Mental Hygie tant: if item 27 is marked other ti jury or other traumatic event, to Machinist Tate Architectural Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) James Earl Barnes Lilly Mae Muir 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Michelle Dorsch (Daughter) 7864 Kingsarm Court Pasadena, Maryland 21122 20a. Method of Disposition 20b. Place of Disposition (Name of cematery, crematory or other place) Date 20c. Location - City or Town, Stata 10 Burial 2 Cramation 3 Removal from State 4 Donetion 5 Other (Specify) permit. Page Department of Important: If eny Injury or Glen Haven Memorial Park 12/29/97 Glen Burnie, Maryland 21 Signatura of Funeral Service Licenses 22. Name and Address of Feellity McCully-Polyniak Funeral Homes Kevin E. Ecker 237 E. Patapsco Avenue Balto, Md. 21225 23a. Part1. Enter the disease, or complications that ceusad tha death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onaet and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner 030 Sequentially list conditions, if any, leeding to immediate ceuse. Enter Undartying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760 Physician/Medical The law requires that the death certificete the Due to (or as a consequence of) been signed by the atter should be detached for Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Onknown Records, þ Completed 24b. Were autopsy findings available prior to completion of ceuse of death? Non-Insulin Dependent 24a. Was an autopsy performed? this certificate 1 Yes 2 No Division of Vital Attending Physician: Be 25. Was cese referred to medical 26. Plece of Death (Check only one) P 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ■ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? After 1 Netural 5 Pending investigation death. 1 Tyes 2 No after death Director: A 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homleide To the Hospital or within 24 hours aft To the Funerel DI 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the ceuse(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and little of certifier

State Registrar

31. Date filed (Month, Day, Year) DEC 3 0 1997

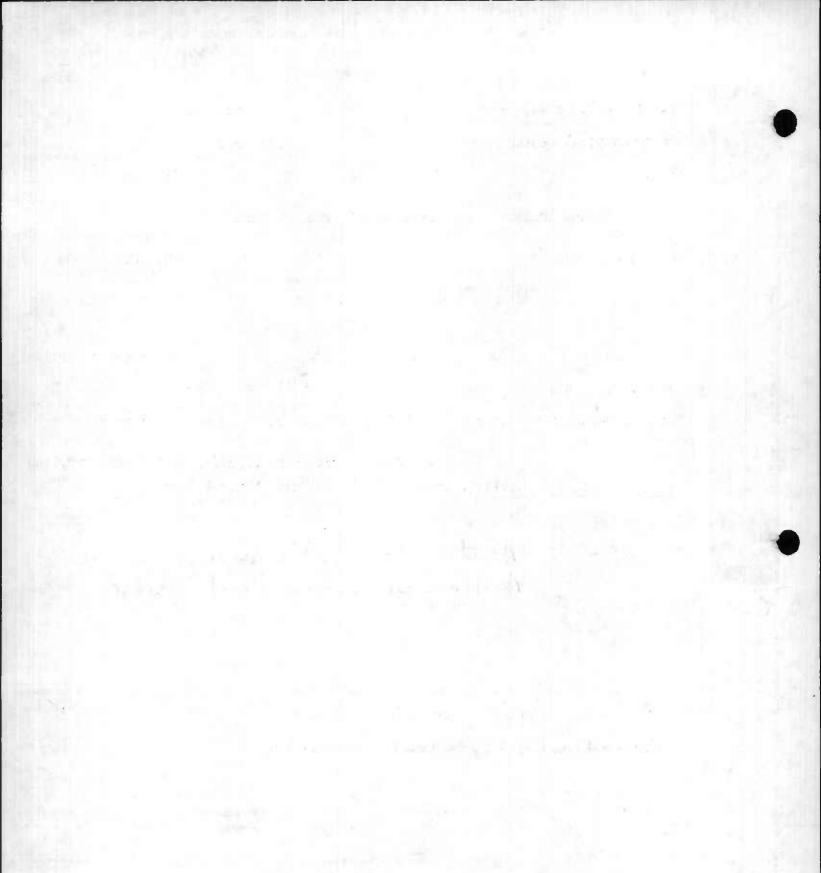
Colvin



30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

ar

29d. Date signed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Deeth BUSKIRK **Physician** Month 1997 12:1-AM CIAM DECEMBER 16 /Medical 4a. Facility, Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hospital BACTIMORE BALTIMORE CITY Hopkins If Under 1 Year if Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. 8. Date of Birth
(Month, Day, Year) 5. Social Security Number 6 Say 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) Funeral 1\ M 2□ F 220-24-6267 Yrs. Director 67 AUG. 18,1930 MARYLAND Usual Rasidance of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Rems 23s or 28s-f show mer must be notified at Was 2 No Director BALTIMORE CITY CITY the 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1605 CHARLOTTE AVENUE 21224 U.S.A. Funeral death 12. Was Decedani Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Navar Married 2 Married 21215-0020 ò Completed by 1 ☐ Yas \$ No Specify. Specify: WHITE 3 ☐ Widowad 4 ☑ Divorced "natural". The Medical 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. Int: If Item 27 Ia marked other than Elamantery/Secondary (0-12) Collaga (1-4or 5+) TRANSIT & TRAFFIC BALTIMORE CITY Baltimore, Maryland 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumema) Be JAMES FRANCIS BUSKIRK MARY CECILA HOFFMAN 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) DORIS MUELLER 1823 MIDDLEBOROUGH ROAD BALTIMORE, MD 21221 other 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) 6 permit. Page Department of Important: If any injury or once. SACRED HEART OF JESUS 12/20/97 BALTIMORE, MD 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility CHARLES S. ZEILER & SON, INC. 6224 EASTERN AVENUE BALTIMORE, MARYLAND 21224 the disease, or complications that caused the death. Do not anfar the mode of dying, such as cardiac or respiratory arrast, and failure. List only one cause on each line. Approximata Interval Batwaan Onsat and Death **Physician** /Medical Immediate Ceusa (Final Schemic Days disaasa or condition rasulting in daath) Examiner Due to (or eş a consequance of) 12 Days The law requires that the death certificate be executed Sequentially list conditions, if eny, laeding to immediata ceusa. Enter Underlying Causa (Disaasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): P.O. Box 68760, physician Physician/Medicai the Dua to (or as a consequance of) signed by the a Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of causa of death? page 2 1 Yas 2.2 No certificate 1 ☐ Yas 2 ☐ No of Vital of or Attending Physician: after death.

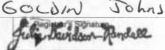
Director: After this certifications 25. Was cesa rafarred to medical Be 28. Placa of Daath (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatlent 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 28 No 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Deat 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Division 1 Neturel 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accident illed in by the 6 Could not ba 3 Suicide 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicida Hospital 24 hours 15 Certifying Physician: To the best of my knowledge, death occurred et the fime, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the fime, dafe and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medical completely (Check only one)

State Flegistrar

STEVEN 31. Date filed (Month, Day, Year) DEC 3 0 1997

29b. Signatura and title of certifier



30. Nama and addrass of person who completed ceuse of death (Itam 23a) (Type, Print)

B

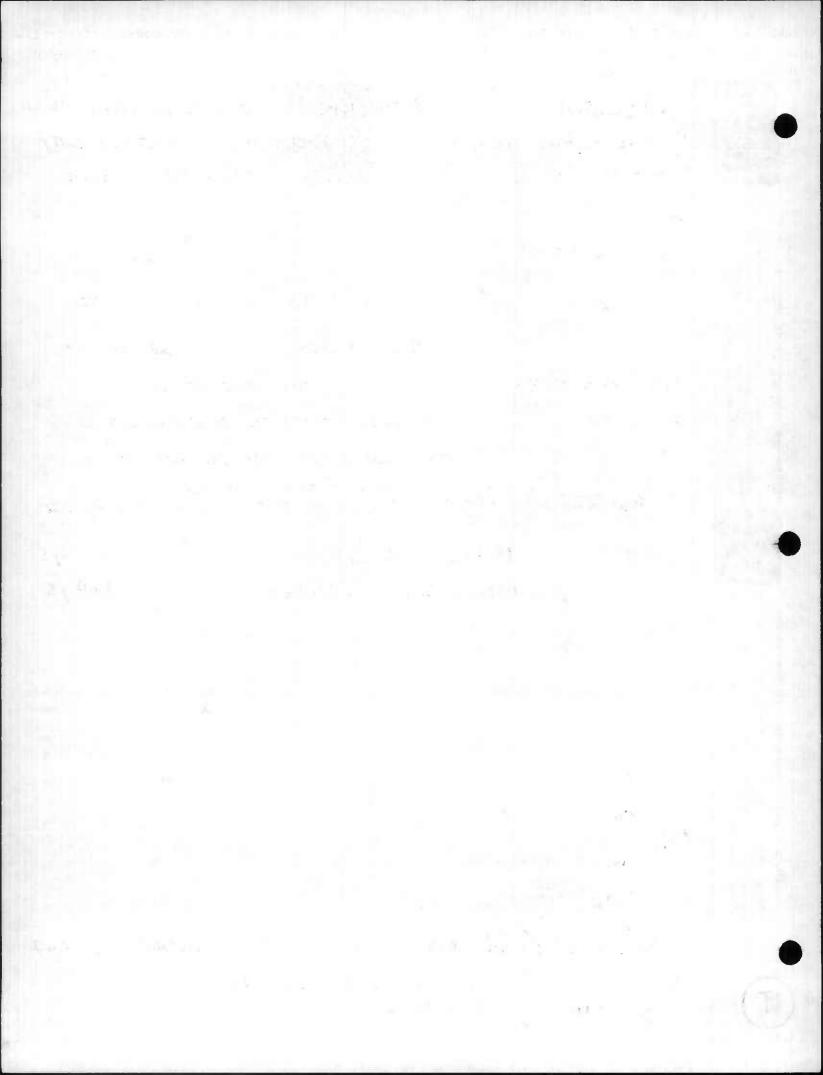
29c. Licansa number

Hopkins HospitAc

29d. Dala signed (Month, Day, Year) DEC EMBER, 16, 1997

DHMH 16 Rev 6/95

To the To the To the



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 7 per FH G-754 12/30/97 dh 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth Month 16:30 **Physician** Dec William . Benges /Medicai 4e. Fecility Nema (If not Institution, giva street and number) 4b City Town, or Location of Death 4c. County of Deeth **Examiner** Baltimore St. Agnes Hospital If Under 1 Yaar 6. Sex 1□ M 2□ F If Under 24 Hrs 8. Data of Birth (Month, Dev. Year)
July 27 1917 Maryland 5. Sociel Security Number 7. Aga (In yrs. last birthday) **Funeral** Days Hours 215-10-9191 80 90 Yrs. Director Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits ₩ Yes 2 No Director Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1143 Carroll Street 21230 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forcas? 1 ☑ Yes 2 ☐ No If Yes, Give Yaar or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Merriad 2 Married 1 ☐ Yes 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Foundry Worker Piston Ring 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Benges John Blanche. Bentz 20 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Gladys Benges / Spouse 1143 Carroll St. Baltimore, Maryland 21230 20a. Method of Disposition

1 □ Buriel 2 □ Cremetion 3 □ Removel from Stata 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Cedar Hill Cemetery 12-29-97 Brooklyn, Maryland 4 ☐ Donetlon 5 ☐ Othar (Specify) re of Roseral Service Litensee 22. Name and Address of Fecility
Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road togan 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata intarval Batwaan Onset end Deeth Physician 5 DAYS Immediate Ceuse (Finel disease or condition resulting in deeth) /Medicai ASPIRATION PNEURONIA **Examiner** Dua to (or es a consequence of): YEARS DEMENTIA Sequentielly list conditions, if eny, leeding to immedieta ceusa. Entar Underlying Cause (Diseese or injury that initieted events resulting in daeth) Last Due to (or es a consequence of): YEAR) PARKINSON'S 34A32VE Physician/Medical Dua to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 □ Probably 4 ■ Unknown by 24b. Were autopsy findings aveileble prior to Completed 24a. Wes an eutopsy performed? completion of ceuse of death? 1 🗆 Yes 2 No 1 ☐ Yes 2 ■ No 25. Wes cese refarred to medicel examiner? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ■ Inpatient 2 □ EF/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Tyes 2 No 28d. Describe how injury occurred 27. Manner of Deeth 28a. Dete of injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 5 Panding 1 Natural

Certification: 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not ba 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28e. Piece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29e. Certifian Medical 29b. Signeture end title of certifier 29d. Date signed (Month, Day, Year)

29c. License number

DECEMBER 24 1997

State Registrar

the Menyland

72 hours after

al Hygiene.

12 should be fi h end Mental F Is marked of

permit. Peges 1 and 2 st Depertment of Heelth end Important: If Item 27 Is m any Injury or other traum

physician and the burial-transi

been signed by the attending should be deteched for use as

funeral director,

this

After

or Attend after death Director: /

To the Hospital of within 24 hours a To the Funeral D completely filled I

7 is marked other than "naturs!, or items 23s or 28s-f show traumatic event, the Medical Examinet must be nothed at

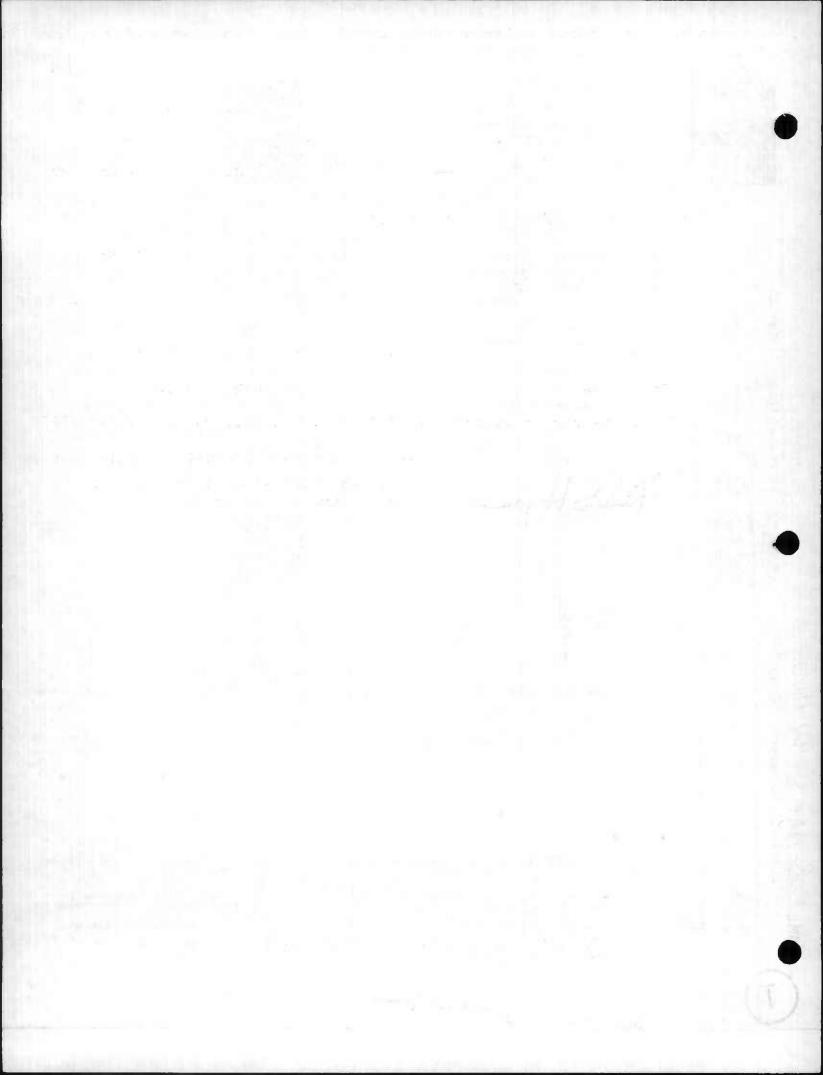
30. Name and address of person who completed cause of daath (Item 23a) (Type, Print)
PATON ME, HD 21229 33 From TS Signature Tandall

Moder Il

DHMH 16 Rev 6/95

31. Dete filed (Month, Dey, Year)

3 0 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death CLARKE 8 PM MELVIN December 23 1997 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Glen Burnie Hr.

If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) Arundel Hospital Anne Arundel . Age (In yrs. last birthday) if Under 1 Year 5. Social Security Number 6. Sex 1 M 2 ☐ F Birthplece (State or Foreign Country) Days 64 Yrs. 218-28-6014 JULY 07, 1933 MARYLAND Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits Yes 2 No MARYLAND A. A. COUNTY GLEN 10e. Street and Number 10g, Citizen of What Country? 140 STREET 21061 USA Was Decedent Ever in U,S Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10 THGRADE FAST FOOD 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) THOMAS FLETCHER 19a. fnforment's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 1407 JOHN STREET, GLEN BURNIE, MD. 2106/ ce of Disposition (Name of Date 20c. Location - City or Town, State (MOTHER) HELEN CLARKE 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Buriel 2 Cremation 3 Removel from State 12-30-97 GLEN BURNIE, MD. CEDAR HILL CEMETERY 21. Signature of Funeral Service Licensee

22. Name and Address of Facility

23. Name and Address of Facility

25. Name and Address of Facility

26. Name and Address of Facility

27. Name and Address of Facility

28. Name and Address of Facility

29. Name and Address of Facility

29. Name and Address of Facility

29. Name and Address of Facility

20. Name and Address of Facility

21. Signature of Funeral Service Licensee

21. Name and Address of Facility

22. Name and Address of Facility

22. Name and Address of Facility

22. Name and Address of Facility

23. Name and Address of Facility

24. Name and Address of Facility

25. Name and Address of Facility

26. Name and Address of Facility

27. Funeral Service Licensee

28. Name and Address of Facility

29. Name and Address of Facility

29. Name and Address of Facility

20. Name and Address of Facility

21. Name and Address of Facility

22. Name and Address of Facility

23. Name and Address of Facility

24. Name and Address of Facility

25. Name and Address of Facility

26. Name and Address of Facility

27. Name and Address of Facility

28. Name and Address of Facility

29. Name and Address of Facility

20. Name and Address of Facility

21. Name and Address of Facility

22. Name and Address of Facility

23. Name and Address of Facility

24. Name and Address of Facility

25. Name and Address of Facility

26. Name and Address of Facility

27. Funeral Section (Name and Name 4 ☐ Donation 5 ☐ Other (Specify) ACUTE EXACERBATION Immediete Cause (Final disease or condition resulting In deeth) (WEEK MONTH Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24e. Wes an autopsy performed? 1 Yes 2 No 1 Yes 2 No 26. Place of Death (Check only one) Hospital: 1 hopatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)

physician the burie Box 68760, Physician/Medical 88 usa P.O. Records. Completed

Physician

/Medical

Examiner

Directo

Funeral

by

Completed

Be

Director

Examiner must be r

natural', or

7 Is marked other than "natur traumatic event, the Medical

. Pages 1 and 2 should be file fment of Heelth and Mental Hy tant: If item 27 is marked oth jury or other traumatic even

Important: If it any injury or o

Physician

Examine

/Medical

Examiner

þ

of Vital Certification: To Division or Attending death. 24 hours after deat Puneral Director:

25. Was cese referred to medical examiner? 1 Yes 2 JN6 28a. Date of injury (Month, Day Year) 27, Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. injury at Work? 1 Naturai 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 29a. Certifier

(Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner steted.

29b. Signature and title of certifier HOUSE OFFICER, MEDICINE 29c. License number BC 5572195 29d. Date signed (Month, Day, Year) December 23, 1997

30. Name and address of person who completed ceuse of deeth (item 23a) (Type, Print)

BINU CHACKO 301 HOSPITAL DRIVE 31, Date filed (Month, Day, Year) DEC 3 0 1997

NORTH ARUNDEL HOSPITAL CLEW EURNIE MD 21061

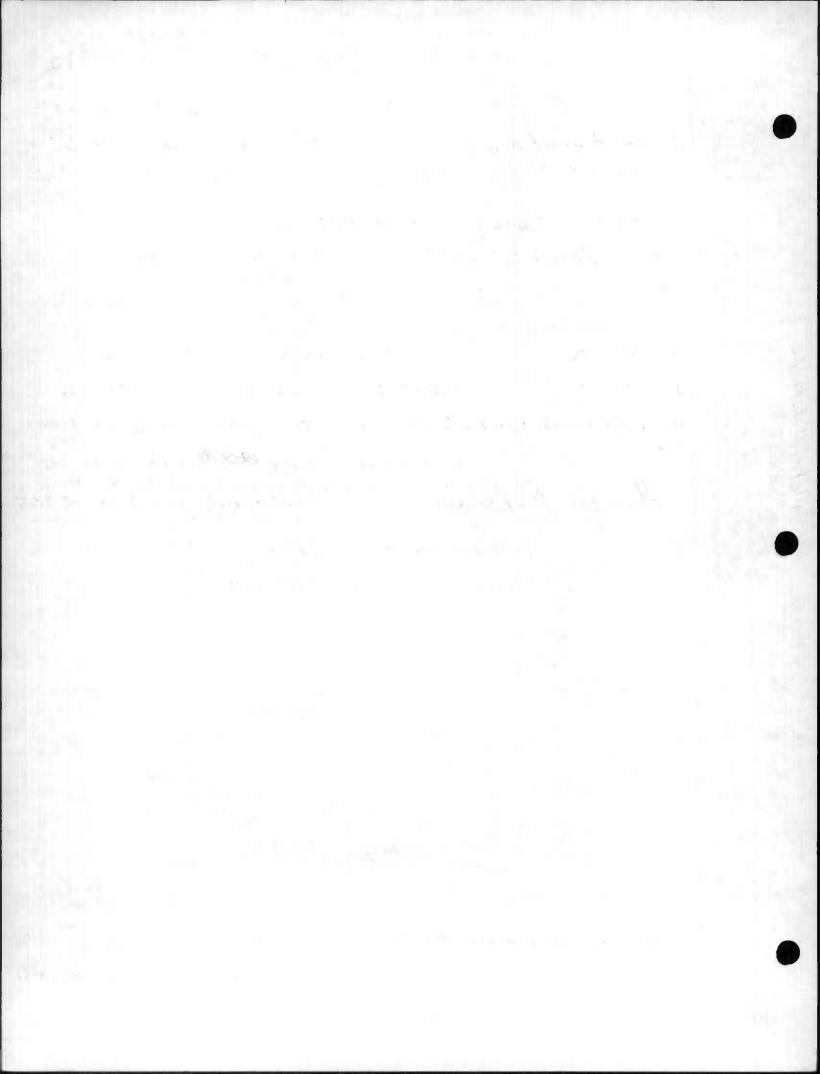
Registrar

filled in

Hospital

within 2

32. Registrar's Signature rine various - Randall



Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. 97-7511-510 State of Maryland / Department of Health and Mental Hygiene CLAYTON Certificate of Death CULBRETH 2. Date of Deeth 3. Time of Death ent's Name (First Middle Last) Month **Physician** DECEMBER 27,1997 10:05P.M. /Medical 4b. City, Town, or Location of Death 4c. County of Death If not institution, give street and number, 4a Facility Nam Examiner 601 E. 36th STREET BALTIMORE If Under 1 Year If Under 24 Hrs. 5. Social Security Number 9. Birthplace (State or Foreign 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, 214-84-2982 Usual Residence of Decadent 1 M 2□ F Months Days Hours 33 Yrs. Director ary the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. inside City Limits 28a-f show Item 27 is marked other than "naturel", or items 23a or 28a-f sho other traumatic avant, the Medical Examiner must be notified at 1 Yes 2 □ No Director 10f. Zip Code 10g. Citizen of What Country? reet and Number with U.S.A 601 21218 Funeral permit. Pages 1 end 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or Items 23s 14. Race - American Indien, 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 X Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorcad Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use, retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) ng most of working Elementary/Secondary (0-12) College (1-4or 5+) Employed 12 OWHEY 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Be Tot ames au Wan 19a. Intormant's Name/Relationship (Type, Print) Number of Rural Route Nu 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal trom State ò 4 Donation 5 ☐ Other (Specify) any injury o Name and Addr ress of Facility Cullol 1701 as that can be the death. Do not enter the mode of dying, use on ever line. 23a. Part1. Enter the disease, or complications shock, or heart tailure. List only one cause Approximate Interval Between Onset and Death es cardiac or respiratory arrest, Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or es e consequence ot): Examiner attending physicien end for usa as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence ot): certificete be axect Physician/Medical Due to (or as a consequenca of): Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? be detached the 2 No 3 Probably 4 Unknown signed by 1 | Yea þ 24b. Were autopsy tindings evellable prior to completion of cause of deeth? Completed 24a. Was an autopsy After this certificate has Yes 2 No Yes 2□ No Be 25. Was case reterred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Nother (Specify) ALLEY 1 Yes 2 No 10 2 ER/Outpatient 3 DOA 27. Manner of Deeth Certification: or Attending

1 Natural 5 Pending investigation 2 Accident

6 Could not be determined 3 Suicide Homicide

Injury

27/97

2156

1 Yes 28e. Placa of injury - At home, tarm, street, tactory, office building, etc. (Specky)

111 Penn Street, Baltimore, Maryland 21201

28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 601 G.

Tlev 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end manner stated. 29d. Date aigned (Month, Dey, Year) 29c. License number

296. Signiture as

O.C.M.E.

DECEMBER 28,1997

SCRE 31. Date filed (Month, Day, Year)

29s. Certifief

(Check &

3 0 1997

32. Registrar's Signature

wess of person who completed cause of death (Item 23a) (Type, Print)

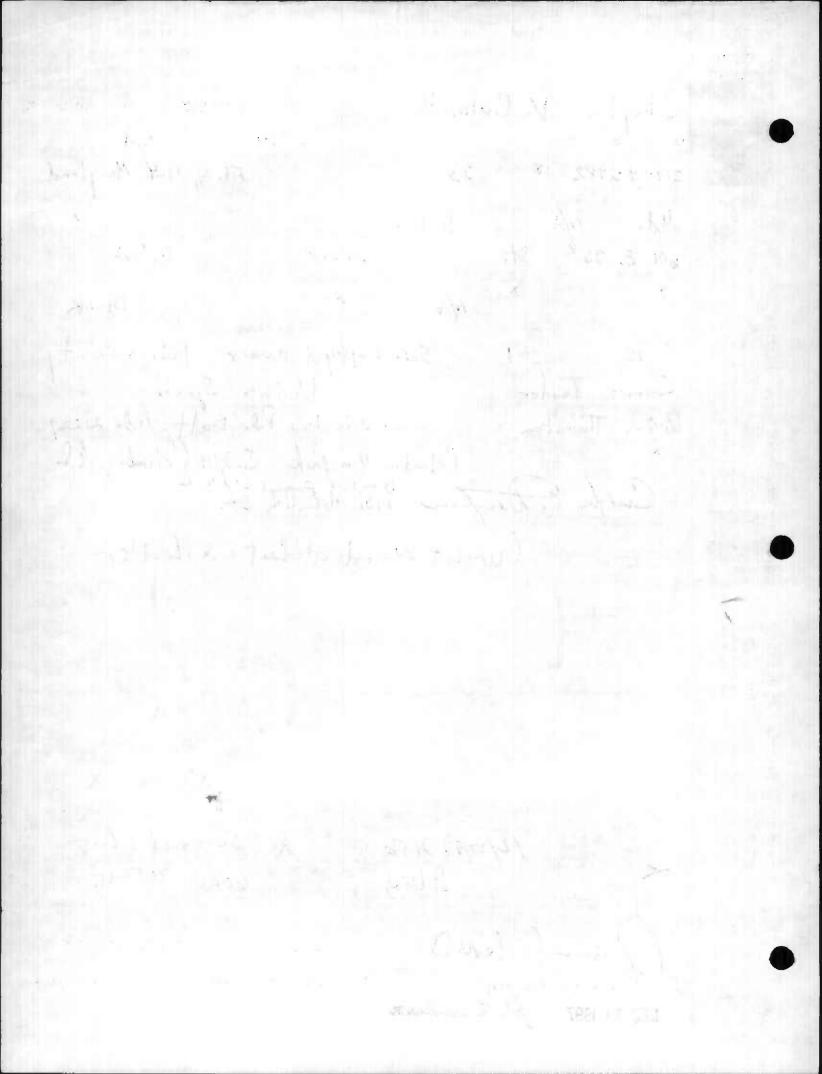
State

efter death

completaly

Hospital 24 hours

To the F within 2



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 7 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Deeth 3. Time of Death U Cius 7:45 A.M December 25 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth If Under 24 Hrs. Edgewood Street If Under 1 Year Months Days 7. Age (In yrs. last birthdey)

96

Yrs. 5. Sociel Security Number Birthplece (State or Foreign Country) 1 M 2□ F 217-01-7088 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits NA Baltimore 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21229 .5-14 agewood 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American indien, Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2√2 No If Yes, Give Yeer or Detes: 1 Yes 2 No Black 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) (04) 9 rade College (1-4or 5+) Kailroad Steam Engineer 17. Fether's Neme (First, Middle, Last) Mother's Neme (First, Middle, Maiden Sumeme) Variel Cherry 19a, Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Balto md 21229 HTLL BO 20e. Method of Disposition DISTER 20b. Plece of Disposition (Neme of cemetery, crematory or other p 20c. Location - City or Town, Stete Dete Burial 2 Cremetion 3 Removal from State
4 Denetion 5 Other (Specify) 21. Softeture of Eunerel Service Licensee 21215 Balto, mil Wabasi wenue 23a. Flit1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiretory arrest, abuck, or heart failure. List only one cause on each line. Approximete interval Between Onset end Deeth Immediate Cause (Finel diseese or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Pert ff. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 22 No 25. Wes case referred to medicel exeminer? 26. Plece of Deeth (Check only one)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

ŏ

Items 23a

"natural", or

al Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic svent, since.

72 hours aftar

Baltimore, Maryland 21215-0020

Box 68760

P.O.

Records,

Division of Vital

Director

Funeral

by

Completed

Be

2

traumatic svent, the Medical Examiner must be notified at

Physician/Medical Examiner þ Completed Be Certification: To

sician and burial-transit physician s the buria 950 funeral director, this After death. aftar deat Director: filled in by

that the death certificate be axecuted or Attending Physician:

> State Registrar

Medical

31. Dete filed (Month, Day, Year) DEC 3 0 1997

1 Yes 2 No

5 Pending Investigation

6 Could not be determined

27, Menner of Death

1 Naturel

2 Accident

4 Homicide

(Check only one)

29b. Signeture end title of certifier

3 Sulcide

29e. Certifier

Amatun M Macam MD H NAEEM, 501
(ear) 32 Registrer's Signature

28e. Date of injury (Month, Day Year)

29c. License number

1 Yes 2 No

28c. fnjury et Work?

12 Certifying Phyafcfan: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) and manner es stated.

2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steled. 29d. Date signed (Month, Day, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) AMATUH H NAEEM, 501 Dolphin Strae)

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

28d. Describe how injury occurred

Julia Davidson-Randson

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

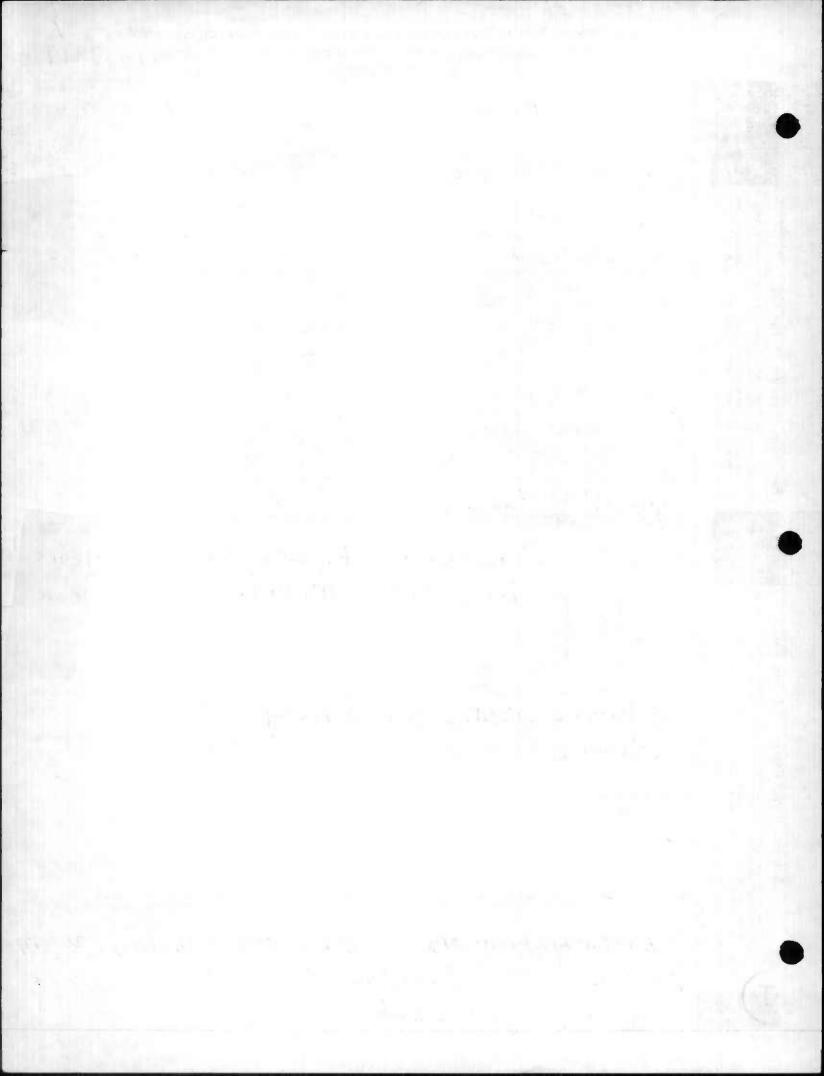
28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28b. Time of

DHMH 16 Rev 6/95

To the Hospital owithin 24 hours at To the Funeral D

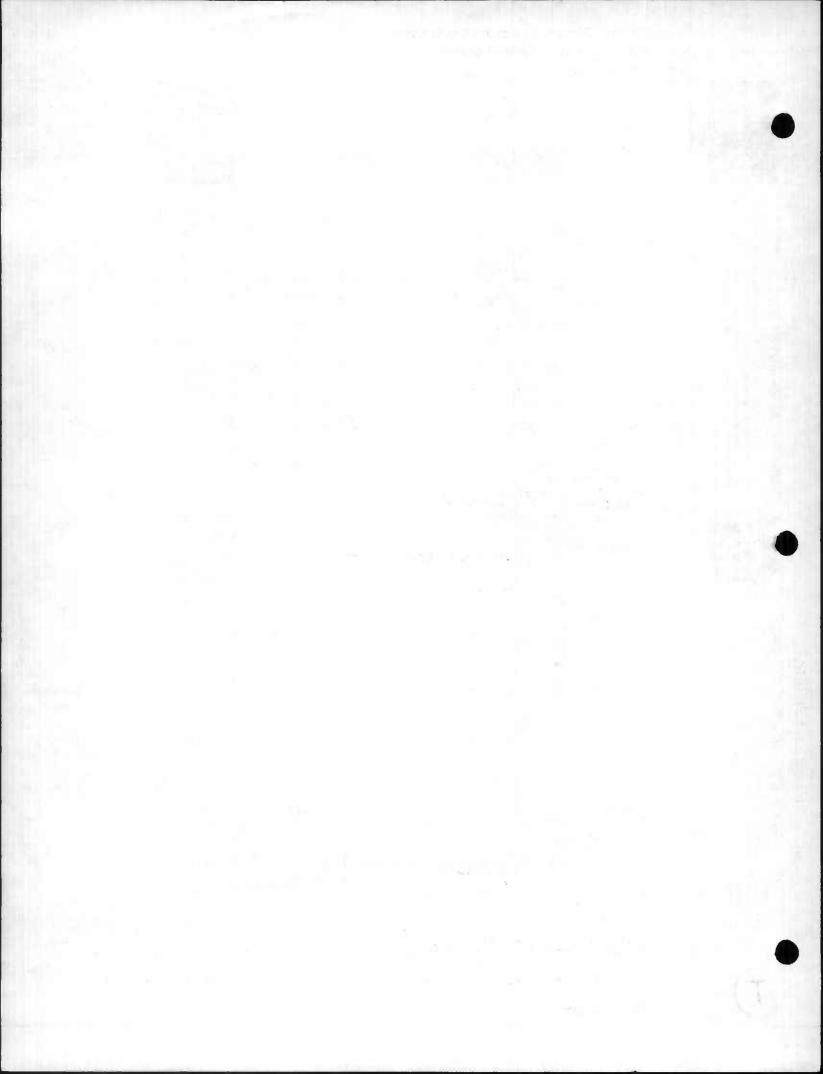
complataly



			Certificate of Death		Reg. No.		
sician	Decedent's Nama (First, Middle, Last	0 -60	1 Coulde De	2. Data of E Month	Day	Yaar	ima of Deat
edical	4a. Fecility Nama (If not Institution, give	a street and number)	dh City Town	or Location of Dec			;00am
iminer	Stella Ilan	o stroot and number)	To//30	/ lo	4c. County	or Death	
eral	5. Social Security Number 6. S		t birthday) If Under 1 Yaar If Undar 24		lirth .	9. Birthplace (S Country)	State or Fo
tor	244-44-0216	ØM 20F 66	Yrs. Months Deys Hours	Min. (Month, I	Day, Year)	Country)	V.C.
	Usual Residence of Dacedant 10a. State 10b. County	10c City 3	own or Location			104 104	ide Other ti
y Funeral Director		112					sida City Li ∃Yas 2∐
Director	10e. Street and Number	10	10f. Zip Coda		10g. Citizan of V		
aioi	4519 Mary	Knoll Roag	1 21208		11	. C.A	
Funeral	11. Manifel Stefus	12. Was Decedent Evar in U,S. Armed Forcas?	13. Was Decedant of Hispanic Origin If Yas, specify Cuban, Maxican, P	? (Specify Yes or N	lo- 14. Rec	ce - Amarican Ind ck, Whita, atc.	lien,
120	1 Navar Married 2 Married 3 Widowed 4 Divorcad	1 ☑ Yas 2 ☐ No Koree If Yas, Give Yaar or Datas:		durio riiodii, dio.,	Specify	01	2
Be Completed	15. Decedant's Ed (Specify only highest gra	ducation (de completed)	6a. Decedant's Usual Occupation (Give kind of work done during most of life. DO NOT use retired)	working	16b. Kind of B	usinass/Industry	
ng m	Eiamantary/Secondary (0-12)	Collaga (1-4or 5+)	life. DO NOT use retired)	. / -	Bethi	le homs	4.11
ပိ	17. Father's Nema (First, Middle, Last)	NA	Computer Open	a TU) Nama (First, Midd	la Maldan Suman		124
Be	Pichard C.	Jah field Co	The	0	Les	na)	
To	19a. Informant's Name/Ralationship (1	Type, Print)	19b. Mailing Addrass (Street and Number of		ber. City or Town.	State, Zip Code)
	Oriene Gr	249	4519 Mary Kno	11 Roa	d Pike	suille med	212
	20e. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐		a of Disposition (Name of etery, cramatory or other place)	Data		City or Town, St	
	4 □ Donation 5 □ Other (Specify	Hamovai from Stata	dlawn Ceretan	1/2-27-9	Ba14	D, MA	
To Be Comp	21. Signature of Funaral Sarvica Lican	sea	22. Nama and Addrass of Facility	est			212
a	Xela	March	March 1. 4. W	Jabash	Arenu	e Bal	6. Mas
	23a. Part1. Enter the disease, or composhock, or heart failure. List only	olications that caused the death. I	Do not antar tha mode of dying, such as ca	diac or raspiratory	arrast,	Intarv	ximata al Batwee
an al	Immadiata Causa (Final					Onsa	t and Dee
er	diseesa or condition rasulting in daath)	d	tery Disease				
ē e		Dua to (or as	s e consequanca of):			1	
edicai Examiner	Saquantially list conditions	b. ———	s a consequanca of):				
	Saquantially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disaesa or injury that initiated evants						
Medical	that initiated evants resulting in death) Last	Dua to (or as	a consequance of):				
		d					
Physician/							
by Physic	Part II. Other algnificant conditions co	ontributing to death but not rasulting	g in the underlying cause given in Part i.		d tobacco usa co		
by P				_ 10	Yes 2 No	3 Probably	ALZ Unk
leted b				24a. Wa	s an autopsy formed?	24b. Wara aut availabla	opsy findir
piet				per	ioiiiieu?	completic of death?	on of cause
Completed				1	Yas 2/1 No	1 🗆 Yas	2 No
Be	25. Was casa rafarred to medical axaminar?			Daath (Check onl)	ona)		
10	1 148 2 2 140			ng Homa 5 □ Ra			
1 2 1	27. Mannar of Death 1 ☒ Naturai 5 ☐ Panding	(Month, Day Year)	b. Tima of lnjury at Work? M 28c, Injury at Work? 1 □ Yas 2 □ No	28d. Dascribi	how injury occur	red	
0	in an atimatica		, farm, street, factory, offica	28f Location	(Street and Numb	her or Rural Route	Number
lication	2 Accidant invastigation 3 Suicida 6 Could not be		, lam, sheet, lactory, onica		own, Stete)	or or marar moute	o reampor,
ertification	Z LI MODIGATII	building, atc. (Specify)					
ificat	3 Suicide 4 Homlcida 6 Could not be datarmined	building, atc. (Specify) ysician: To the bast of my knowle	dga, daeth occurrad at tha tima, data end p	leca, and dua to th	a causa(s) and me	enner es sfeted.	
edical Certification	3 Suicide 4 Homlcida 6 Could not be datarmined	building, atc. (Specify) ysician: To the bast of my knowle	dga, daeth occurrad at tha tima, data end p and/or invastigation, in my opinion, daath o	leca, and dua to th occurrad at tha time	a causa(s) and me a, data and placa,	enner es sfeted. and dua to tha ca	ausa(s)
Medical Certification	3 Suicide 4 Homlcida 6 Could not be datarmined	building, atc. (Specify) ysician: To the bast of my knowled linar: On the basis of axamination	dga, daeth occurrad at tha tima, data end p and/or invastigation, in my opinion, daath o	leca, and dua to the	, data and placa,	enner es sfeted. and dua to tha ca d (Month, Day, Y	
edical	3 Suicida 4 Homlcida 6 Could not be datarmined 29e. Cartifiar (Check only et Madical Exam	building, atc. (Specify) ysician: To the bast of my knowled linar: On the basis of axamination	and/or invastigation, in my opinion, death of	leca, and dua to the cocurred at the time	, data and placa,	and dua to tha ce	
edical	3 Suicida 4 Homloida 6 Could not be datarmined 29e. Cartifiar (Check only street) 20b. Signature and tark of cartifier 20b. Signature and tark of cartifier 30. Nama and addrass of person who cartifier	building, atc. (Specify) ysician: To the bast of my knowled in the basis of axamination and manner stated.	and/or invastigation, in my opinion, daath of 29c. License number 29c. License number	2 Q	29d. Deta signe	and due to the co	
Medical Certification	3 Suicida 4 Homloida 6 Could not be datarmined 29e. Cartifiar (Check only enter of careful of car	building, atc. (Specify) ysician: To the bast of my knowled in the basis of axamination and manner stated.	29c. License number 29c. License number Walley (Type, Print) 300 Dulaney Valley	2 Q	, data and placa,	and due to the co	

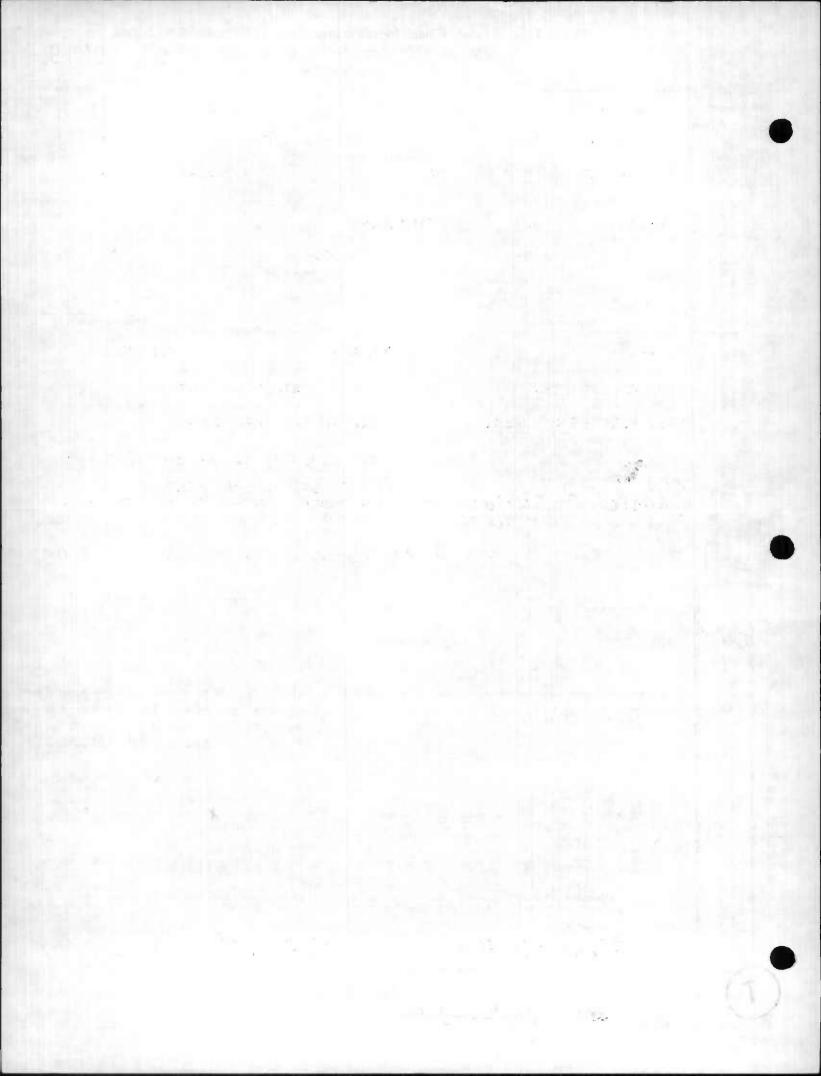
5.+1

Richard Crutchfield



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygien® 7 2 9 3 1 9

_		Decedent's Nama (First, Middle, L	eetl		Cer	tificate o	of .	Death	2. Date of D	Reg. No.		3. Time o	(Deeth
Physic	ian								Month	Day	Yaar		
/Medi		HELEN C.	CHES				-		DECEM		7		30PM
Exami	ner	4a Facility Nama (If not institution, g		r)				4b. City, Town, or Lo		th 4c. C	ounty of Death		
		6718 DULUTH A				W. Handard A. W.		BALTIMOR			N/A		
Funeral Director		215-09-6067	Sax 1 M 2 F	Aga (In yrs.	last birthday) Yrs.	If Undar 1 You Months De	ear eys	if Under 24 Hrs. Hours Min.	8. Data of B (Month, D 12-26	ey, Yaar)	9. Birth Cou M I S	nplaca (Stata o untry) S.)r Foreign
death with the Meryland ms 23e or 28e-f show	4	Usuat Rasidenca of Decedant 10a. Stata 10b. County			y, Town or Lo							10d. insida C	ity Limits
the Mi	Director	MARYLAND	N/A		BALTIN	1						X	20110
e di	D C	10e. Street and Number				10f. Zip Coo				10g. Citize	n of What Co	untry?	
23 w	ra	6718 DULUTH AV	ENUE			212					USA		
Maryland 21215-0020 12 should be filed within 72 hours efter dee h and Mantal Hyglene. The marked other than "natural", or home traumatic event, tre Medical Examination	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedar Armed Force 1 Yes 2 tf Yas, Giva Yaar or Datas	s?] No		Vas Decedent i Yes, specify (□ Yas 2 🔀		lispanic Origin? (Spe en, Maxican, Puerto Spacify:	ecify Yas or N Rican, atc.)		. Race - Amar Black, White pecify: Wh		
2 ho	Pe	15. Decedent's	Education		16a. Deced	lant's Usual Oc	ccup	ation		16b. Kind of Businass/Industry			
215 7 nic 7	Completed	(Specify only highast g	rada complatad) College (1-4o	r 5.4\	(Giva life. L	kind of work do OO NOT usa ra	one atire	during most of worki	ng				
2121 d within giene. r than "	mo	Elamentery/Secondary (0-12) 3 YEARS	College (1-40	1 34)	HOME	EMAKER	?			IWO	1 HOME		
be filed half Hyging of other event, the	BeC	17. Fathar's Nama (First, Middla, Las	st)					18. Mothar's Nema	(First, Middl	e, Maidan Si	umama)		
hould be and Mental marked o	TOE	JOHN GOLEMBIES	KI					CATHERINE SIEWAK					
Maryla d 2 should I h end Meni 7 Io marke		19a. Informant's Name/Ralationship	(Type, Print)		19b. Meilin	g Address (St	reet	and Number or Rure	I Routa Num	ber, City or 1	Town, Stata, Z	ip Code)	
CENL		MRS. DOLORES M	IKULSKI		6718	DULUT	Ή	AVE. BA	LTO.	MD. 2	21222		
- 0-E0		20e. Mathod of Disposition	30 71 -2		laca of Dispo	sition (Nama o	of n/a	ra)	Data	20c. Loca	tion - City or	Town, Steta	
mo min		1 ☐XBurial 2 ☐ Cramation 3 4 ☐ Donetion 5 ☐ Othar (Spec		HOI				METERY 1	2-18	BALT	ro. cc	. MD.	
Harman .		Signature of Funeral Service Lio		1	22	Nama and Ad	ddra	ss of Facility					
Ba Deput		1200 B	Thomas	-				SKI FUNE					
_	_	Jases 11.	nacras	DUG				DALK AVE			MD.	21222	
	я	Part1. Enter tha disaase, or co shock, or heert feiture. List on	y one ceuse of each	line.	1. Do not anti	ar tha moda of	dyli	ng, such as cardiac o	raspiratory	arrest,	ŧ	Approxima Interval Bar Onsat and	ween Death
Physician	П	Immediate Course (Fine)	1	. +				1.01		, .	1 1		
/Medical Examiner	н	immediata Causa (Final disease or condition rasulting in death)	0. 1	Uhe	my	OCM	4	Inl In	MARC	Ha	1	Zh	RS.
	100			Dua to (o	r as a consaq	uenca of):							
pe #s	Examiner	b											
O, e executed ian and unel-trensit	xan	Sequantially list conditions, and list conditions, are larger to immediate.											
be de la la la la la la la la la la la la la	4	Sadde. Enter of dathying											
68760, ilicate be examined as the burnel	edica	thet initiated events resulting in death) Last Due to (or es e consequence of):											
X 6		d.											
Box seth certi	by Physician/M												
o de de the e hed t	/slc	Part ii. Other significant conditions	contributing to death	but not res	ulting In the u	nderlying cause	e giv	ven in Pert I.	23b. Die	d tobacco u	aa contribute	to the cause	of death?
P.O. that the dedeched deteched	Phy	DIASet							10	Yes 2	No 3□Pr	obably 4	Unknown
cords, P.O. Box requires that the deeth cert seen signed by the ettending hould be deteched for use	by	777.00	7.										
Division of Vital Records, or Attending Physicien: The law requires the streatment deels. Director: After this certificate has been signed in by the funeral director, page 2 should be or	Completed								24e. We per	s en eutops: formed?		Wara autopsy eveilable prior	to
ecces be see be see be see be see be see be see be see be see be see be see be see be see be see se	pie						-					complation of death?	cause
I Reconstruction I Reco	EO								10	Yas 2	No 1	I□Yes 2□	J No
Vital I	Bec	25. Was casa referred to medical						26. Placa of Deatl	Check only	ona)			
of Vita Physicien: rthis certific	To B	axaminar? 1 ☐ Yas 2 ☑ No	Hospital:	tiant 2	ER/Outpatien	t 3 DOA	Oth	ner: 4 Nursing Ho	ma 5 Ra	sidance 6	Othar (Spec	cify)	
Jn Of		27. Manner of Deeth	28a. Data of Ir (Month, I	lury (Seer)	28b. Time of	28c.	inju	y at	28d. Dascribe	how injury	occurred	1,	
ion ath. :: After e funer	ate	1 Naturet 5 ☐ Pending 2 ☐ Accident invastigati		Day 1 Gal)	tnjury			Yes 2 □ No					
Vision Attending or deeth. ector: After	Certification:	3 Suicida 6 Could not determine	d 28a. Placa of	njury - At ho	oma, farm, str	eat, factory, of	fica		28f. Location	(Straat and	Number or Ru	ıral Routa Nur	nber,
Die offe	en	4 Homicida	building,	28a. Placa of Injury - At homa, farm, streat, factory, offica building, etc. (Specify)					City or I	own, Stata)			
DIVISI To the Hospital or Attent within 24 hours efter deel To the Funeral Director: completely filled in by the	edicai C		hyalcian: To the bes	of axamina									s)
within To the To the comple	Me	29b. Signetura end titla of feedfier	and mannar	J. 0.100.		29c. I id	cans	a number		29d. Data	signad (Monti	h, Day, Year)	
F 3 F 8		din	es u	7					P			5 0	2
		100	/ "		12-12	1	ノ	55 77	0	10	. 0/0	7.7	/
D		30. Name and eddress of person wh	complated causa of			Print)		3344 g hd. s		-1			
		Kenneth H.	William	25 5	16 N.	helly	12	in hol. S	uit2	# 100	/		
CH	ate	31. Data filad (Month, Day, Year) NFC 3 0 1997	32, Regis	strer's Signe	ture		-						
31		250 0 0 4007	Charles Man	Al									



Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month John M. Cullinan December /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Doctors Community Hospital Lanham 7. Age (In yrs. lest birthday) If Under 1 Year 5. Social Security Number If Under 24 Hrs. Hours Min. **Funeral** Days XXX 2 F 578 18 0739 76 Yrs. Director Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location ral', or items 23s or 28s-f show Examiner must be notified at Director Maryland Prince George's Glenn Dale 10e. Street and Number 10f. Zip Code 12025 Augusta Drive 20769 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: "natural", or þ 3 ☐ Widowed 4 ☐ Divorced 44-46 Completed event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) run and Mantal Hygiane. 27 is marked other than "n t traumatic evans Elementery/Secondery (0-12) Coilege (1-4or 5+) Press Operator 8 17. Fether's Neme (First, Middle, Last) Be Pages 1 and 2 should be nent of Health end Mental John F. Cullinan Carrie Sutphin 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Important: If Item 27 any Injury or other tr Peggy T. Cullinan Wife 12025 Augusta Drive Glenn Dale Md. 20b. Plece of Disposition (Name of cametery, cremetory or other piece) Dec. 29, Dete 997 20e. Method of Disposition 1 Duriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veterans Cemetery 22. Name end Address of Fecility Robert E. Evans Funeral Home, Inc. 21. Signeture of Funeral Service Line 16000 Annapolis Rd. Bowie Maryland 20715 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finel disease or condition resulting In death) Examiner Examiner burial-tran Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Box 68760. anked Physician/Medical polistre Due to (gas e consequence of): esn ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. should be det Records, by Completed page 2 25. Wes case/elerred to medical exeminer? certificate Division of Vital or Attending Physician: Be 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 1 Yes 2 No Certification: To this funeral 27. Menner of Deeth 28b. Time of 28c. Injury et Work? After 5 Pending Investigation 1 Neturel efter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

29c. License number

4c. County of Death Prince Georges Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) June 1, 1921 Washington D.C. 10d. Inside City Limits Yes 2 No 10a. Cifizen of Whet Country? United States 14. Race - American Indien, Black, White, etc. Specify: White 16b. Kind of Business/Industry IBM 18. Mother's Neme (First, Middle, Meiden Sumeme) 20c. Location - City or Town, Stete Cheltenham Md. Approximete Intervel Between Onset and Deeth 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred Location (Street end Number or Rurel Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the cause(s) end menner es steted.

The Madical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) and menner steted. 29d. Dete signed (Month, Dey, Year) 9450 Penn. Ave. #18 Upper Mare/boro, MO

20, 1997

1:15 AM

State Registrar

in by

Medical

To the Hospital o within 24 hours ef To the Funeral D' completely filled i

4 Homicide

29b. Signature and title of certifier

31. Dete filed (Month, Dey, Year)

Mon

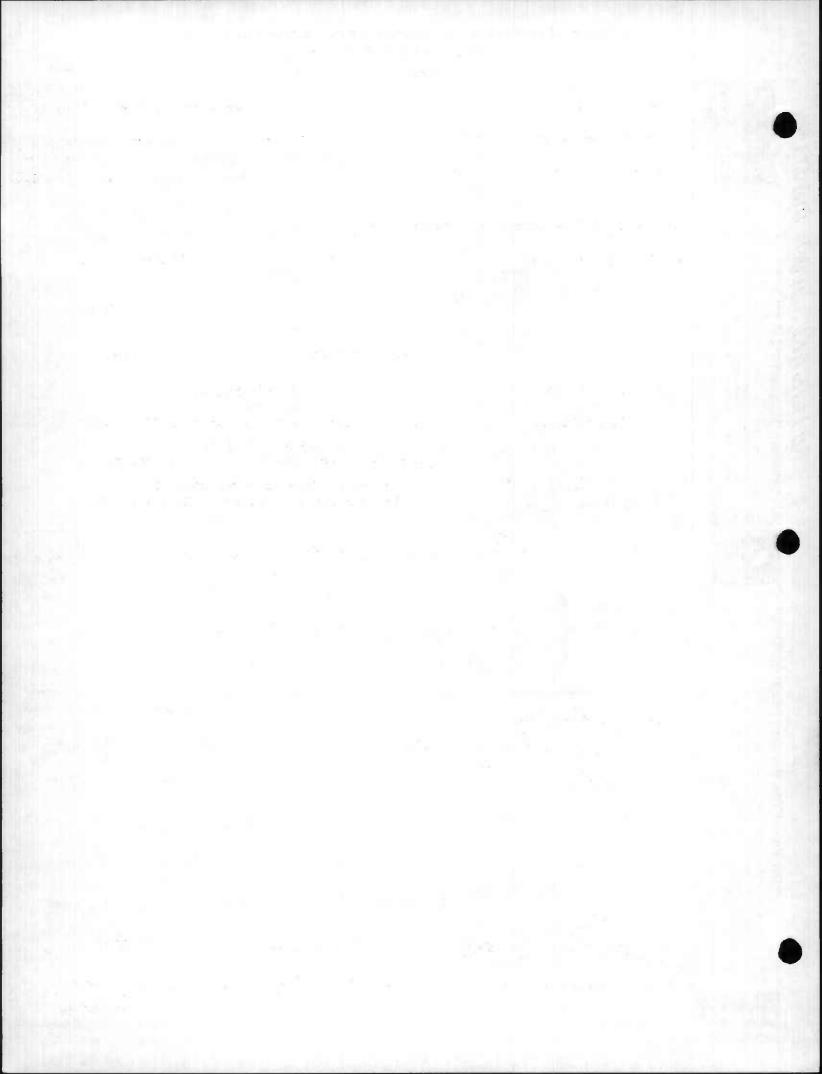
Junian

0 199

and address of person who completed cause of deeth (Item 23e) (Type, Print)

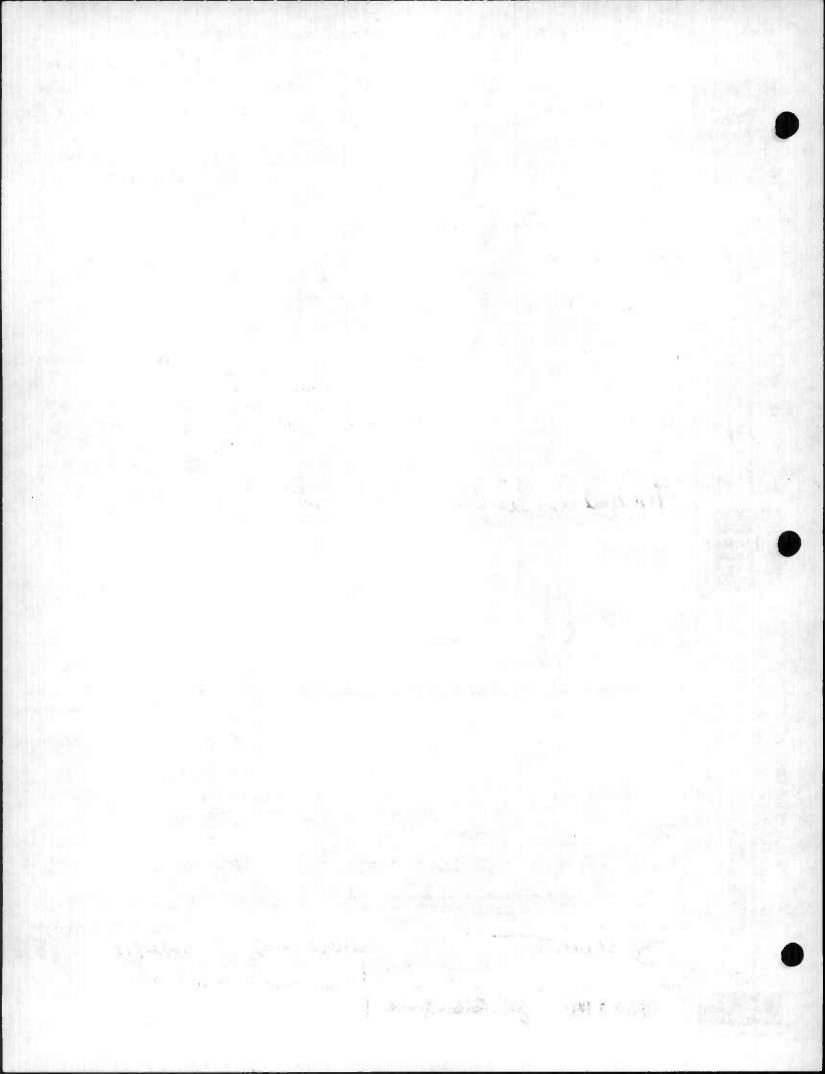
32. Registrer's Signeture

29a, Certifier



State of Maryland / Department of Health and Mental Hygiene 7 39321

					Certific	ale UI D	04111		Reg. No.		
icion		Decedent's Neme (First, Middle,	Last)	1911				2. Date of D		Yeer	3. Time of Deeth
sician edical		Pasqual		onti				Dec.		997	6:10 P.M
miner		e. Fecility Neme (If not institution, g		r)		4b.	City, Town,	or Location of Dee	th 4c. Count	y of Deeth	
	Ų,	12321 Stafford			W.15-		Bowie			e Geo	
al or	2		XX M 2 F	36	Yrs. If Un		If Under 24 H Hours M	in. (Month, D	rth ey, <i>Year)</i> 10,1961		ece (State or Foreign ry) ington D.C
	-	De. State 10b. County		10c. City, To	own or Location					10	d. Inside City Limits
to		Maryland Prince	George's	Bowi							1∏Yes 2□No
lrec	10	De. Street end Number		DOWL		Zip Code			10g. Citizen of	Whet Count	ry?
a		12321 Stafford I	Lane			20715			United	State	26
by Funeral Director	11	Marital Status Never Married 2 ★ Married Widowed 4 □ Divorced	12. Was Decedent Armed Forces 1 Yes 25 If Yes, Give Yeer or Detes:	? kNo	If Yes, s	pecify Cuben,	panic Origin? Mexican, Pu Specify:	(Specify Yes or Nerto Rican, etc.)	o- 14. Re	ce - America eck, White, e	n Indien, tc.
P		15. Decedent's	Education	10	6e. Decedent's U				16b. Kind of E	Whi Business/Indi	
Completed		(Specify only highest g Elementery/Secondery (0-12)	College (1-4or		(Give kind of life. DO NOT Engineer	work done du Tuse retired)	ring most of w	vorking	Community	C - d	
Be C		7. Fether's Neme (First, Middle, Le	st)		THETHEEL		8. Mother's N	ame (First, Middle	, Maiden Sume	er_Sci me)	lence Corp
TOE		Amedeo Conti					Maria	Marchegi	ani		
		9e. tnforment's Name/Reletionship	(Type, Print)	1	19b. Mailing Addr			Rurel Route Numb		, State, Zip (Code)
]	Rita Conti W	Vife		12321 St			Bowie M	aryland	20715	
	20	e. Method of Disposition 1 → Purial 2 □ Cremetion 3	Democrat from State	20b. Pleca ceme	a of Disposition (/ etery, cremetory o	Neme of or other place)	Dec	27, Dete 1997	20c. Location	- City or Tow	vn, Stete
		4 Donetion 5 Other (Spec			Lincoln			1 1 1 1 1 1 1	Bren	twood	Maryland
	2	1. Signeture of Funerel Service Lic	ensee /	2	22. Neme	end Address	of Fecility				rary rand
ă		Michael J	Buck	h >	16000	Annan	vans F	uneral H	ome, In	c.	
	2	3e. Pert1. Enter the disease, or conshock, or heart feilure. List only	mplications (val cause	d the death. D	Do not enter the m	node of dying,	such es card	d. Bowie	Mary Lai		Approximete
n		SHOOK, OF REEL TENDER. LIST OFF	ly one ceus on each i	DET NO.						į	Intervat Between Onset end Deeth
ıl 💮	In	nmedlete Ceuse (Finel									
		seese or condition	Non-Ho	dakine	Lymphon	na				1	vear
	re	seese or condition sulting in deeth)	e. Non-Ho		Lymphon					1	year
	re	seese or condition soulting in deeth)	e. Non-Ho							1	year
	re	sulting In deeth)	e. Non-Ho	Due to (or es		of):				1	year
Examiner	Si if	equentially list conditions, eny, leeding to immediate uses. Enter Underlying euse (Disease or Injury	e. Non-Ho	Due to (or es	e consequenca o	of):				1	year
Examiner	Si if	seese or condition suiting in deeth) aquentially list conditions, eny, leeding to immediate use. Enter Underlying puse (Oiseese or Injury et Initiated events suiting in deeth) Lest	e. Non-Ho	Due to (or es	e consequenca o	of): of):				1	year
Medical Examiner	Si if ca	equentially list conditions, eny, leeding to immediate use. Enter Underlying ause (Diseese or Injury et Initieted events	e. Non-Ho b	Due to (or es	e consequence o	of): of):				1	year
Medical Examiner	Si if ca	equentially list conditions, eny, leeding to immediate use. Enter Underlying euse (Diseese or Injury et Initiated events sulting in deeth) Lest	c	Due to (or es	e consequence o	of): of): of):				1	year
Medical Examiner	Si if ca	equentially list conditions, eny, leeding to immediate use. Enter Underlying ause (Diseese or Injury et Initieted events	c	Due to (or es	e consequence o	of): of): of):	in Pert I.				year
Physician/Medical Examiner	Si if ca	equentially list conditions, eny, leeding to immediate use. Enter Underlying euse (Diseese or Injury et Initiated events sulting in deeth) Lest	c	Due to (or es	e consequence o	of): of): of):	in Pert I.		tobacco use co Yes 2 1 No	ontribute to	
by Physician/Medical Examiner	Si if ca	equentially list conditions, eny, leeding to immediate use. Enter Underlying euse (Diseese or Injury et Initiated events sulting in deeth) Lest	c	Due to (or es	e consequence o	of): of): of):	in Pert I.	1 🗆		ontribute to 1 3 □ Probe 24b. Wer evel coefficients	the cause of death?
by Physician/Medicai Examiner	Si if ca	equentially list conditions, eny, leeding to immediate use. Enter Underlying euse (Diseese or Injury et Initiated events sulting in deeth) Lest	c	Due to (or es	e consequence o	of): of): of):	in Pert I.	1 🗆	Yes 2 No an autopsy ormed?	24b. Were evel com of de	the cause of death? ably 4 Unknown e autopsy findings lable prior to pletion of cause seth?
Completed by Physician/Medical Examiner	Si il case CC th re	equentially list conditions, eny, leading to immediate use. Enter Underlying ause (Disease or Injury at Initiated events sulting in deeth) Lest	c	Due to (or es	e consequence o	of): of): g cause given		24e. Wes	Yes 2 No	24b. Were evel com of de	the cause of death? ably 4 Unknown e autopsy findings lable prior to pletion of cause
o Be Completed by Physician/Medical Examiner	Si il case CC th re	equentially list conditions, eny, leeding to mindialete nuse. Enter Underlying suse (Disease or Injury et Initieted events sulting in deeth) Lest	c	Due to (or es Due to (or es Due to (or es	e consequence o	of): of): g cause given	6. Place of D	24e. Wes perfu	Yes 2 12 No an autopsy pmed? Yes 2 12 No one)	ontribute to 1 3 Probe 24b. Were evel common of de 1	the cause of death? ably 4 Unknown e autopsy findings lable prior to pletion of cause seth? Yes 2 No
To Be Completed by Physician/Medical Examiner	Side Carrier Countries Per Per 255	equentially list conditions, eny, leading to mitted list conditions are conditions. Enter Underlying suse (Disease or Injury at Initiated events sulting in deeth) Lest ort II. Other significant conditions are referred to medical exeminer? 1 Yes 2 Vo. Menner of Deeth	b c d contributing to deeth b Hospitel: 1 Inpatit	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es)	e consequence of e consequence of e consequence of e consequence of g In the underlying	of): of): g cause given 2 DOA Other:	 6. Place of D 4 □ Nursing 	24e. Wes perfe	Yes 2 12 No an autopsy pmed? Yes 2 12 No one)	24b. Werevel com of de 1 -	the cause of death? ably 4 Unknown e autopsy findings lable prior to pletion of cause seth? Yes 2 No
To Be Completed by Physician/Medical Examiner	Side Carrier Countries Per Per 255	equentially list conditions, eny, leeding to immediate use. Enter Underlying euse (Disease or Injury et Initiated events sulting in deeth) Lest out II. Other significant conditions were supported to medical exeminer? Yes 2 No. Menner of Deeth 1 Neturel 5 Pending 2 Accident Accident Accident Accident Accident Pending Accident Accident Pending Accident Accident Pending P	Hospitel: 1 Inpatit	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es)	e consequence of e consequence of g in the underlying	of): of): of): g cause given 2 DOA Other: 28c. Injury el work?	 6. Place of D 4 □ Nursing 	24e. Wes perfe	Yes 2 12 No an autopsy med? Yes 2 12 No one) dence 6 □Ott	24b. Werevel com of de 1 -	the cause of death? Bobly 4 Unknown The autopsy findings lable prior to pletion of cause seeth? Yes 2 No
To Be Completed by Physician/Medical Examiner	Side Carrier Countries Per Per 255	equentially list conditions, eny, leeding to immediate use. Enter Underlying ause (Disease or Injury et Initiated events sulting in deeth) Lest Til. Other significant conditions Wes case referred to medical exeminer? 1 Yes 2 No Menner of Deeth 1 Menturel 5 Pending	Hospitel: 1 Inpatition on the contribution of the contribution o	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es)	e consequence of e consequence o consequence o consequence o consequence o consequence o co	of): of): g cause given 2 DOA Other: 28c. Injury el Work? 1 Yes	6. Place of D 4 ☐ Nursing	24e. Wes perfu	Yes 2 No an autopsy ormed? Yes 2 No one) dence 6 □Oth how Injury occur Street and Numi	24b. Were evel com of do 1	the cause of death? ably 4 Unknown e autopsy findings lable prior to pletion of cause seeth? Yes 2 No
Certification: To Be Completed by Physician/Medical	Sid case of the ree	equentially list conditions, eny, leading to immediate juse. Enter Underlying puse (Disease or Injury at Initiated events sulting in deeth) Lest Wes case referred to medical exeminer? 1 Yes 2 No Menner of Deeth 2 Accident Investigatif a Suicide Could not determined	Hospitel: 1 Inpation 28e. Dete of Inju (Month, Detention on be detention) 28e. Plece of Inju building, et	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es	e consequence of e consequence o consequence o consequence o consequence o consequence o co	of): of): g cause given 2 DOA Other: 28c. Injury et Work? 1 Yes	6. Place of D 4 Nursing 5 5 2 No	24e. Wesperful 24e. Wesperful 1 □ eeth (Check only Home 5 □ Resi 28d. Describe 28f. Location (City or To	Yes 2 No an autopsy ormed? Yes 2 No one) dence 6 Ott how injury occur Street and Numi	24b. Wer evel com of de 1	the cause of death? ably 4 Unknown e autopsy findings lable prior to pletion of cause seth? Yes 2 No Route Number,
edical Certification: To Be Completed by Physician/Medical Examiner	Per 25	equentially list conditions, eny, leading to immediate use. Enter Underlying ause (Disease or Injury et Initiated events sulting in deeth) Lest The second of the second	Hospitel: 1 Inpation on be deep be 28e. Piece of Injuding, et	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es) e consequence of e consequence of e consequence of e consequence of e consequence of e consequence of e consequence of the consequence of e consequence of e consequence of the conseque	of): of): of): g cause given 28c. Injury et Work? 1 Yes ory, office ed et the time, on, in my opini	6. Place of D 4 Nursing s 2 No dete end pleson, death oc	24e. Wesperful 24e. Wesperful 1 □ eeth (Check only Home 5 □ Resi 28d. Describe 28f. Location (City or To	Yes 2 No an autopsy ormed? Yes 2 No one) dence 6 Ott how injury occur Street and Numi	24b. Wer evel com of de 1	the cause of death? ably 4 Unknown e autopsy findings lable prior to pletion of cause seth? Yes 2 No Route Number,	
Certification: To Be Completed by Physician/Medical Examiner	Per 25	equentially list conditions, eny, leeding to immediate use. Enter Underlying euse (Disease or Injury et Initiated events sulting in deeth) Lest out II. Other significant conditions I. Wes case referred to medical exeminer? I. Whener of Deeth I. Menuer of De	Hospitel: 1 Inpatie 28e. Dete of Inju (Month, Detention on be done) 28e. Plece of Inju utiding, et	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es) e consequence of e consequence of e consequence of e consequence of e consequence of e consequence of e consequence of the consequence of e consequence of e consequence of the conseque	2DOA Other: 28c. Injury et Work? 1 Yestory, office and et the time, on, in my opinice 29c. License no	6. Place of D 4 Nursing s 2 No dete end pleton, death ocumber	24e. Wes perfect the perfect of the	Yes 2 No an autopsy pred? Yes 2 No one) dence 6 Ott how injury occur Street and Numi wn, Stete) ceuse(s) end m dete end plece, 29d. Date signe	24b. Wer evel com of de 1	the cause of death? ably 4 Unknown e autopsy findings lable prior to pletion of cause seth? Yes 2 No Route Number, ted. he ceuse(s)	
edical Certification: To Be Completed by Physician/Medical Examiner	Per 25	equentially list conditions, eny, leading to immediate use. Enter Underlying ause (Disease or Injury et Initiated events sulting in deeth) Lest The second of the second	Hospitel: 1 Inpatie 28e. Dete of Inju (Month, Detention on be done) 28e. Plece of Inju utiding, et	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es) e consequence of e consequence of e consequence of e consequence of e consequence of e consequence of e consequence of the consequence of e consequence of e consequence of the conseque	of): of): of): g cause given 28c. Injury et Work? 1 Yes ory, office ed et the time, on, in my opini	6. Place of D 4 Nursing s 2 No dete end pleton, death ocumber	24e. Wes perfect the perfect of the	Yes 2 No an autopsy ormed? Yes 2 No one) dence 6 Ott how injury occur Street and Numi wn, Stete) ceuse(s) end m dete end plece,	24b. Wer evel com of de 1	the cause of death? ably 4 Unknown e autopsy findings lable prior to pletion of cause seth? Yes 2 No Route Number, ted. he ceuse(s)	



	1. Decedant'a Nama (First, Middla, I	Last)		Cel	inicali	01	Death	2	2. Date of Dea			Time of Deeth
Physician /Medical	JOSEPH (CHARLES	COMEN	TALE					Month DECEME	BER 27	1997	11:30 P
Examiner	4a Facility Name (If not institution, § 11117 TROY RD					•	4b. City, To ROCK\		ation of Death	'	of Death	
Funeral Director	5. Social Security Number 6 244-02-3665	Sax 1 D M 2 D F	ge (In yrs. lest i	birthday) Yrs.	If Undar Months	1 Yaar Deys	If Under Hours	Min.	B. Date of Birth (Month, Day	h v, Year)	9. Birthplace	(State or Foreign Carolina
13/	Usual Residence of Decedent 10a. State 10b. County		10c. City, To	own or Lo	cation					,		nelde City Limits
typene. The Madrat Esercine 23a or 28a-f show The Madrat Esercine must be notified at Completed by Funeral Director	Maryland Montgomery Rockville									□Yas 2录No		
	10e. Street and Number		10f. Zip Code					10g. Citizen of What Country?				
	11117 Troy Road			20852					U.S.A.		4.1	
	1 Nevar Married 2 Married 3 Widowed 4 Divorced	No	avar In U,S. 13. Was Decedent of Hispanic Origin? (Specify Cuban, Mexican, Puarto 1 ☐ Yes 2 ☑ No Specify:					Specify:		k, White, etc.	idian,	
	15. Decedent's (Specify only highest g	16	16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired)					g	16b. Kind of Business/Industry		у	
omo	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4or s					Service Manager					p
. 0	17. Father's Name (First, Middle, La	st)						r's Name (Maiden Surnan		- P
		Comentale					Dor	othy	Eliza	beth D	evane_	
2 5	19a. informant's Name/Relationship Andrea Comentale	9b. Mailin	g Address Park	(Street Lawn	end Number	Apt. ace	Rockvi	or, City or Town,	State, Zip Coo ryland	20852		
Important: If frem 27 any Injury or other tronge.	20a. Method of Disposition 1 Surial 2 □ Cremation 3 4 □ Donation 5 □ Other (Special Content of Special Co			tery, cren	netory or o	ther plea		k 12-	-31-97	Watha,		_{State} Carolina
Important: any Injury once.	21. Signature of Funaral Service Lic			3.50		17 77	iss of Facili	7 1 **	Iome			
icían	23a. Part1. Enter the disease, or coshock, or heart failure. List on	mplications that caused by one cause on each li	d tha death. D	65 o not ente	OO Yo	ork le of dylr	Road ng, such as	Balt cerdiac or	imore,	Maryla rest,	nd 212]	2 proximata rval Between set and Death
dical niner	Immediata Cause (Final disaese or condition resulting in death)	a C 1	erebi	al	he	mo	nha	uge				
ةِ ا			Due to (or as					0				
Examine	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	b	Due to (or as	a conseq	uence of):							
s the bur	Cause (Diseese or Injury	C	Due to (or as	a conseq	uence of):			166	100			
ettending p I for use as		d										
d by the letached		Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.								obacco use co Yes 2/2 No		cause of death?
s been s 2 should pleted									24a. Was perfo	an autopsy med?	availab	utopsy findings le prior to tion of cause n?
certificate ha									1,20(1	/es 2□No	1 BYe	s 2□No
director,	25. Was cese referred to medical examiner? 1 ∑Yes 2 □ No	Hospitel:		Outp-ti-	40.50	Oth	or:		(Check only o		(Con14.)	
		1 I I I I I I I I I I I I I I I I I I I	ent 2 ER/	CONTRACTOR	41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			treing Hom	a SIVI Hasir	dence 6 □Oth	or /SOACIN/I	

Division of Vit

Be Certification: To 27. Manner of Death
1. Natural
2 Accident

3 ☐ Sulcide

29a. Certifier (Check only one)

4 Homicide

To the Hospital or Attending Physician, within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director. Medical

29b. Signatura and titla of certifian 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

5 Pending investigation

6 Could not be determined

Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA

28b. Time of Injury

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28a. Date of Injury (Month, Dey Yeer)

29c. Licanse number

28c. Injury at Work?

1 Yes 2 No

O.C.M.E

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner es stated.

2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

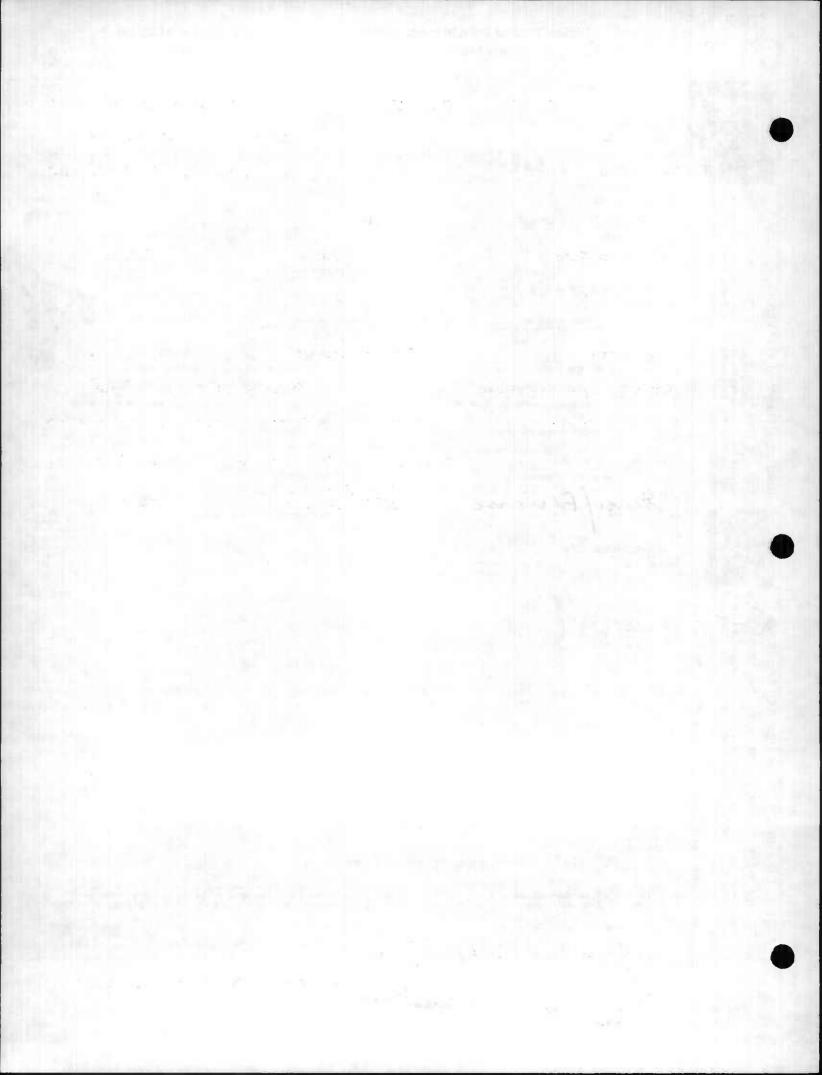
Other: 4 Nursing Home 5 NResidence 6 Other (Specify)

28d. Describe how injury occurred

DECEMBER 28,1997

Radentz, MD Strphen S. R 31. Date filed (Month, Day, Year) 111 Penn Street, Baltimore, Maryland 21201

State Registrar



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth **Physician** Month Harriet Reid Clapp 1997 December 4:40 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Blakehurst Life Care Community Towson Baltimore If Under 1 Year | if Under 24 Hrs. Months | Deys | Hours | Min. 5. Sociei Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** 1□M 2XF 220-46-3031 86 Director June 20, 1911 Illinois Usual Residence of Decedent the Maryland 10a State 10b Counts 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at Maryland Baltimore Towson 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 1055 W. Joppa Rd. 21204 Items 23a United States Funeral should be filed within 72 hours efter death of Mental Hygiene. marked other than "naturel", or Items 23. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Yeer or Detes: 11 Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: p Specify: White 3 ₩ Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) permit. Pages 1 end 2 should be file Department of Heelth and Mental Hy Important: If flem 27 is merked other eny injury or other traumatic event, pages. 18. Mother's Neme (First, Middle, Malden Sumeme) Be Charles Wheeler Reid Alice Charles 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Martha McDorman/daughter 10800 Linson Rd. Owings Mills, MD 21117 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Burial 2 X Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 12/27/97 Baltimore, Maryland Greenmount Crematory 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Mitchell-Wiedefeld Home, Inc. 6500 York Rd. utchell Baltimore, MD 21212.

Though the disease, or complications their caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, hook, or heart failure. List only one cause on each line. Approximete Intervei Between Onset and Deeth **Physician** ANCER /Medical Immediete Cause (Finei diseese or condition resulting in deeth) **Examiner** Due to (or es e consequence of): Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760 Physician/Medical 2 Due to (or es e consequence of): The law requires that the death certificate Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 10 No 3 Probably 4 Unknown been signed t Records, Completed by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? page 2 28 No 1 Yes 2 3 NO Division of Vital or Attending Physician: Be 25. Was cese referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28a. Dete of injury (Month, Dev Year) 28c. Injury et Work? After 1 DMaturel 5 Pending death. 1 ☐ Yes 2 ☐ No investigetion efter death 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide • Funeral [Hospital 29a. Certifier 1 Cartifying Phyalcian: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner as stated. within 24 hor To the Fune completely fi Medical (Check only one) 2 Madical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end piece, end due to the ceuse(s) end menner steted. t ‡ 29b. Signature end title of certified

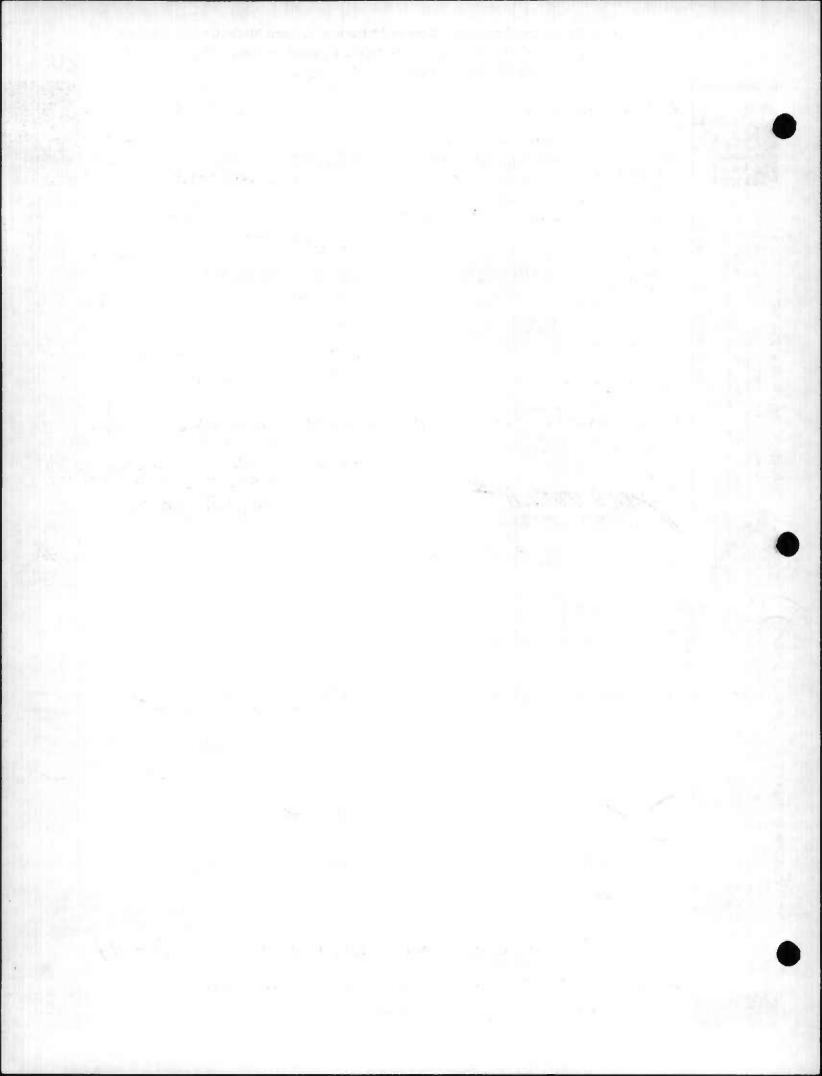
31. Dete filed (Month, Day, Yeer) State DEC 3 0 199 Registrar

Joseph Adams, M.D. 7401 Osler Dr. Suite 206 Towson, MD 21204 Registras's Signeture

dans

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

29d. Date signed (Month, Day, Year)



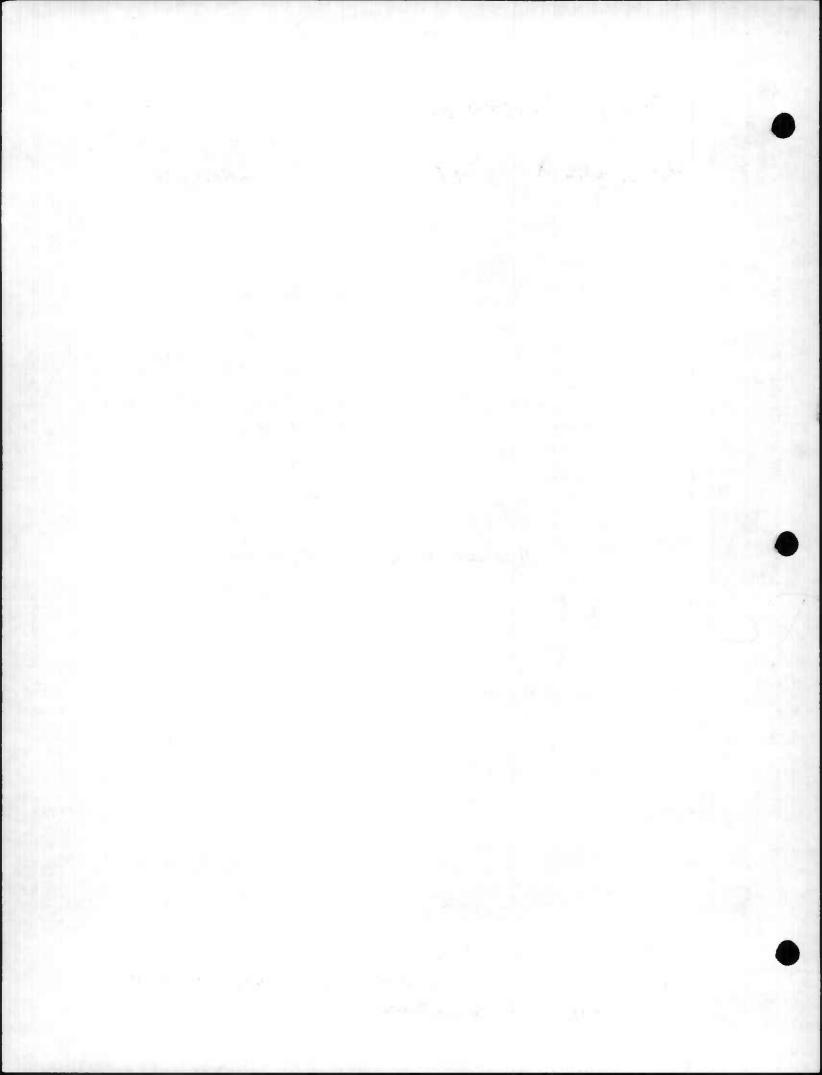
WRC 97-7189-025 JERRY CALLENDER

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 39324

4e. Fecility Neme (If not institution, give HOLIDAY INN 5. Sosiel Security Number 6. Set 19 Usual Residence of Decedent 10e. Stete 10b. County U.C. CARTE 10e. Street end Number 208 TELIC 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	Street end number) 7. Age (I	n yrs. last bii 49 Dc. City, Tow	Yrs. Months De	ABER If Under 24 Hr ys Hours Min	2. Dete of Deer Month DEC . 1 r Location of Death DEEN s. 8. Date of Birth Month, Day	Dey 3 1997 4c. County	of Deeth 9. Birthplece (S Country) PADUCA 10d. Inst	me of Deeth 05 PM. tete or Foreign H, K, V	
4e. Fecility Neme (If not institution, give HOLIDAY INN 5. Sosiel Security Number 6. Set 19 Usual Residence of Decedent 10e. Stete 10b. County U.C. CARTE 10e. Street end Number 208 TELIC 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	TANDR - 12. Wes Decedent Eve Armed Forces?	n yrs. last bii 49 Dc. City, Tow	Yrs. Months De	ABER If Under 24 Hr ys Hours Min	DEEN S. B. Date of Birth Month, Day	4c. County	9. Birthplece (S Country) PAD UCA 10d. Inst	tete or Foreign	
HOLIDAY INN 5. Sociel Security Number 6. Sociel Security Number 6. Sociel Security Number 6. Sociel Security Number 10b. County 10c. Street end Number 208 TELIC 11. Maritel Stetus 1 Never Married 208 Married 3 Widowed 4 Divorcad	7. Age (I	79 Dc. City, Tow ATL	Yrs. Months De	ABER If Under 24 Hr ys Hours Min	B. Date of Birth	Ha	9. Birthplece (S Country) PADUCA	H,KY	
5. Sociel Security Number 463-66-6876 Usuel Residence of Decedent 10e. Stete 10b. County 10e. Street end Number 208 TELIC 11. Maritel Stetus 1 Never Married 208 Married 3 Widowed 15. Decedent's Edit	2AN DR. 12. Wes Decedent Eve Armed Forces?	79 Dc. City, Tow ATL	Yrs. Months De	per If Under 24 Hr Hours Min	8. Date of Birth Month, Day	Yeer	PADUCA 10d. Insi	H,KY	
Usuel Residence of Decedent 10e. Stete 10b. County 10c. Street end Number 208 TELIC 11. Maritel Stetus 1 Never Married 208 Married 3 Widowed 4 Divorcad	2AN DR. 12. Wes Decedent Eve Armed Forces?	79 Dc. City, Tow ATL	Yrs. Months De	ys Hours Min	Month, Day	Yeer	PADUCA 10d. Insi	H,KY	
10e. Stete 10b. County N.C. CARTE 10e. Street end Number 208 TELIC 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	2AN DR. 12. Wes Decedent Eve Armed Forces?	ATL	ANTIC BE					de City Limits	
10e. Street end Number 208 TELIC 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	2AN DR. 12. Wes Decedent Eve Armed Forces?		10f. Zip Cod				187		
10e. Street end Number 208 TELIC 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	2AN DR. 12. Wes Decedent Eve Armed Forces?		10f. Zip Cod				1 98	Yes 2□No	
11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Wes Decedent Eve Armed Forces?	r in U,S.				0g. Citizen of V	Vhet Country?		
11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Wes Decedent Eve Armed Forces?	r in U,S.		8521			5 · A ·		
3 ☐ Widowed 4 ☐ Divorcad			13. Wes Decedent		Specify Yes or No-		e - American Indi	en,	
15. Decedent's Edi	Yeer or Detes:		If Yes, specify C	of Hispenic Origin? (Suben, Mexican, Pue No <i>Specify:</i>	rto Rićan, etc.)	Specify	k, White, etc.		
(Cooping only highest are	ucation	16e.	. Decedent's Usuel Oc	cupation		16b Kind of Bu	usiness/Industry		
	de completed)		(Give kind of work do life. DO NOT use re	ne during most of w tired)	orking	TOD. TRITTO OF DE	ionio o o miduoti y		
	College (1-4or 5+)		OWNER			LAMEN	Markins	E Tool	
17. Fether's Neme (First, Middle, Last)				18. Mother's No	eme (First, Middle, I			, , , , ,	
FDWIN T.	COLLENDE	,		EVE	INN A.	ADAM	V		
			. Mailing Address (Str	eet end Number or F	Jural Route Number	City or Town.	State, Zip Code)		
20e. Method of Disposition		20b. Placa o	f Disposition (Neme of	N NO. 1	Dete	20c. Location -	City or Town. Ste	te	
	Removel from State	cemete	ry, cremetory or other	plece)	DEA 19				
		W000U	WW MEM.	GAMENS	1997	PADUC	ZAH, K,	<i>Y</i>	
21. Signeture of Purierer Service License	Skarle J.			C11 "					
Immediete Ceuse (Finel disease or condition								end Deeth	
resulting in deeth)									
Sequentially list conditions, if eny, leading to impediate	b. —— Due	to (or es e	consequence of):						
Ceuse (Diseese or Injury thet initieted events	c								
resulting in deeth) Lest	Due	to (or es e d	consequence of):						
	d								
5 10 60 1 10 1 10									
Pert II. Other significant conditione con	ntributing to death but n	ot resulting In	n the underlying cause	given in Pert I.	23b. Did to	bacco uee cor			
					1 🗆 Ye	s 2 No	3 Probably	4 Unknow	
					040 1840-0		24b Ware suto	neu fladiane	
					perform	ned?	evalleble p	orior to	
							of deeth?	, 0, 04000	
					1 💯 Ye	s 2 No	1 🖫 Yes	2□ No	
25. Wes case referred to medical exeminer?				26. Place of De	eth (Check only on	e)		-	
1 X Yes 2 No	Hospital: 1 Inpatient	2□ ER/Ou	tpetient 3 DOA	Other: 4 Nursing	Home 5 ☐ Reside	nce 6 🕅 Oth	er (Specify) H	OTEL	
27. Menner of Deeth 1 ⊠ Neturel 5 □ Pending 2 □ Accident Investigation	28e. Date of Injury (Month, Day Ye	28b. 1			28d. Describe ho	w injury occurr	ed		
3 Sulcide 4 Homlcide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, State)			
29a. Certifier 1☐ Certifying Physical Check only one) 1☐ Certifying Physical Example 1☐ Cert	ner: On the basis of exa	y knowledge Imination en	, deeth occurred et the d/or investigetion, in m	e time, dete end pled y opinion, deeth occ	e, end due to the ce urred et the time, de	euse(s) end me ete end placa, s	nner es steted. and due to the car	use(s)	
29b. Signeture end title of certifier			29c. Lice	ense number	29	d. Dete signed	(Month, Dev. Ye	er)	
	Vright MI								
M. a									
DONALD G WRIGH	7 Mp	111	Penn Stree	et, Baltin	nore, Mary	yLand 2	1201		
	19e. Informent's Neme/Reletionship (T. Au T. Sulliva) 20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify, 21. Signeture of Funerel Service Licans 23e. Part. Enter the dispusse, or companiose, or heart last results only of the cause. Enter Underlying Ceuse (Diseese or Injury the initieted events resulting in deeth) 25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending Investigation 3 Sulcide 4 Homloide Homloide 29a. Certifier (Check only 2 Medical Examt Only only only only only only only only o	17. Fether's Neme (First, Middle, Last) ED WIN T. CALLENDE, 19e. Informent's Neme/Reletionship (Type, Print) ANITY SULIVAN 20e. Method of Disposition 1 Venicle 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licansee 23a. Part. Enter the disperse, or complications that caused the shock, or heart last for. List only one cause on each line. Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiate devents resulting in deeth) Lest Due 25. Wes case referred to medical exeminer? 1 X Yes 2 No Pert II. Other significant conditions contributing to death but no determined 27. Menner of Deeth 1 Neturel Investigation linvestigation all Neturel Investigation linvestigation all Neturel Investigation all Neturel Inves	17. Fether's Neme (First, Middle, Last) ED WIN T. CALLENDER 19e. Informent's Neme/Reletionship (Type, Print) 20e. Method of Disposition 1 (Paurier 2 Cremetion 3 Removel from State) 4 Donation 5 Other (Specify) 21. Signeture of Funerel Service Licansee 22a Part Enter the disease or complications that caused the deeth. Donation or complications that caused the deeth. Donation or contributing in deeth. 23a Part Enter the disease or complications that caused the deeth. Donation or cause on each line. Immediate Ceuse (Finel disease or condition resulting in deeth) Bue to (or es elective for injury that initiated events resulting in deeth) Lest Due to (or es elective for injury that initiated events resulting in deeth) Lest 25. Wes case referred to medical exeminer? 26. Menner of Deeth 1 (Neture) New Yes No	17. Fether's Name (First, Middle, Last)	17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Last) 19. Informent's Neme (First, Middle, Last) 19. Informent's NemeReletionship (Type, Print) 19. Informent's NemeReletionship (Type, Print) 19. Mailing Address (Street end Number or F	19. Mother's Name (First, Middle, Last) 2.	17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Last) 19. Mother's Name (First, Middle, Last) 19. Mother's Name (First, Middle, Maiden Suman ED Will) 19. Mailing Address (Street and Number or Funal Floute Number, City or Town, 19. White Suman In Suman International Control of Disposition (Name of Control of Dispo	19. Making 19.	

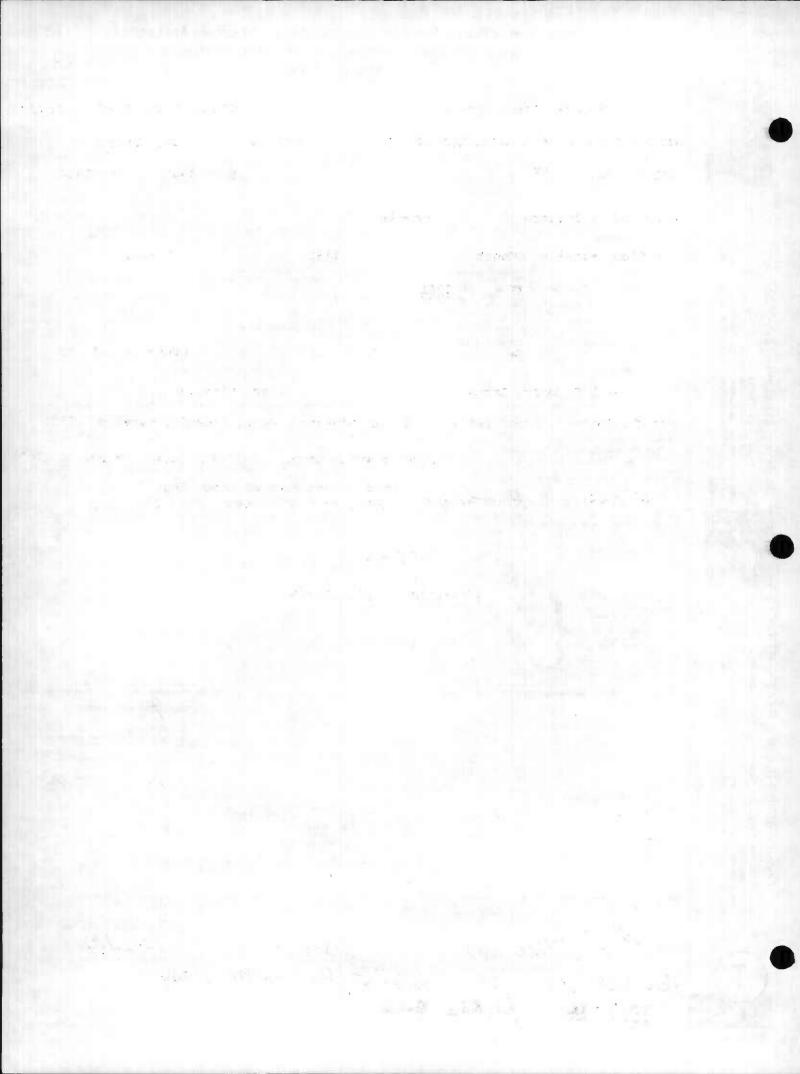
State Registrar 10 1997 July Sundan-Randese



State of Maryland / Department of Health and Mental Hygiens 7 3932

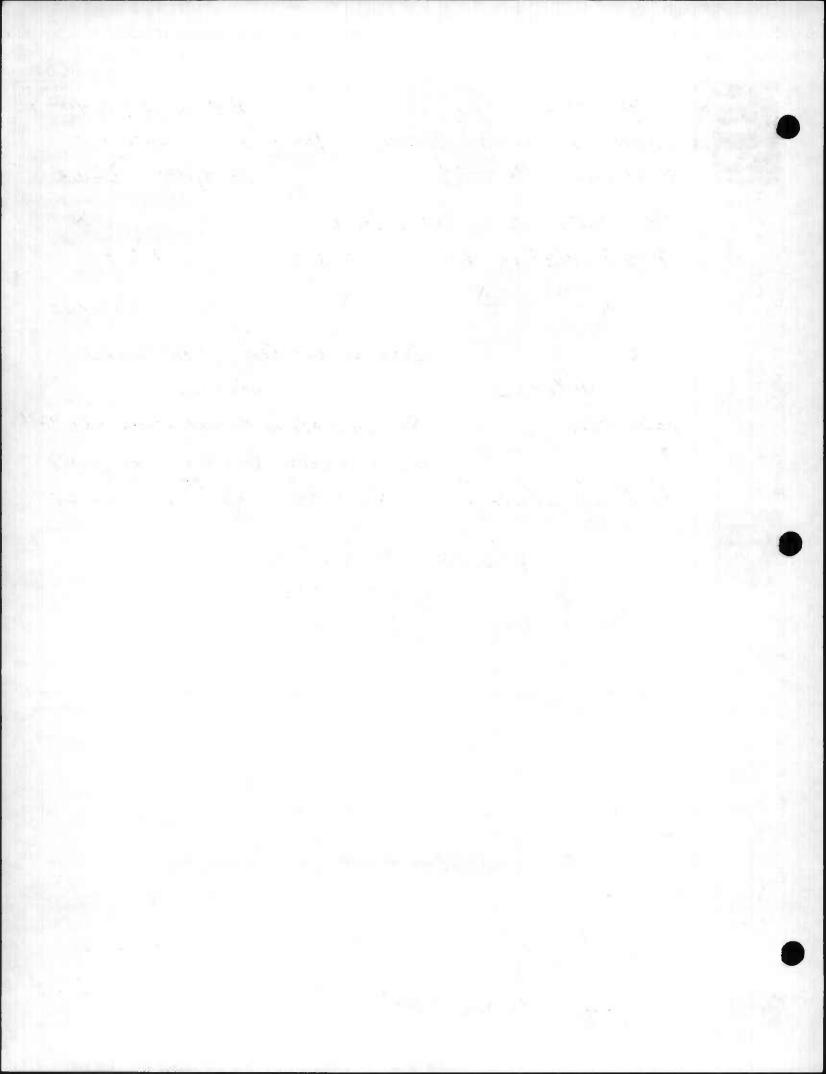
Certificate of Death

					Cer	tificate of	Death		Reg. No.		
п	1	1. Decedent's Name (First, Middle,	Last)					2. Date Mon	of Death th Day	Year	3. Time of Death
	Physician	Michael	James	Cross					MBER 25	1997	6:43AM
	/Medical * Examiner	4a Facility Name (If not institution,				4	4b. City, Tov	wn, or Location of			0.451111
2	Lammer	GREATER BALTI			ENTE	D	TOW	COM	BALTI	MODE	7
ŀ				7. Age (In yrs. lest	-	If Under 1 Year	if Under 2				
	Funeral		M 2□F		Yrs.	Months Days	Hours		of Birth th, Day, Year)		place (Stete or Foreign
	Director	212-38-4947 Usual Residence of Decedent	****	57				9-2	26-1940	Mar	yland
	land w	10a. State 10b. County		10c. City, To	own or Lo	cation					10d. Inside City Limits
	f sh	Maryland Balti	more	Pho	penix	<					1 ☐ Yes 2 ☑ No
	or 28a-f s or 28a-f s be notified	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cou	ntn/2
			3	4.							,
	frer death v r frema 23 pines mant	8 Glen Highl			40.4	2113			U.S. 7		ana ladina
	tem terr	11. Marital Status	Armed For	dent Ever in U.S. ces?	13. V	Was Decedent of H f Yes, specify Cuba	an, Mexican	, Puerto Rican, e	c.) Bla	ck, White,	can Indian, etc.
20	y F	1 Never Married 2 Marrie	MXYes If Yes, Give	2□No 1961 1962	1	1□ Yes 2□No	Specify:		Specia	y: Wh	ite
21215-0020	"natural", o	3 Widowed 4 Divorced	Year of Da	ites:							
5	be filed within 72 ho tital Hygiene. d other then "natura event, its Medical Be Completed	15. Decedent's (Specify only highest	s Education grede completed)	16	(Give	lent's Usual Occup kind of work done	durina most	of working	16b. Kind of E	usiness/in	idustry
2	within then then then then then then then the	Elementary/Secondary (0-12)	College (1	4or 5+)		DO NOT use retired	d)				* - t
	Hygiene. ther then end, I'm be		5+		C.	P. A.			Cross		lates
nd	生工名字 6	17. Father's Name (First, Middle, L	ast)				18. Mothe	r's Name (First, I	Aiddle, Meiden Sumei	ne)	
<u>k</u>		Hugh O'C	onor Cro	ss			Не	len Fla	ınagan		
Maryland	d 2 should be h and Mental 7 is marked o traumatic every traumatic every To Be	19e. Informant's Neme/Reletionsh	ip (Type, Print)	1	9b. Mailin	ng Address (Street	end Numbe	or or Rurel Route	Number, City or Town	, State, Zij	p Code)
	r tr	Mrs Charlotte D	. Cross (Wife)	8 G]	len Highl	and C	ourt, Ph	noenix, Man	cylan	d 21131
re	of Heali of Heali fitem 2	20a. Method of Disposition		como	of Dispos	sition (Neme of netory or other plea	re)	Date	20c. Location	- City or T	own, State
9	90-5	1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp.		iaie		Service C		12-27-9	7 Towson	, Mar	vland 21204
Baltimore,		21. Signature of Funeral Service L	•		-	. Name and Addre		v			
Ba	Depentit. Importa	111-11	o n			ack Towso			ne, Inc.		
-		Vallace	5-1310	ost gr					Md.21204		
н		23a. Part1. Enter the disease, or of shock, or heart tailure. List of	omplications that cannot one one of the cause on each	used the death. Dach line.	o not ente	er the mode of dyir	ng, such as	cardiac or respira	tory errest,	1	Approximate Interval Between Onset and Death
а	Physician									1	Oriset and Death
ш	/Medical Examiner	Immediate Ceuse (Final disease or condition		5	eps	15				1	
		resulting in death)	α.	Due to (or as	a conseq	juenca of):					
				my Hon	10	mull	ma				
	certificate be executed ding physician end use as the bunal-transit	Sequentially list conditions,	D	Due to (or es	a conseq	uenca of					
ó	an e an e urial-	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury								1	
68760,	ficate be physicians the bu	that initieted events resulting in death) Last	C	Due to (or as	a consequ	uence of):				1	
	Aed Aed	resulting in death) cast								1	
ŏ			d							1	
m.	The law requires that the death ate has been signed by the atten page 2 should be detached for u completed by Physiciar.	Part II. Other significant condition	s contributing to de	ath but not resulting	n in the ur	nderiving cause giv	en in Part I.	231	. Did tobacco use co	ontribute f	to the cause of death?
0	t the d by the tached								1 Yes 20 No	3 □ Pro	obably 4 □ Unknown
0	igned to be det								7		
of Vital Records,	uires Ild by							248	. Was an autopsy	24b. W	/ere autopsy findings
Ö	been si should								performed?	CC	vallable prior to empletion of cause
Se	The law require sate has been signed as should Completed									00	deeth?
100									1 Yes 2 DoNo	1	☐ Yes 2D No
/ita	certificate rector, pag	25. Was case referred to medical examiner?					26. Place	of Death (Check	only one)		
=	S D	1 ☐ Yes 2 ☐ No	Hospitel:	patient 2 ER/	Outpatien	it 3□ DOA Oth	ner: 4□ Nu	rsing Home 5	Residenca 6 □Ot	her (Speci	ify)
	ding Ph h. After th funeral	27. Manner of Death 1. Zinaturei 5 Pending	18 A = = 41	f Injury h, Dey Year) 28t	. Time of Injury	28c. Injur Wor	y et rk?	28d. De	scribe how injury occu	rred	
Division	eath. or: After the fune cation	2 Accident investiga					Yes 2 1	No			
Vis	Ante octo	3 Suicide 6 Could no determine	ned 286. Pieca	of Injury - At home,	farm, str	eet, factory, offica		28f. Loc	ation (Street end Num or Town, State)	ber or Rur	rel Route Number,
Ö	tal or Attending P rs after death. al Director: After t led in by the funera Certification:	4 Direction	Dundi	g, etc. (Specify)				0.0,	or rown, oraco,		
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: Attencompletely filled in by the funeral process. Medical Certification	29a. Certifier Certifying	Physician: To the	best of my knowled	lge, death	occurred et the tir	me, date en	d plece, end due	to the cause(s) and m	anner as	stated.
	in 24 hou he Funer pletely fill edical	(Check only 2 Medical E	xaminer: On the ba and mann		end/or inv	vestigation, in my o	pinion, deal	th occurred at the	time, date and pleca	, and due t	to the cause(s)
	N M	29b. Signature and title of certified	2.			29c. Licens	e number		29d. Date sign	ed (Month,	, Day, Year)
		1 Caul 10	IMA M	0		7730	5579	9	121	24/4	12
1	-	30 Aleme and eddress of person "	the completed cause	of deeth (Item 22)	a) (Type	Print)	,01	1			
		30 Name and eddress of person w	m Go	7 11 0	arlas	SO B	ALTM	ne mn	21204		
1	Cicio	31. Date filed (Month, Dey, Year)	Ba Be	odelar's Signature	1100	1	1.		-		
	State Registrar	DFC 3 0 1997	Julia	Davidson-Ro	molete						
	ricgisti ai	540 0 5 1001									



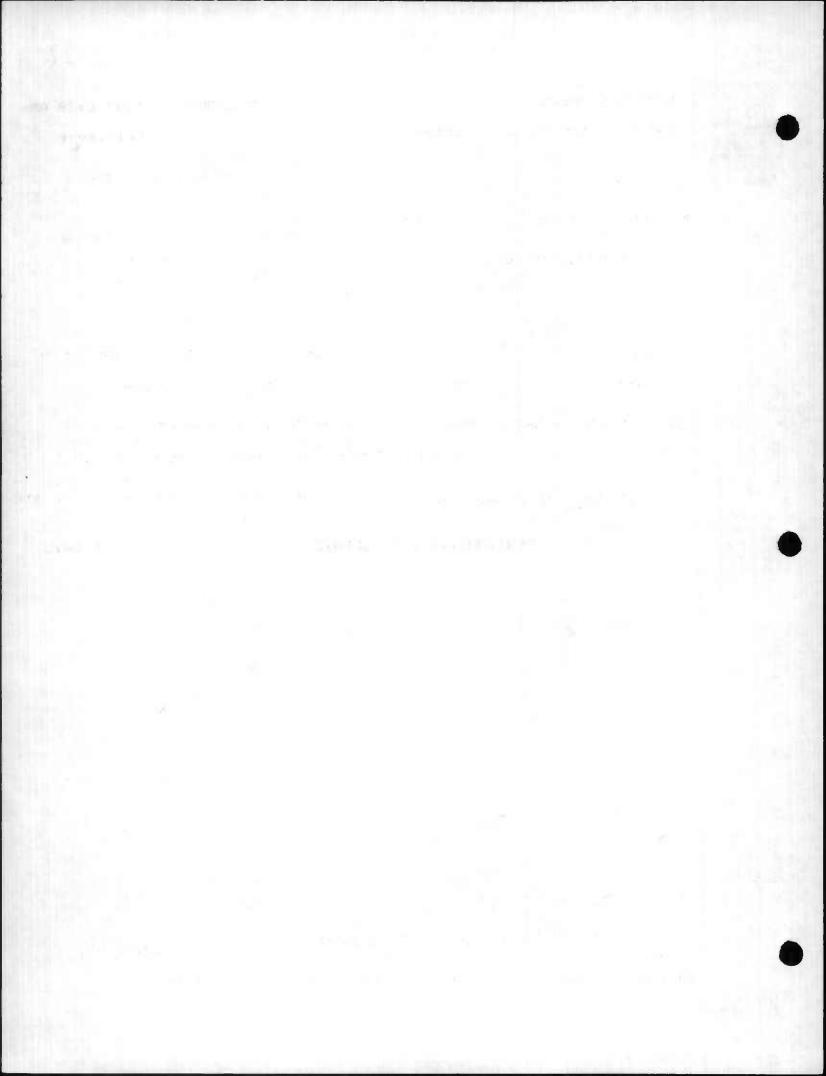
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	ian	1. Decedent's Nema (First, Middle, La	st)		ificate of D		2. Data of Deet		3. Time of De
/Medi		YHU MU	L CHAL)			NOV.	23,199	7 4100
Examir	ner	4a. Fecility Nama (If not Institution, giv	. /	De ITE		City, Town, or Lo	cation of Death	4c/County of	
Francis		5. Social Security Number 6. S	ex 7. Aga //	CENTER In yrs. last birthdey)		If Undar 24 Hrs.	B Data of Birth	DALI	MOLE 9. Birthplece (State or Fo
Funeral Director		<i>D64-62-6822</i> Usuel Residence of Decedant	□ M 2 F	67 Yrs. 1	Months Deys	Hours Min.	8. Data of Birth (Month, Day,	1930	CHINA
show		10a. Stete 10b. County	10	Oc. City, Town or Local	ition				10d. Inside City L
with the Merylend a or 28a-f show	cto	MD- BALTIE	MORE	PERRY	HALL				1 X Yes 2
0, 2 0, 2	Dire	10e. Street end Number		2-	10f. Zip Code		1	og. Citizen of Wh	
ms 23a	erai	7105 DEVI		(D.	212			0.5	
	Fun	11. Marital Status 1 ☐ Never Married 2 ☐ Married	12. Wes Decedent Eve Armed Forces?, 1 Yes 2 No If Yes, Give	if Y	as Decedent of His as, specify Cuban	, Maxican, Puerto	Rican, etc.)	Black,	 Amarican Indian, White, etc.
ural', or he	by Funeral Director	3 ☐ Widowed 4 Divorced	If Yes, Give Yaer or Datas:	1□	Yes 2 No	Specify:		Specify:	CHINESE
natur	Be Completed	15. Decedent's Ed	ducation	16e. Deceden	nt's Usuei Occupet	lon		16b. Kind of Bus	
than "	nple	(Spacify only highest gra	Collage (1-4or 5+)	0	nd of work done du NOT use retired)	Ining most of worki	ng	0	
THE R. LEWIS CO., LANSING, MICH.	Co	6		GENI	ERAL U	VORKER	2	KESTA	ULANT
o oth	Be	17. Fether's Nema (First, Middle, Last)			1	18. Mother's Neme	1.0)
marked marked imatic e	10		vow				KNOW		
0 5 5		19a, Intorment's Neme/Raletionship (ype, rnni)	B I C C	Addrass (Street er		DA DE	and La	CL. MD. 21
Heelth Hem 27 other t		20a. Method of Disposition		20b. Plece of Dispositi	ion (Neme of	HION.	Dete Dete	Oc. Location - C	ity of Town, Stete
		1 Burial 2 Cramation 3	Removel from Stata	cemetery, cremet	tory or other place,				
Depertment: Important: any injury		4 ☐ Donetion 5 ☐ Other (Specify 21. Signature of Funaral Service Licen		CYPRESS	Neme end Address	em. D	ec 1,199	8 Bra	OKLYN DY.
Depe Impo any li		21. Signature of granal service Electric	11 0 11	0	VAABA A	Ell 0	2829 1	tudser	7 71
		23e. Fert1. Enter the dise se or compshock, or heart feilura. List only	yenda p	, 0/	THE P	77.	BALTO	· MD.	2/224 Approximete
end al-transit	Examiner		b. Cou	e to (or es a)	all Co	uncer)		
physician the buni		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events rasulting in death) Last	· Maly	nutriti	nce of):				
ding physician end ise as the bunel-transit	Medicai	Sequentially list conditions, if any, leading to immediate cause. Enter Undartying Cause (Disease or Injury that initieted events rasulting in death) Last	a. Mal	nutruts	nce of):				
0 6	Medicai	rasulting in daarn) Last		nutriti	ince of):				
0 6	Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Undarfying Cause (Disease or Injury that initieted events rasulting in death) Last Pert II. Other eignificant conditions or		ot resulting In the unde	erlying cause given	in Part I.			ribute to the cause of d
been signed by the attending should be detached for use as	by Physician/Medical	rasulting in daarn) Last		ot resulting in the under	erlying cause given	n in Part I.		eutopsy	
ate has been signed by the attending page 2 should be detached for use a	Physician/Medical	rasulting in daarn) Last		ot resulting in the under	erlying cause given	n in Part I.	1 ☐ Ye	n eutopsy	24b. Were eutopsy tindi eveilable prior to compiation ot caus
ate has been signed by the attending page 2 should be detached for use a	Be Completed by Physician/Medical	rasulting in daarn) Last	ontributing to death but n	ot resulting In the unde		26. Plece of Deeth	1 Ye	n eutopsy ned?	24b. Were eutopsy tindi evallable prior to complation of caus of daath?
is certificate has been signed by the attending director, page 2 should be detached for use as	To Be Completed by Physician/Medical	Pert II. Other significant conditions of 25. Was case referred to medical examiner? 1 Yes 2 70 27. Menner of Deeth	ontributing to death but n Hospitel: 1 ☐ Inpatient 28a. Date of Injury (Month, Day Ye	2 ☐ ER/Outpetient 28b. Time of	3□ DOA Other 28c. Injury e Work?	26. Plece of Deeth Aursing Hor	1 Your Your Year Your Year Your Year Your Year Your Your Your Your Your Your Your You	n eutopsy ned?	24b. Were eutopsy tindle eveilable prior to completion of caus of daath? 1 Yas 22 No
is certificate has been signed by the attending director, page 2 should be detached for use as	To Be Completed by Physician/Medical	Pert II. Other significant conditions of examiner? 1 Yes 2 100 27. Menner of Deeth	Hospitel: 1 Inpatient 28a. Date of Injury (Month, Dey Ye	2 ☐ ER/Outpetient 28b. Time ot Injury	3 DOA Other 28c. Injury e Work? M 1 Ye	26. Plece of Deeth Wursing Hor at 2 as 2 □ No	1 Ye 24e. Wes elliperform 1 Ye (Check only on the 5 Reside Red. Describe ho	n eutopsy ned? s 2 No new No new No new No new No	24b. Were eutopsy tindi eveilable prior to compiation of caus of daath? 1 Yas 22 No
is certificate has been signed by the attending director, page 2 should be detached for use a:	To Be Completed by Physician/Medical	Pert II. Other eignificant conditions of 25. Was case referred to medical examiner? 1 Yes 2 100 27. Menner of Deeth	Hospitel: 1 Inpatient 28a. Date of Injury (Month, Dey Ye	2 ER/Outpetient 28b. Time ot Injury - At home, farm, street	3 DOA Other 28c. Injury e Work? M 1 Ye	26. Plece of Deeth Wursing Hor at 2 as 2 □ No	1 Ye 24e. Wes elliperform 1 Ye (Check only on the 5 Reside Red. Describe ho	n eutopsy ned? s 2 No a) nce 8 Other w injury occurred	24b. Were eutopsy tindle eveilable prior to completion of caus of daath? 1 Yas 22 No
is certificate has been signed by the attending director, page 2 should be detached for use as	Certification: To Be Completed by Physician/Medical	Pert II. Other significant conditions of examiner? 25. Was case refarred to medical examiner? 1	Hospitel: 28a. Date of Injury (Month, Dey Ye	2 ER/Outpetient 28b. Time ot Injury - At home, farm, street Specify)	3 DOA Other 28c. Injury e Work? M 1 Ye t, fectory, office	26. Plece of Deeth Aursing Hor at 2 as 2 \(\text{No} \) No	24e. Wes el perform 1 Ye (Check only on the 5 Reside 28d. Describe horizont or Town and dua to the ce	n eutopsy ned? s 2 No a) nce 8 Other w injury occurred, Stete) usa(s) and manifest	24b. Were eutopsy tindi eveilable prior to compiation of caus of daath? 1 Yas 22 No (Specify) d
is cartificate has been signed by the attending director, page 2 should be detached for use a	To Be Completed by Physician/Medical	Pert II. Other eignificant conditions of examiner? 1	Hospitel: 1 Inpatient 28a. Date of Injury (Month, Dey Yebuilding, etc. (5)	2 ER/Outpetient 28b. Time ot Injury - At home, farm, street Specify)	3 DOA Other 28c. Injury e Work? M 1 Ye t, fectory, office	26. Plece of Deeth Aursing Hore at 2 as 2 No 2 date and piece, enion, deeth occurre	24e. Wes ein perform 1 Ye (Check only on the 5 Reside 28d. Describe how the care of the time, do the time, do the care of the time, do the time,	n eutopsy ned? s 2 No a) nce 8 Other w injury occurred winjury occurred, Stefe) usa(s) end meninte end plece, end	24b. Were eutopsy tindi eveilable prior to compiation of caus of daath? 1 Yas 22 No (Specify) d r or Rurel Routa Number, and easted and dua to the cause(s)
been signed by the attending should be detached for use as	edical Certification: To Be Completed by Physician/Medical	Pert II. Other eignificant conditions of examiner? 1 Yes 2 Yo 27. Menner of Deeth	Hospitel: 1 Inpatient 28a. Date of Injury (Month, Dey Yebuilding, etc. (5)	2 ER/Outpetient 28b. Time ot Injury - At home, farm, street Specify)	3 DOA Other 28c. Injury e Work? M 1 Ye t, fectory, office	26. Plece of Deeth Aursing Hore at 2 as 2 No 2 date and piece, enion, deeth occurre	24e. Wes ein perform 1 Ye (Check only on the 5 Reside 28d. Describe how the care of the time, do the time, do the care of the time, do the time,	n eutopsy ned? s 2 No a) nce 8 Other w injury occurred winjury occurred, Stefe) usa(s) end meninte end plece, end	24b. Were eutopsy tindi eveilable prior to compiation of caus of daath? 1 Yas 22 No (Specify) d r or Rurel Routa Number, and easted and dua to the cause(s)
is cartificate has been signed by the attending director, page 2 should be detached for use a	edical Certification: To Be Completed by Physician/Medical	Pert II. Other eignificant conditions of examiner? 1 Yes 2 Po 27. Menner of Deeth	Hospitel: 1 Inpatient 28a. Date of Injury (Month, Dey Yebuilding, etc. (5)	2 ER/Outpetient 28b. Time of Injury - At home, farm, street Specify) by knowledge, daath ocuminetion end/or investi	3 DOA Other 28c. Injury e Work? 1 Ye t, fectory, office ccurred at tha tima stigetion, in my opir 29c. License i	26. Plece of Deeth Aursing Hore at 2 as 2 No 2 date and piece, enion, deeth occurre	24e. Wes ein perform 1 Ye (Check only on the 5 Reside 28d. Describe how the care of the time, do the time, do the care of the time, do the time,	n eutopsy ned? s 2 No a) nce 8 Other w injury occurred winjury occurred, Stefe) usa(s) end meninte end plece, end	24b. Were eutopsy tindi eveilable prior to compiation of caus of daath? 1 Yas 22 No (Specify) d r or Rurel Routa Number, and easted. Indiduato the cause(s)



State of Maryland /	Department	of Health and Mental Hygiene 9	1
	- 110		-

					00	- conocit	U	Death			Reg. No.		
D1		1. Decedent's Neme (First, Middle, L							-	2. Dete of De	eth	Vone	3. Time of Dee
Physici /Media		META E CONNE	K5		_				I	ECEMB	ER 24,	1997	6:30 6
Examir		40. Eggilik Harpe (II got institution o	Medic	al Ce	nter				wn, or Lo	ocation of Deet	h 4c. Coun	ty of Death Balt:	imore
Funeral Director	Г	Social Security Number Social Security	Sex 1□M 2□F	7. Age (In y	rrs. lest birthday, Yrs.	Months	1 Year Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, De 12-8-1	th ay, <i>Year)</i> .923		lece (Stete or Fo try) yland
*		Usual Residence of Decedent 10e. Stete 10b. County		100	City, Town or L	ocation			_			14/	0d. Inside City Li
ma 23a or 28a-f show	tor	Maryland Baltimo	re	100.	Towso						1 Yes 2		
17.28	Directo	10e. Street end Number				10f. Zip	Code				10g. Citizen of	Whet Coun	try?
3a o		2300 Dulaney	Valley	Road			21	204			TT C	7	
f Health and Mental Hygiene. Item 27 is marked other than "natural", or Itema 23a or 28a-f show other traumatic event, the Modical Examinat result be notified at	by Funeral	11. Maritel Status 1. Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Dec Armed F	cedent Ever in orces? 2 No ive		13. Wes Decedent of Hispenic Origin? (Spell Yes, specify Cuben, Mexican, Puerto 1 ☐ Yes 2 ☐ No Specify:			ecify Yes or No Rican, etc.)	14. Re	U.S.A. 14. Rece - American Black, White, etc Specify: White		
natura fical E		15. Decedent's l (Specify only highest g	Education		16e. Dece	dent's Usue	l Occup	ation	t of work	ina	16b. Kind of	Business/Ind	lustry
than "I	Completed	Elementary/Secondery (0-12)		(1-4or 5+)	life.	DO NOT us	reta	3)	I OI WOIK	iiig	Poval	The state of the s	riter Co
d other event, II		17. Fether's Neme (First, Middle, Las	t)			DCC	1000		ar's Nem	a (First Middle	. Meiden Suma		TITEL CC
h and Mental Hygie 7 Is marked other traumatic event, th	To Be	UNKNOWN		Co	nners				Ali			ners	
and le m		19a. Informent's Neme/Relationship	(Type, Print)		19b. Meili	ing Address	(Street	end Numbe	er or Run	al Route Numb	er, City or Tow	n, State, Zip	Code)
of Health Item 27		Miss Renee Duzar	(Socia	l Work	er) 23	00 Du	lane	ey Val	lley	Road,	Towson,	Md.	21204
nent o int: If iry or		20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spec		01-1-	Place of Dispo cemetery, cre ardens	metory or of	ther plan	cem.	12-	Dete -26-97	20c. Location		
Depertment of important: if any injury or once.		21. Signeture of Funerel Service Llor		1.	0 4	2. Name en			•	ral Hom	e. Inc	1050	York Ro
		23a. Pert1. Enter the diseese, or cor shock, or heart feilure. List only	7 9	andy !	71.							Tows	Approximate
Medicai xaminer		Immediate Cause (Final disease or condition	0	IUNII	IS WIT	TH SE	PSI	S					2 DAYS
xaminer	aminer	diseese or condition resulting in deeth)	e	Due to	O (or as a conse	quence of):	PSI	S					2 DAYS
xaminer	Medical Examiner	diseese or condition	e	Due to	o (or as a conse	quence of):	PSI	S					2 DAYS
e ettending physician end dor use es the buriel-transit	Medical	disesse or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disesse or Injury that initiated events resulting in death) Lest	e b с	Due to	o (or as a conse	quence of): quence of):				29b. Did	tobacco use c	contribute to	2 DAYS
e ettending physician end dor use es the buriel-transit	Physician/Medical	disesse or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	e b с	Due to	o (or as a conse	quence of): quence of):					tobacco use c		
is been signed by the ettending physician end use should be detached for use as the buriel-transit	by Physician/Medical	disesse or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disesse or Injury that initiated events resulting in death) Lest	e b с	Due to	o (or as a conse	quence of): quence of):				1 🗆		3 Prob	the cause of de
ate has been signed by the ettending physician end mpege 2 should be detached for use as the buriel-transit	by Physician/Medical	disesse or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disesse or Injury that initiated events resulting in death) Lest	e b с	Due to	o (or as a conse	quence of): quence of):			•	1 🗆	Yee 2 XNo en eutopsy ormed?	3 Prob	the cause of debably 4 Unknown under the cause of debably 4 Unknown under the cause of the cause
ate has been signed by the ettending physician end mpege 2 should be detached for use as the buriel-transit	Be Completed by Physician/Medical	disesse or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disesse or Injury that initiated events resulting in death) Lest	bd	Due to	o (or as a conse	quence of): quence of):	ause giv	en in Pert I		1 a 24a. Wes	Yee 2 No	3 Prob	the cause of de pably 4 Unking the eutopsy finding silable prior to impletion of cause deeth?
his certificate has been signed by the ettending physician end al director, pege 2 should be detached for use as the buriel-transit	To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significent conditione 25. Was case referred to medical exeminer? 1 Yes 2 No 27. Manner of Death 1 Thaturel 5 Pending	b	Due to Due to	o (or as a consect of or es e consect of con	quence of): quence of): quence of): underlying ce	A Oth	en in Pert I 26. Plece er: 4□ Nu y et	of Deat	1 □ 24a. Wes perfet 1 □ h (Check only) me 5 □ Resi	Yee 2 No	3 Prob	the cause of depaids of the cause of depaids of the cause
ther death. It is contilicate has been signed by the ettending physician end It is the funeral director, page 2 should be detached for use as the buriet-transit It is the funeral director.	To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significent conditione 25. Was case referred to medical exeminer? 1	b	Due to Due to Due to death but not i	c (or as a consect of (or es e consect of (or	quence of): quence of): quence of): underlying ce nt 3 □ DO of 2t M	A Oth Wor	en in Pert I 26. Plecerer: 4 Nu	of Deat	24a. Wesperful 1 th (Check only) me 5 Resi 28d. Describe	Yes 2 No one) dence 8 0 how injury occu	3 Prob 24b. We eve cor of c 1 ther (Specify urred	the cause of depaids of the cause of depaids of the cause
ther death. Westor: After this cartificate has been signed by the ettending physician end In by the funeral director, page 2 should be detached for use as the buriet-transit In the funeral director, page 2 should be detached for use as the buriet-transit In the funeral director, page 2 should be detached for use as the buriet-transit In the funeral director, page 2 should be detached for use as the buriet-transit In the funeral director, page 2 should be detached for use as the buriet-transit In the funeral director, page 2 should be detached for use as the buriet-transit.	Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significent conditione 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manger of Death 1 Naturel 5 Pending investigative and investigative and investigative and investigative and investigative and investigative and investigative and increase and investigative and investig	b. c. d. Hospitel: 152 28e. Place build hyelclen: To the miner: On the b	Due to Due to Due to Due to Due to Due to Due to	co (or as a consect of (or es e consect of (or	quence of): quenc	A Other	26. Plecerer: 4 Nuyet K? Yes 2 Nue, date en	o of Deet	24a. Wes performed in the Check only me 5 Resided Describe 28f. Location (City or To	Yes 2 No one) dence 8 O how injury occurs, Street and Numer, State)	3 Prob 24b. We eve cor of c 1 L ther (Specify urred	the cause of depably 4 Unkers entropy finding billable prior to appletion of cause deeth? Yes No Route Number,
his certificate has been signed by the ettending physician end al director, pege 2 should be detached for use as the buriel-transit	To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significent conditione 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manger of Death 1 Naturel 5 Pending investigated 1 Pending investigated 6 Could not indetermined 1 Pending investigated 2 Pending investiga	b. c. d. Hospitel: 152 28e. Place build hyelclen: To the miner: On the b	Due to Due to Due to Due to Due to Due to Due to Due to	co (or as a consect of (or es e consect of (or	quence of): quenc	A Oth Wor I Office	26. Plece er: 4 Nu yet yet Yes 2 Ine, date en pinlon, dea	o of Deet	24a. Wes performed in the Check only me 5 Resided Describe 28f. Location (City or To	Yes 2 No one) dence 8 O how injury occu Street and Num wm, State) ceuse(s) end in date end place	3 Prob 24b. We eve cor of control of the correct o	the cause of de cably 4 Unker de eutopsy finding bilable prior to impletion of cause deeth? Yes No I Route Number, deted. the cause(s)
ther death. Westor: After this cartificate has been signed by the ettending physician end In by the funeral director, page 2 should be detached for use as the buriet-transit In the funeral director, page 2 should be detached for use as the buriet-transit In the funeral director, page 2 should be detached for use as the buriet-transit In the funeral director, page 2 should be detached for use as the buriet-transit In the funeral director, page 2 should be detached for use as the buriet-transit In the funeral director, page 2 should be detached for use as the buriet-transit.	Medical Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significent conditione 25. Was cese referred to medicel exeminer? 1 Yes 2 No 27. Manner of Death 1 Naturel 5 Pending investigatic investigatic determined 29 Accident 3 Suicide 6 Could not determined 29a. Certifier (Check only one) Certifying P Conditions	Hospitel: 28e. Dete (Morning) 28e. Piacobuild by elclen: To the miner: On the bend man	Due to Due to	co (or as a consect of (or es e consect of (or	quence of): quenc	A Oth A Oth Box Injur Office In my of 129	26. Plece er: 4 Nu yet yet Yes 2 Ine, date en pinlon, dea	o of Deet	24a. Wes performed in the Check only me 5 Resided Describe 28f. Location (City or To	Yes 2 No one) dence 8 O how injury occu Street and Num wm, State) ceuse(s) end in date end place	3 Prob 24b. We eve cor of c 1 ther (Specify urred)	the cause of de cably 4 Unker de eutopsy finding bilable prior to impletion of cause deeth? Yes No I Route Number, deted. the cause(s)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** DECEMBER 22, 1997 11:32 AM COSTA RALPH /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore Examiner Towson Saint Joseph Medical Center 7. Age (In yrs. last birthday) I Under 1 Year II Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthplace (Stete or Foreign Country) **Funeral** 1₩ 2□F Yrs. Director 218-38-3539 56 April 2, 1941 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f shor traumetic event, the Modical Examiner must be notified as Polk County Winter Haven Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 358 Sand Pine Trail 38800 USA Funeral 11 Manital Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after neat of Health and Mertal Hygiene.
In the filem 27 is marked other than "naturel", or file in yor other traumatte event, I'm Modical Earning any or other traumatte event, I'm Modical Earning. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: White þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Landlord Real Estate 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Ralph Edward Costa, Sr. Lucetta Keelty 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Lucetta Costa/Mother 1055 W. Joppa Rd., Apt. 401, Towson, MD 21204 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any Injury or New Cathedral Cemetery 12/24/97 Baltimore, MD of Funeral Se 22. Name and Address of Facility Zowell Lowell M. Lemmon Funeral Home lumon Lemmon 10 W. Padonia Rd., Timonium, MD 21093 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician DAYS RESPIIRTORY FAILURE /Medicai Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner RESPIRATORY DISTRESS SYNDROME DAYS ADULT Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) DAYS 68760 PNEUMONIA Physician/Medicai Due to (or as a consequenca of): DAYS Box ACQUIRED IMMUNE DEFICIENCY SYNDROME 100 ğ Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? ž yd bengis THROMBOCYTOPENTA 1 Yes 2 No 3 Probably 4 Unknown Records, þ 2 Completed 24a. Was en autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? 2 page 2 utte Division of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 ☐ Yes 2 No 1 M Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 28b. Time of Attac Attending 1X Natural 2 Accident 5 Pending 1 Yes 2 No investigation To the Hospital or Atlandi within 24 hours after death To the Funeral Director: A completely filled in by the fi 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical 29a. Certifier 🖎 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(a) and manner as steted. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) which D 31826 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

31. Date filed (Month, Day, Year)

3 0 1997

RICHARD L. LINTHICUM M.D. 7602 YORK ROAD TOWSON, 32. Bogistrar's Signature

MARYLAND 21204

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle 1 ast) 2. Date of Death 3. Time of Death **Physician** Month COLE VIRGINIA 3:40 any 12 /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death Examiner SuburbAN Betherda
H Under 1 Year H Under 24 Hrs. 8. D. Montgomer HU 6 Sax 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 9. Birthpiaca (State of Tollign Country) **Funeral** 1□M 25 F Days Hours Yrs. Director 220-34-6365 Nov. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Director 1 Yes 2 No Montgomery Rockville 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 1235 Patomic Valley Rd. 20850 USA 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 Ø No Specify: P 3₺ Widowed 4 Divorcad White 'natural', Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b, Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed with Department of Health and Mental Hygien, Important: If Item 27 is marked other that eny injury or other transmission. 9 Crusade Director American Cancer Society 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Clark Belle Frank Esther Taylor 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Stephanie Scales/daughter 4408 Custis Dr. Rockville, Md. 20853 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramovai from State 4 ☐ Donation 5 ☐ Other (Specify) Moreland Memorial Park 12/29/97 Parkville, Md. 21. Signature of Funeral Service to 22. Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner ARKINSONI Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue Due to (or as a consequence of): Box 68760, 1 Dua to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings aveileble prior to completion of causa of death? Completed 24e. Wes an autopsy performed? multi instant Dementia ORONANY HEASE 1 Yes 2 → No 1 ☐ Yes 2 ☐ No Vital Be 25. Was case referred to medical 26. Piace of Deeth (Check only one) Hospitei: 10 Impatient 2 ER/Outpatient 3 DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) ō this 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred Attending 1 Waturei 5 Pending investigation 1 ☐ Yes 2 ☐ No death 2 Accident efter death 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 I Homicide 24 hours e 1 Certifying Phyalclan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and manner stated. Medical 29a. Certifier To the Hosp within 24 ho To the Fune completaly fi (Check only one) 29b. Signature and title of cartifier 29c. Licanse numbar 29d. Date signed (Month, Day, Year) wygramina 17.1). D21662 30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print) Rocku, He MD Wilhlying CAMINA MD 4912 ADRIAN ST.

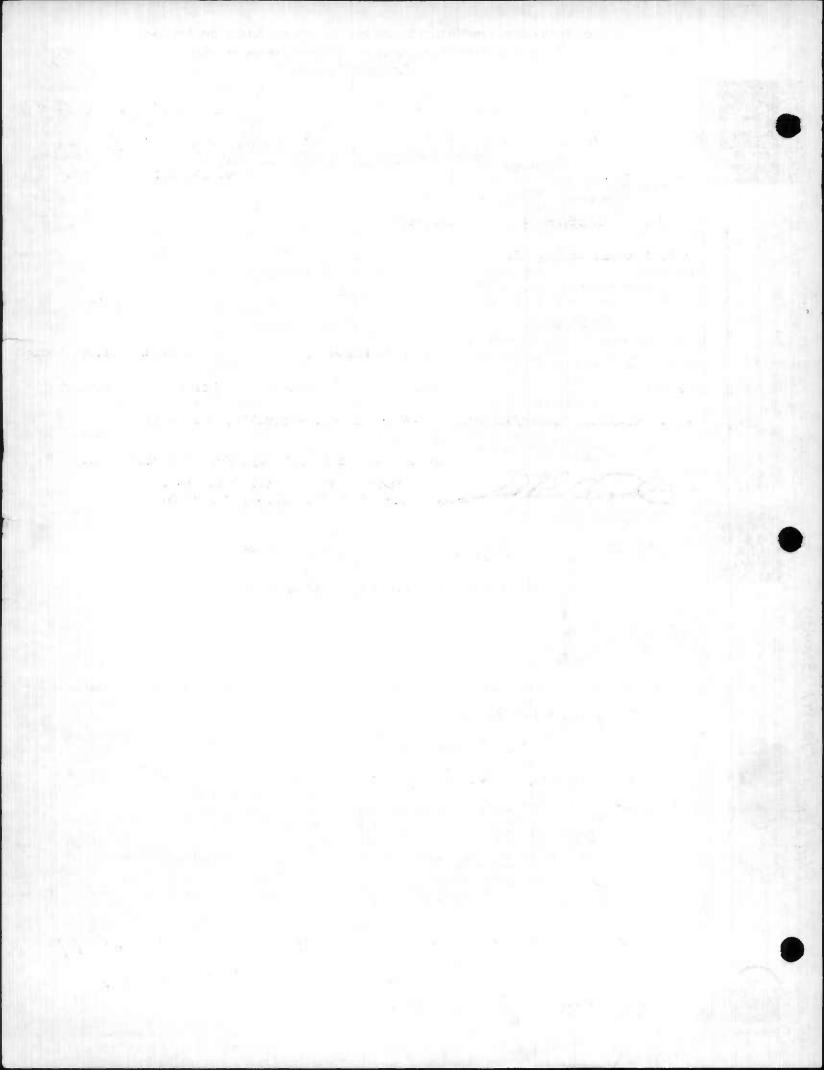
32 Registrate Signeture Fundall

State

Registrar

31. Date filed (Month, Day, Year)

DEC 3 0 1997



State of Maryland / Department of Health and Mental Hygiene 7 39330 Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle Last) 2. Date of Death Month Day **Physician** December 28, 1997 Shirley CARPENTER 3:51 p.m. /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number, 4c. County of Death Examiner Franklin Square Hospital Center Rosedale Baltimore If Under 1 Year 8. Date of Birth (Month, Dey, Year) If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) Min 1□ M 2 F Months Days Hours Yrs. 69 236-32-1604 Jan.9 1928 Virginia Usuel Residence of Decedent 10d. Inside City Limits 10e. Stete 10b. County 10c. City, Town or Location 1 ☐ Yes 2 ☐ No Director Baltimore Co. Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21220 3949 Bayville Road Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 XNo If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White py 3 ₩ Widowed 4 Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housewife Home Owner 10 0 18. Mother's Name (First, Middle, Meiden Surname) 17. Father's Neme (First, Middle, Last) Nancy J. Harlowe Lewis C. Hatchell 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3949 Bayville Road, Baltimore, Md. 21220 19a. Informent's Name/Relationship (Type, Print) (Son) John Null 20b. Placa of Disposition (Name of cametery, cremetory or other place V.A. Crownsville 20a. Method of Disposition Jan. 2 20c. Location - City or Town, State pleca) 1X Buriel 2 ☐ Cremetion 3 ☐ Removal from State 1997 Crownsville, Md. 4 ☐ Donation 5 ☐ Other (Specify) Signature of Funeral Service Licensee Kevin Ecker 22. Name and Address of Facility
McCully-Polyniak Funeral Home 130 E. Fort Ave., Baltimore, Md. 21230 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Cardiac Tamponade 10-min. Due to (or as a consequence of) Examine Cardiac Rupture 10 min. Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of) Acute Myocardial Infarction Physician/Medical 1 week Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to Completed 24a. Was an eutopsy completion of cause of death? 1 Yes 2 □ No 1 Yes 2□ No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 FR/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Certification: 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 ☐ Could not be 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 - Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. Medicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year)

D35118

State

Registra

30. Neme and eddress of person w

DEC 3 0 1997

Funeral

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

2

filed within Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mantal Hy Important: If flem 27 is marked othe any linjury or other traumatic event alice.

Physician /Medical

Examiner

physician s the but

20 signed by I

peen

報見 page 2

certificate

funanti

Attar

Director:

24 hours a Funeral

To the To the Complete Complete

Attending

after

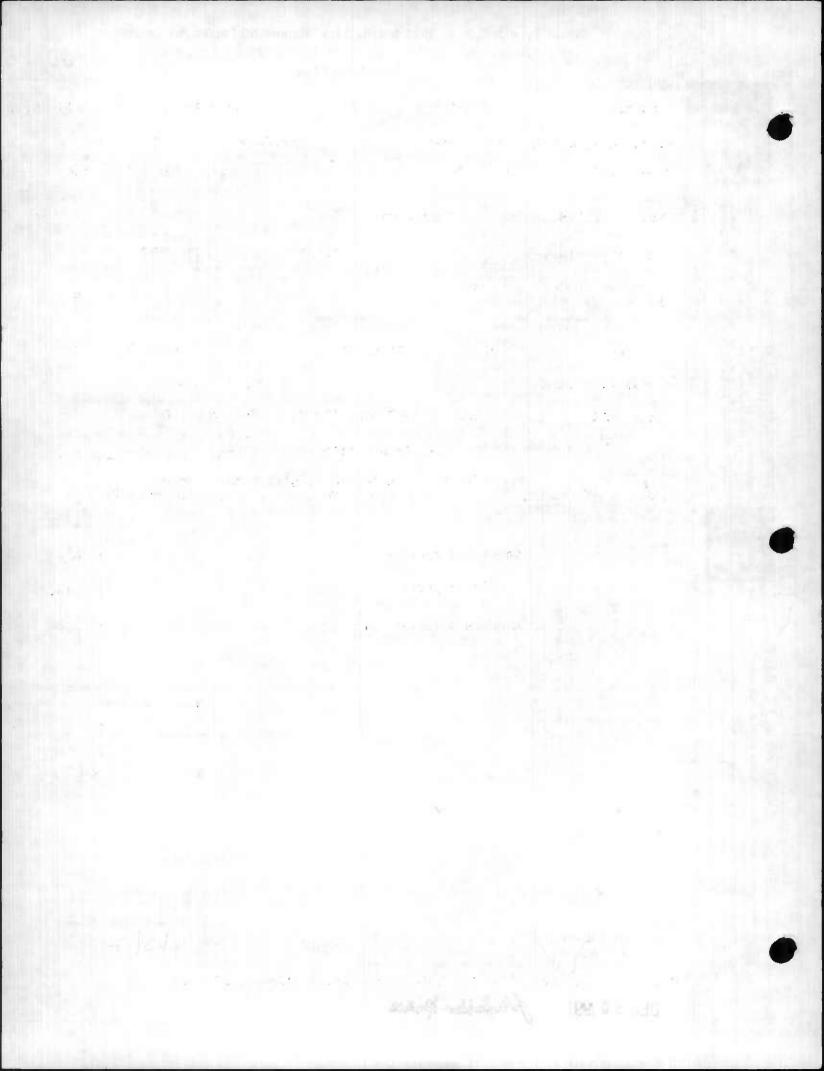
Division of Vital Records, P.O.

2

Baltimore, Maryland 21215-0020

9000 Franklin Square Dr. Baltimore, MD 21237 Sandra McCatty,

completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene-Certificate of Death Item: 31 per VR G-754 12/30/97 dh 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** J. Calhoun Curtis /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Baltimore Union Memorial Hospital n/a If Under 1 Year | if Under 24 Hrs. 5. Sociei Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days XXM 2DF 217-66-5867 42 Yrs. Director Sept.14,1955 Usual Residence of Decedent 10a. State show 10c. City, Town or Location 10d. Inside City Limits a or 28a-f show MD n/a Yea 2□No Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 723 E. 41st. St. ms 23a 21218 Funeral Herns 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indian, Black, Whita, etc. 11. Marital Status "natural", or item filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No If Yes, Give Year or Dates: 21215-0020 1 ☐ Yes 2 ☐ No Specify: by 3 Widowed Wivorced Specify. Black. Completed the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 and 2 should be flied within nent of Health and Mental Hygiene.
ant: If item 27 is marked other than ury or other traumatic event, item M. Elementary/Secondary (0-12) College (1-4or 5+) 12th Police Officer Baltimore City Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Berkley Calhoun Sr. Susie Witherspoon 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health ar important: if item 27 is any injury or other trau Bernetta Bristol/sister 723 E. 41st. St. Balto., MD 20b. Piace of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, Stete Burial 2 ☐ Cremation 3 ☐ Removal from State ☐ Donetion 5 ☐ Other (Specify) Arbutus Memorial Park 12/31 Baltimore, MD in of Funeral Service Licansee 22. Name and Address of Fecilit James A. Morton & Sons Funeral Home 1701 Laurens St. Balto., MD 21217 23a Part. This the disease, or complice ions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, in the art failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Lest P.O. Box 68760 Physician/Medical The law requires that the death certificate 8 Due to (or as a consequenca of) for use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the cause of death?) 1 Yes 2 No 3 Probably 4 Unknown Records, Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? certificate hes 1 Yes 2 N 1 ☐ Yes 2 ☐ No of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 22 No 10 1 Yes 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this uneral 27. Manner of Death Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Affer Division Attending ours after deab.

vi Director: Ah.

in by the fur-5 Pending investigation 1 ENaturat 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital c within 24 hours at To the Funeral D completely filled is Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only one) 29b. Signeture end title of partille 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (item 23a) (Type, Print) 21218 Bacto nivers tarker 31. Date fited (Month, Day, Year) 32. Registrar's Signature State Julia Davidson Registrar DEC 3 0 1997

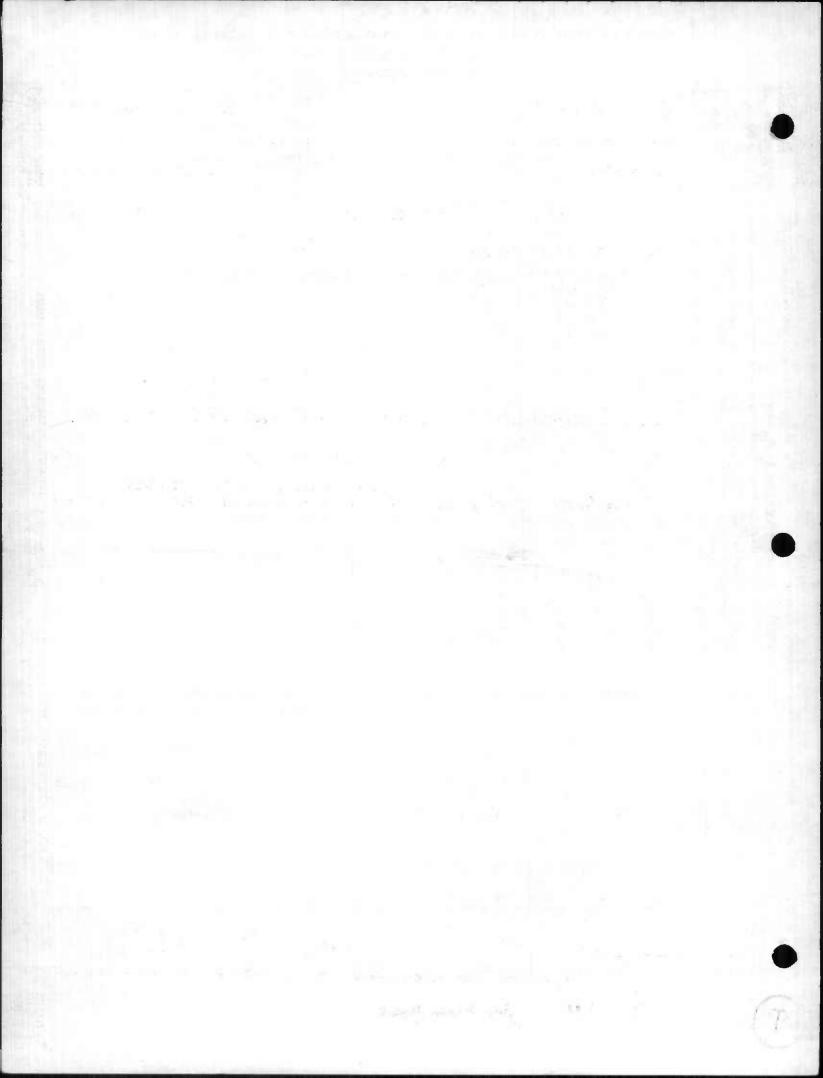
DHMH 16 Bev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 7 2 2 2 2

ysician	_	1. Decadant's Nama (First, Middle CIERALDINE CI	ia, Last)			100			2. Data of De Month	Day	Year	Time of Death
Medical kaminer	i -	4a. Facility Nama (If not institution		number)				4b. City, Town, or	12 Location of Deat	25 ;	97/	7.73 800
		JOHNS HOPKINS I	BAYVIEW N	MEDICAL	CENTER			BALTIMO	RE		CITY	
neral ector		5. Social Sacurity Number 212-44-5009	6. Sax 1 □ M 2 ☑ F	7. Aga (In yrs	yast birthday) Yrs.	ff Undar Months	1 Yaar Days	If Undar 24 Hrs Hours Min		th 3, 1943	9. Birthplace Country) MAKYL	AND
led by Superal Director		Usual Rasidance of Decedant 10a. Stata 10b. County MD C	ITY		ity, Town or Loc LTIMORE		/	,				Inside City Lin
Funeral Director	ai Direc	10e. Street and Number 642 SOUTH LII	NWOOD AVE	D AVENUE 101. Zip Code 212				224		10g. Citizen of	What Country?	
hy Fimer	2	11. Marital Statua 1 ☐ Nevar Married 2 ☐ Marri 3 ☐ Widowed 4 ☑ Divorced	ried 1 Yas	12. Was Decedant Evar in U.S. Armad Forces? 1 Yas, Giva Yaar or Datas: 13. Was Deced If Yas, specific yas, specific yas, sive 1 Yas, Giva 1 Yas			dant of Hispanic Origin? (Specify Yas or No city Cuban, Maxican, Puarto Rican, atc.) 21 No Specify:				ce - Amarican I ok, Whita, atc. by: WHITE	ndian,
Completed	Dending	15. Decedan (Specify only higha: Elementery/Secondary (0-12)		tition (Giva kind of wor life. Do NOT us HOUSEWIF)		f work dona during most of working IT usa ratired)			16b. Kind of B	STIC	ry	
To Be C	0	17. Fathar's Nama (First, Middla, FRANK CWIEK				18. Mothar's Na BERTHA	ma (First, Middla JEROMI	, Maidan Sumai N	na)			
		19a. Informant's Name/Ralations WENDY WODARSKI		2	19b. Mailin 81 BRI	g Addrass	(Streat	and Number or R ET NORT	urai Routa Numb H HAMPT	er, City or Town ON, MASS	, Stata, Zip Co SACHUSE	da) TTS 01
4	1	20a. Mathod of Disposition 1 Ø Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (S		m Stata HO	Place of Dispos cematary, crem LY ROSA	sition (Name natory or of RY C	na of thar pla EMET	ce) TERY DE	Data C. 27,97	20c. Location BALTIMO		
BUCE		21. Signature of Funaral Sarvice	Licensee	0 6				SS of Encility ILER, IN				1001
clan/Medical Examiner	Cause (Disassa or Injury that initiated evants rasulting in death) Last Cause (Disassa or Injury that initiated evants rasulting in death) Last					LURC uance of): DISER	Œ					
Physician/N	200	d. Part II. Other significant conditions contributing to death but not resulting in the underlying ca						en in Part I	23h Did	Dfd tobacco use contribute to the cause of d		
by Phys			THE CONTRIBUTING TO			identy ing or	aoda gir	TOTAL TOTAL		Yes 2 No		ly 4□Unkr
Completed b									24a. Was	rformed? availab		autopsy findings ble prior to letion of causa ath?
Comp		25. Was casa rafarred to medical						00.51	10		1 🗆 Ya	as 2 No
To Be		axaminar? 1 ☐ Yas 2 ☑ No	Hospital	Inpatient 2	ER/Outpatient	3 DO	A Oth	NOC:	ath <i>(Check only</i> Homa 5 ☐ Rasi		har (Specify)	
		27. Mannar of Death 1 ☑Natural 5 ☐ Pandin 2 ☐ Accidant Invastig	gation (Mo	e of injury onth, Day Year)	28b. Tima of Injury	M 2	Bc. Injui Wor	ry at rk? Yas 2 □ No	28d. Dascribe how injury occurred		rred	
		3 ☐ Sulcida 6 ☐ Could I 4 ☐ Homicida datarm	ined Zba. Pla	ce of Injury - At h ding, atc. (Speci	ome, farm, stre	eat, factory	, offica			Street and Num wn, Stata)	ber or Rural Ro	outa Number,
Cas	5	29a. Cartifiar 1⊠ Certifyin (Check only one) 1⊠ Certifyin 2□ Madicai	g Physician: To the Examiner: On the and ma	ne best of my kno basia of axamina innar stated.	owiedge, death atlon and/or Inv	occurred a astigation,	in my c	ma, data and place opinion, daeth occu	a, and dua to tha urred at tha tima,	cause(s) and m date end place,	anner as state and dua to the	d. ı cause(s)
7		29b. Signatura and titla of certifla	29c	29c. Licansa number 97029			29d. Data signed (Month, Day, Year) 12/25/1997					
completely filled		> Speffell	-, m.	2.		9	770.	29		12/25/1	997	

DHUIH 16 Rev 6/95

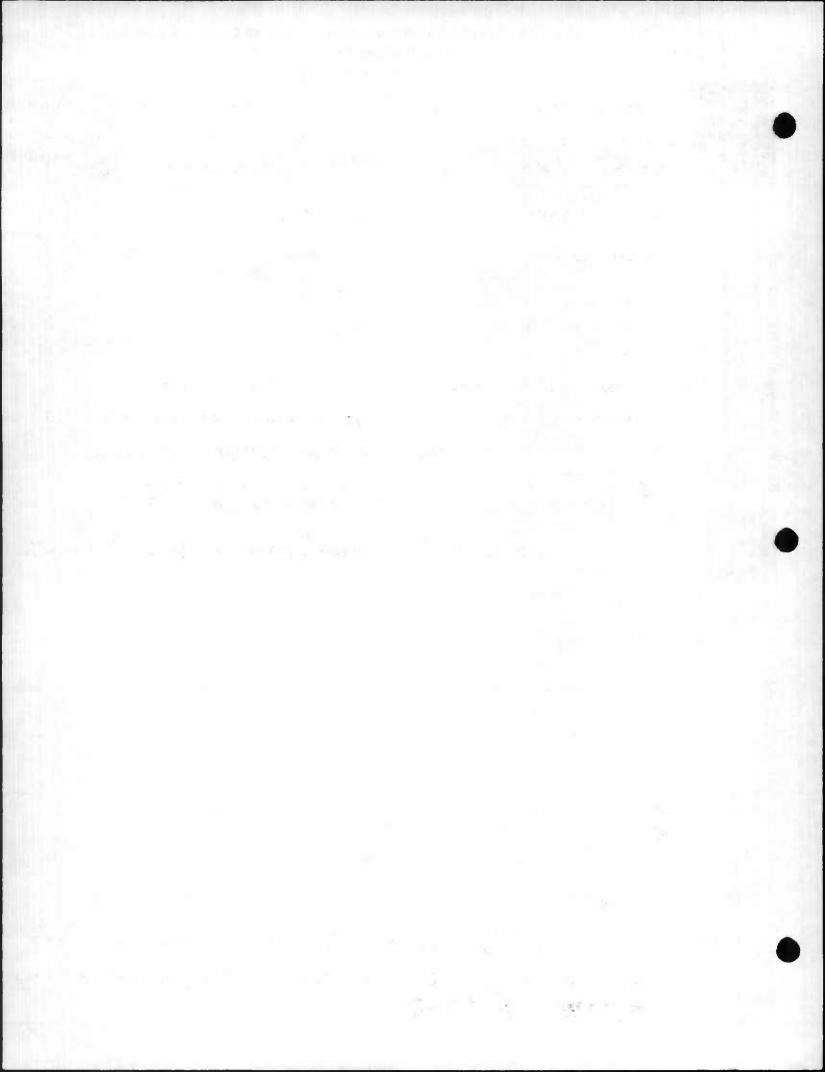


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle 1 ast) 2. Dete of Death 3. Time of Death Month **Physician** 23 1997 3:00pm Jr. Lawrence Dec. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 322 Darkhead Road Middle River Baltimore if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)
March 3, 1928 If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (Stete or Foreign **Funeral** Months Days 11 M 2 □ F 212-24-2030 Yrs. MAryland 69 Director Usual Residence of Decedent death with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Md. 7 28a-f sh Middle River 1 ☐ Yes 2 No Director 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or Items 23s or the Medical Examiner must be 322 Darkhear Road 21220 USA 12. Wes Decedent Ever In U.S. Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. Armed Forces?
1⊠ Yes 2 □ No filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: If Yes, Give Year or Dates: Specify: White by 3₺ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) Beth Steel WORKER STEEL 12th 7 is marked other traumatic event, 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) permit. Pages 1 and 2 should be filk Department of Health and Mental Hy Important: if Item ZT is marked oth any liqury or other traumatic event state. Be Velma Simpson James L. Cecil Sr. 19a. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5321 Litany Baltimore MD. 21237 Bonnie Hash/daughter Lane 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Buriei 2 ☐ Cremation 3 ☐ Removal from State HOLLY HILL CEMETERY 12/27/97 Baltimroe Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Address of Facility Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221 23a. Part1. Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line. Approximete intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Final month diseese or condition resulting in death) Examiner Due to (or es e consequence of) Examiner that the death certificate be executed buriel-transi Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Last pue Due to (or as e consequence of): P.O. Box 68760. physician s the burie Physician/Medical Due to (or as e consequenca of) 98 USB ō signed by the er Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? Completed peeu pege 2 2 No certificate 1 ☐ Yes 2 ☐ No of Vital Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certifica 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Division 1 Neturei 2 Accident 5 Pending investigation 1 Tes 2 No 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) In by 4 Homicide cai 29e. Certifier 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, date and piace, end due to the ceuse(s) end menner es steted. Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end placa, and due to the cause(s) end menner stated. Medic To the vithin 2 29c. License number 007632 29d. Date signed (Month, Dey, Year) 29b. Signeture and title of certifier DEC. 26, 1997 m.D Obonovan, 30. Name end address of person who pompieted cause of deeth (item 23e) (Type, Print) 2112 DUNDALK AVE., BALTO MD 21222 J.CROSSAN O. DONOVAN, M.D. 31. Date filed (Month, Day, Year)

DHMH 16 Rev 6/95

State Registrar



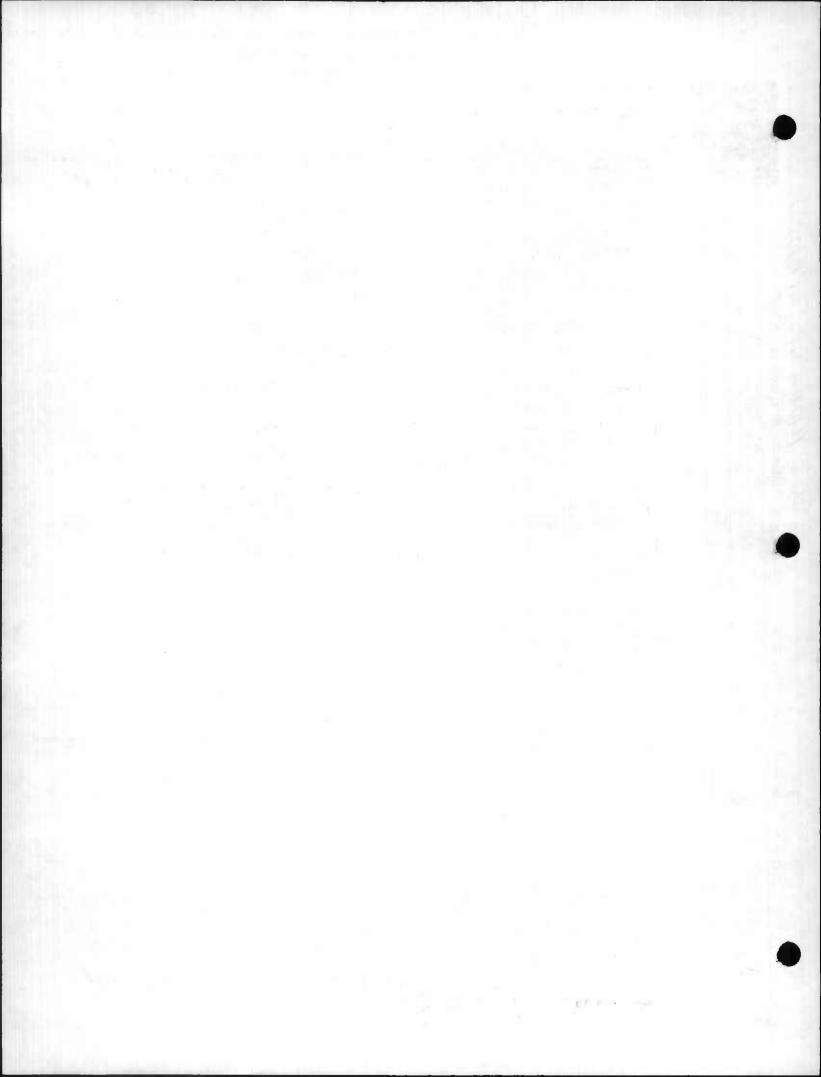
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Hecember 22,1997 MADELINE K. CELOZZI /Medical 4b. City, Town, or Location of Death 4e. Facility Neme (If not Institution, give street end number) 4c. County of Death **Examiner** Makylance HIMORE n/a If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) **Funeral** Deys 1 □ M 2/□ F 220-01-2873 78 Yrs Director Sept. 11, 1919 MAryland Usuel Residenca of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "netural", or items 23s or 28s-f show edical Examiner must be notified at Md. Baltimore n/a HE Yes 2□ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3810 Elmora Ave. 21213 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yea or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indlen, Black, White, etc. 11. Meritei Status 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No Specify: þ Specify: 3 XWidowed 4 ☐ Divorcad White Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) nd Mental Hygiene. marked other than Elementery/Secondary (0-12) College (1-4or 5+) Short Order Cook Restaurant 8th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental Giovanni De Giacomo Emilia Fischittis P 19a. Informant's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) .00 or other tra Patricia Fisher/daughter 21 Woody Road Baltimore Md. 21221 20b. Placa of Disposition (Name of cametery, cremetory or other pleca) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ➡ Bunal 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: if any Injury or Oaklawn Cemetery 12/24/97 Baltimore Md. 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility Connelly Funeral Home of Essex Q Onn 300 MACE Ave. Baltimore Md. 21221
Tenter the mode of dying, such as cardiac or respiratory errest, 23a. Pert1. Enter the diseese, or comblications thet caused the deeth shock, or heert failure. List only one cause on each line. Approximata Intervel Between Onset end Deeth **Physician** Carcinoma of Lungs /Medicai Immediete Cause (Finel diseese or condition resulting in deeth) Examiner Examiner The law requires that the daath certificate be executed the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of) Box 68760. Physician/Medical Due to (or as e consequenca of): for use as P.O. I ate has been signed by the a page 2 should be detached it Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Dfd tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Records, þ 24b. Were autopsy findinga evalleble prior to Completed 24a. Wes an autopsy performed? completion of cause of deeth? 2 No certificate 1 Yes 1 ☐ Yes 2 ☐ No Vital or Attending Physician: director Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA Certification: To of this funeral 27. Menger of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division After 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No daath. 2 Accident after dast Director: filled in by the 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide 6 Could not be 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral C the Hospitai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a, Certifier complately (Check only one) 29b. Signature and title of cartifier 29d. Dete signed (Month, Dey, Year) 29c. License number

Maryland General Hos

State Registrar 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

Asherburk digner fordale



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day 27, 1997 **Physician** Emma H. Downey DECEMBER 3:35 PM /Medical 4a Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Baltimore Saint Joseph Medical Center Towson 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 8. Date of Birth (Month, Day, Year)
July 23,1906

8. Birthplace (Stete or Country)
Maryland 6 Sex Birthplace (State or Foreign Country) **Funeral** 1 M 2 K F Days Hours Min 216-05-1825 9 1 Yrs. Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inalde City Limits 7 is marked other than "natural", or hems 23a or 28a-f sho traumatic event, the Medical Expriner must be notified at 1 Yes 2 No Directo Maryland N/A Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 2807 Fleetwood Avenue 21214 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White by 3 ₩ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b, Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be and Mental Annie Gontrum George Murphy 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 Department of Health e Important: If item 27 is Mrs. Iris L. King / Daughter 2807 Fleetwood Avenue Baltimore, Maryland other 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 0 Injury 4 ☐ Donation 5 ☐ Other (Specify) 12/30/97 Parkwood Cemeterv Baltimore, Maryland 22. Name and Address of Facility
Leonard J. Ruck, Inc. 21. Signature of Funeral Service Licensee Mark T. Zavoyna any ir Marie 5305 Harford Road Baltimore, Md. 21214 23e. Part1. Enter the disease control cations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) BILATERAL PNEUMONIA Examiner Due to (or es e consequence of): Examiner physician and s the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequence of): certificate be exec P.O. Box 68760 Physician/Medical Due to (or as a consequence of) 80 esn for Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 3 CONGESTIVE HEART FAILURE Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Wes an eutopsy performed? MALNUTRITION certificate 1 ☐ Yes 2X No 1 ☐ Yes 2 No funaral director, 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Certification; Attending 5 Pending after deeth. Director: Aft 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 6 24 hours Hospital 29a. Certifier 1 🗶 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atated. edical 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and manner stated. (Check only one) To the To the F 29b. Signature and title of certifie 29c, License number 29d. Date signed (Month, Dey, Yeer) 12-27-97 37254 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 7602 YORK ROAD TOWSON MARYLAND 21204 BOON P. LIM M.D. 31. Date filed (Month, Day, Year) strar's Signature State Registrar

DHMH 16 Ray 6/95

Tellied Ladibate Aqueol Solad Queball

DEPOSITE THE PROPERTY OF

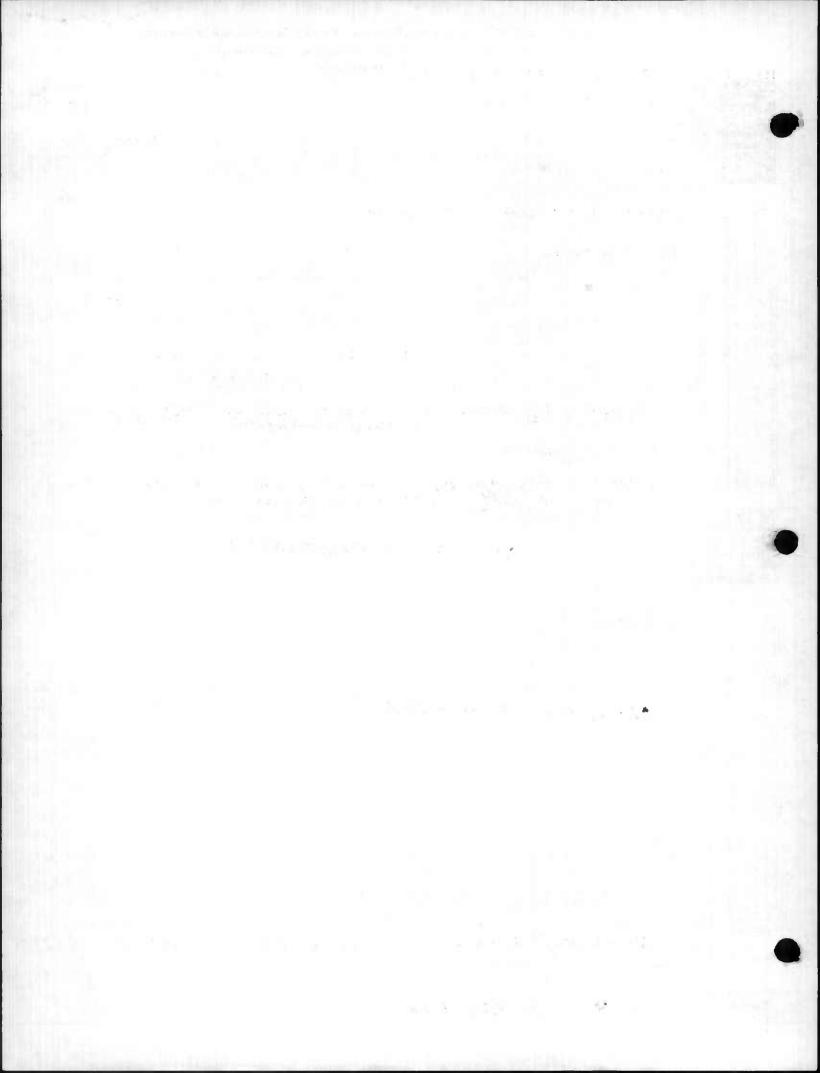
ALLEGAL PAR PARTIELLA

MARK TEST

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygien 3 9 3 3 6

Physic /Medi	ian	1. Decedent's Nam	e (First, Middle	hy Film G-7 o, Last) er DY11		5 1			9.7	2. Date of I Month NOVCh	Dey	1997	Time of Death
Exami		4e. Fecility Name (I	or Hos	give street end n	umber) enter				Balt	Location of Dec	ath 4c. Cour Balt	nty of Death	
Funeral Director		5. Social Security N none Usual Residence of		6. Sex 12 M 2 □ F	7. Age (In yrs.	. last birthday) Yrs.	If Under Months	Days	Hours Min	S. 6. Dale of E. (Month, I.)	Sirth Dey, Year) OLT 1, 199	(Cquatry)	(State or Forei
28a-f show notified at	stor	10a. State Maryland	10b. County	Arundel		ity, Town or Loc en Burn							fnside City Llm 1 ☐ Yes 2 🖾 f
23e or 28a-f eho	Funeral Director	10e. Street and Nut 522 Delm		nue	e			10f. Zip Code 21061				10g. Citizen of What Country?	
el', or items Examiner m	by	11. Marital Status 1 ☑ Never Marri 3 □ Widowed		Armed F 1 Tes If Yes, G	12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ⅓ No If Yes, Give Year or Dates:			cify Cuben,	anic Origin? (Mexican, Pue Specify:	Specify Yes or Norto Rican, etc.)		ace - American lack, White, etc.	
	Completed					kind of wor DO NOT us	rk done du se retired)	on ing most of w	orking	16b. Kind of	Business/Indust	ry	
	To Be C	Robert Benjamin Dring Pamel							eme (First, Middle a Sue And	erson			
27 is		19e. Informant's Na Pam	ame/Relationsh ne la Dring	g/Mother	ircetor	19b Mailin	Address 22 De	(Street en LOMY Imar A	d Number of F BOST C /eGlen	Burnie	Maryland 20c. Location		eet
Department of Healt Important: If Item 2 any Injury or other once.				3 []Removal from		Place of Dispos cemetery, crem	sition (Nan netory or o	ne of ther plece)		Dete	20c. Location	n - City or Town,	State
nysician 'Medicai		234. Part, Enter the	rt feilure. List o	only one ceuse on	each line.	in. Do not ente	BI ING INOU	ie or cynig,	SUCH as Caron	ac or respiratory	arrest,	Inte	proximate erval Betweer set end Deat
xaminer	ner	Immediate Causa (disease or condition resulting in death)		a ext	Erem (2 P		MAT	ruri	TY			
xaminer	VMedical Examiner	disease or condition	ndiflons, nmediete ortying injury	a. <u>ex</u> c.	Due to (uenca of):	MAT	ruri	TY			
xaminer	Medical	disease or condition resulting in death) Sequentially list confidency, leading to impeuse. Enter Under Cause (Disease or that initiated events resulting in death) I. Part II. Other significant conditions are supported in the conditions of the c	ndiflons, mediete rrying Injury S. Lesi	bd	Due to (d) Due to (d) Due to (d)	or as e consequence or es ablished or est	uenca of): uenca of): uenca of):				d tobacco uss c		
gned by the attending physician and undetached for use as the bunal-transit	by Physician/Medical	disease or condition resulting in death) Sequentially list confidency, leading to impeuse. Enter Under Cause (Disease or that initiated events resulting in death) I. Part II. Other significant conditions are supported in the conditions of the c	ndiflons, mediete rrying Injury S. Lesi	b	Due to (d) Due to (d) Due to (d)	or as e consequence or es ablished or est	uenca of): uenca of): uenca of):			23b. Df:	Yas 22 No	contribute to the	e causs of de ly 4 □ Unki
has been signed by the attending physician and Union to the detached for use as the burial-transit	by Physician/Medical	disease or condition resulting in death) Sequentially list confidency, leading to impeuse. Enter Under Cause (Disease or that initiated events resulting in death) I. Part II. Other significant conditions are supported in the conditions of the c	ndiflons, mediete rrying Injury S. Lesi	bd	Due to (d) Due to (d) Due to (d)	or as e consequence or es ablished or est	uenca of): uenca of): uenca of):			23b. Dfd 1 [24a. Wa per	Yas 20 No	contribute to the 3 Probable 24b. Were availat comple of deel	e causs of de
ata has been signed by the attending physician and page 2 should be detached for use as the bunal-transit	Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list configure, leading to impresse. Enter Under Cause (Disease or that initiated events resulting in death) I	ndiflons, mediete rhying linjury stess less less less less less less les	bd	Due to (d) Due to (d) Due to (d)	or as e consequence or es ablished or est	uenca of): uenca of): uenca of):	ause given	In Part I.	23b. Dfd 1 [24a. Wa per	yas 2 No	contribute to the 3 Probable 24b. Were availat comple of deel	autopsy findin ole prior lo stion of cause
After this certificate has been signed by the attending physician and intended for use as the bunal-transit bunal transit	To Be Completed by Physician/Medical	Sequentially list confidence in the confidence in the cause (Disease or that initiated events resulting in death) I. Part II. Other significations in the cause (Disease or that initiated events resulting in death) I. Part II. Other significations in the cause (Disease or the cause (D	ndiflons, mediele rhying Lesi floant condittor LP L red to medical No h 5 □ Pending Investigs	b	Due to (d) Due to (d) Due to (d)	or as e consequence or es ablished or est	uenca of): uence of): uenca of): uenca of):	ause given A Other: Be. Injury e Work?	In Part I. 6. Place of Dr. 4 □ Nursing	23b. Dft 1 [24a, Wa per 1 [eath (Check only)	yas 2 No	24b. Were availat comple of deel	autopsy findin ole prior lo autops findin ole prior lo ation of cause
After this certificate has been signed by the attending physician and intended for use as the bunal-transit bunal transit	Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list confidency, leading to impresse. Enter Under Cause (Disease or that initiated events resulting in death) is provided in the confidency of the confiden	ndiflons, mediete rhying linjury stess less less less less less less les	b	Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d) Due to (d)	or as e consequence or es	uenca of): uence of): uence of): uenca of): uenca of): 1 3 DO M 20 M peel, factory	ause given A Other: BC. Injury e Work? 1 Ya	In Part I. 6. Place of Do 4 □ Nursing 8 5 2 □ No	23b. Df. 1 24a. Wa per 24a. Wa per 1 28d. Describe 28f. Location City or T.	Yes 2 No Yes 2 No Yes 2 No Yone) sidenca 6 00 how injury occ (Street and Numown, State)	24b. Were availat comple of deel 1 TYe	autopsy findin ole prior to stion of cause th?
After this certificate has been signed by the attending physician and intended for use as the bunal-transit bunal transit	Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list confidency, leading to improve the cause (Disease or that initiated events resulting in death) I. Part II. Other signification of the confidency of the cause (Disease or the cause (nditions, nmediate ritying injury. Lest ficent condition red to medical No h 5	b. c. d. Hospital: 1 28a. Dete (Moral Place and Place build) Physician: To the xaminer: On the b	Due to (c) Due to	or as e consequence or es ablished or established o	uenca of): uenca of): uenca of): uenca of): inderlying ca	ause given A Other: Bec. Injury e Work? 1 Ya 7, office	In Part I. 6. Place of Do 4□ Nursing ts 2□ No dete and place	23b. Df. 1 24a. Wa per 1 25ath (Check only Home 5 Re 28d. Describe 28f. Location City or T	yes 2 1 No yone) sidenca 6 00 how injury occ (Street end Nurrown, Stete) e cause(s) and n	24b. Were availat comple of deel 1 Yes	autopsy finding autopsy finding lep prior to elton of cause th? as 2 No
this certificata has been signed by the attending physician and mail director, page 2 should be detached for use as the bunal-transit	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list configure, leading to limit cause. Enter Unde Cause (Disease or that initiated events resulting in death) I. Part II. Other signification of the configure of the conf	ndiflons, mediele riving linjury Lesi deant condition LLP L	b. c. d. Hospital: 1 28a. Dete (Moral Place and Place build) Physician: To the xaminer: On the b	Due to (continue) Due to (continue) Inpalient 2 of Injury th, Dey Year) e of Injury - At hing, etc. (Specifical Property And Proper	or as e consequence or es ablished or established o	uenca of): uenca of): uenca of): uenca of): uenca of): I 3 □ DO M occurred e estigetion, 29c.	ause given 2 2 3A Other: 48c. Injury e Work? 1 Ya 7, office et the time, in my opin	In Part I. 6. Place of De 4 Nursing to see 2 No dete and place ion, deeth occumber	23b. Df. 1 24a. Wa per 1 25ath (Check only Home 5 Re 28d. Describe 28f. Location City or T	yes 2 No yone) sidenca 6 0 how injury occ (Street end Num own, Stete) e cause(s) and r b, dete and place	24b. Were availat comple of deel 1 Yes	autopsy findin- autopsy findin- ole prior lo ethor of cause th? Surface No oute Number, d. cause(s)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dec. 23, 1997 **Physician** Anna Daig 6:35 A.M. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 2612 Rocks Road Forrest Hill Harford 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funeral** 1 M 2 XF 83 Yrs. Director 219-01-0378 Aug. 28,1914 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside Cify Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2 ☐ No Md. Harford Forrest Hill the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2612 Rocks Road 21050 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes: 11. Marltal Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after a Department of Haalth and Manial Hygiena. Important: If item 27 is merked other than "natural", or itan any injury or other traument. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: White 3℃ Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Unk. Housewife Own Home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) George Kohler Mary Dailey 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Relationship (Type, Print) Frank Daig/ Son 2612 Rocks Road, Forrest Hill, Md. 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Baltimore/Washington Crematory 1 ☐ Burial 2X Cremation 3 ☐ Removel from State 4 Donetion 5 Other (Specify) Laurel, Md. 21. Signature of Funerel Service Lices 22. Name and Address of Fecility Moran-Ashton-Dabrowski Funeral Home, Inc. 23e. Part 1. Enter the disease, or amplications that caused the standard Do not enter the mode of dying, such as cardiac or respiratory errest,

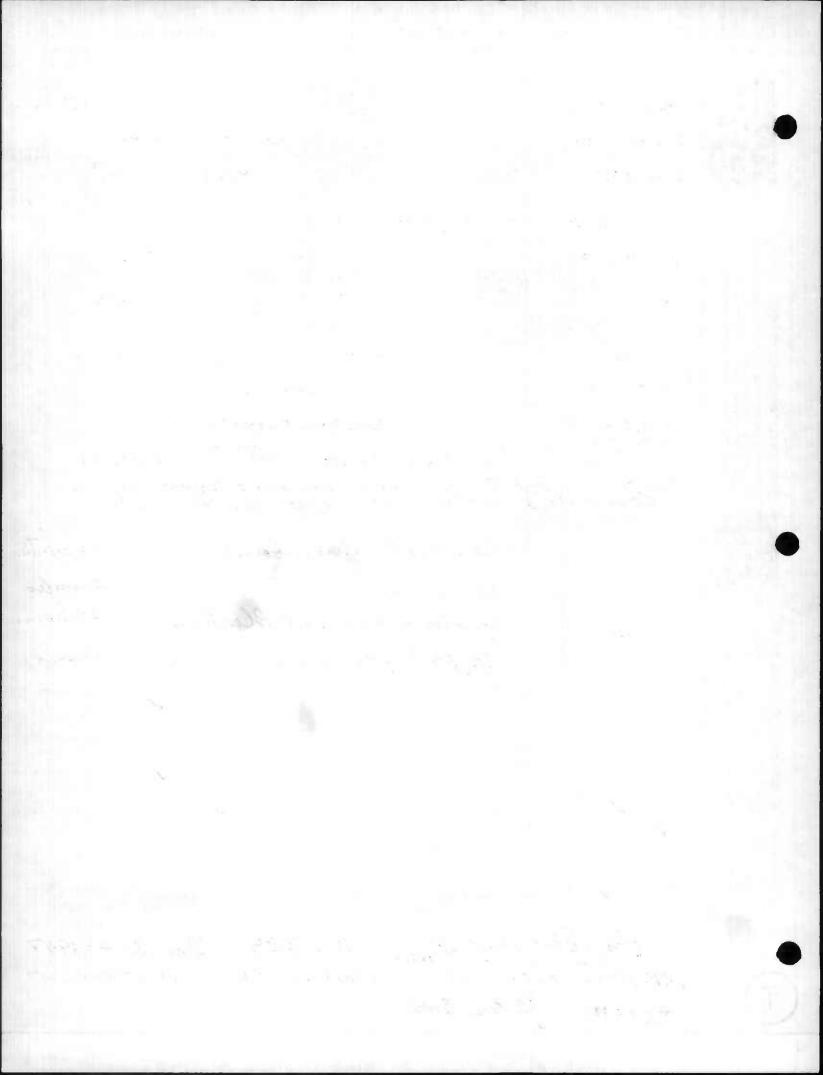
Applications that caused the standard Do not enter the mode of dying, such as cardiac or respiratory errest,

Applications that caused the standard Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Between Onset end Death **Physician** Thumboy 5 Immediate Ceuse (Final disease or condition resulting in death) /Medical Examiner Examiner rozerzsis physician and s the bunal-trans Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest The law requires that the death certificate be execu P.O. Box 68760 Physician/Medicai Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown Records, Completed by page 2 should b 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was en eutopsy performed? 1 Yes 2 No 1 Yes 2 No certificate Division of Vital Be 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Day Year) 27. Menger of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After Hospital or Attending 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 ☐ No 2 Accident Director: / 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) aftar 4 Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the Hosp within 24 hou To the Fune completely fi 29b. Signature and title of Zertifi. 29c. License number 29d. Date signed (Month, Dey, Year) D16389 Decamber 23, 1997 cause of deeth (tem 23e) (Type, Print) HARFORD RD Rm 106 FKUSTON MD 21047 PERFECTOC. VALARAD

State Registrar 31. Dete filed (Month, Dey, Year)
DEC 3 0 1997

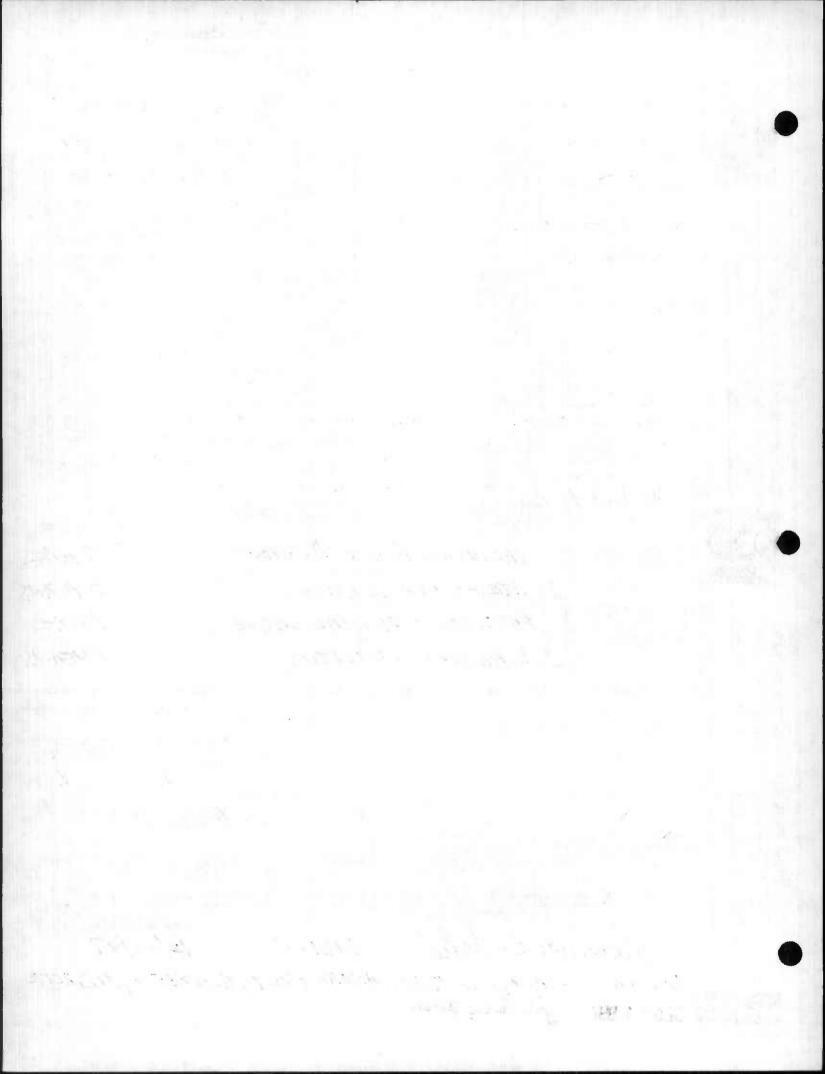




State of Maryland / Department of Health and Mental Hygiene

100		Decedent's Neme (First, Middle, Las				tificate of	Death		eg. No. 9 /	39	3. Time of Death	
Physicia		Ada K. D'Auri	0					Month Dec.	Day 19, 19	Year 997 8	3:30 A.M.	
/Medica		4e. Facility Name (If not institution, give	street end number))			4b. City, Town, or l		4c. County		7.50 A.H.	
		407 Zelma Ave.					Capital	Heights	Prince	Geor	ge's	
Funeral		Social Security Number 6. S		ge (In yrs.	lest birthday)	If Under 1 Year	If Under 24 Hrs.	8. Date of Birth (Month, Day)			e (State or Foreign	
Director		045-03-4962 Usual Residence of Decedent	□ M 2 以 来	80	Yrs.	Months Days	Hours Min.	July 12		Conn	ecticut	
after death with the Maryland or Items 23s or 28s-f show triting must be notified at	tor	10a. State 10b. County Maryland Prince (Cooreolo		y, Town or Lo						Inside City Limits X⊠ Yes 2 □ No	
noti	Director	10e. Street end Number	eorge s	U d	ipital	Heights 10f. Zip Code		1	0g. Citizen of W	/hat Country	?	
38 o	0	407 Zelma Ave.				20747			United			
985	Funeral	11. Maritel Status	12. Was Decedent	Ever in U	,S. 13. V		lispanic Origin? (Spen, Mexicen, Puerto	pecify Yes or No-		- American		
Examine	by Fur	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 🍕 🔀 If Yes, Give Year or Dates:			Yes, specify Cub	en, Mexicen, Puerto Specify:	Rican, etc.)	Specify:	k, White, etc Whi		
Sal	B	15. Decedent's Ed	ucation	_	16e. Deced	ent's Usual Occup	pation		16b. Kind of Bu			
the Med	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16e. Decedent's Usual C (Give kind of work of kind of work of kind of work of kind of work of kind of kind of work of kind of work of kind of work of kind of kind of kind of work of kind o			during most of world)	king	Federal					
ent,	Be C	17. Father's Name (First, Middle, Last)		_	Book	тоброг	18. Mother's Nam	ne (First, Middle, I			Timent	
senta sed ic ev	ToB	David Krivitsky					Bessie 1	leovsky				
M Puri	-	19a. Informant's Name/Reletionship (T	ype, Print)		19b. Mailin	g Address (Street	and Number or Ru		City or Town.	State. Zip Co	ode)	
7. Tra		Rose Madden Day	ighter			_	Drive Bo					
if item or othe		20e. Method of Disposition X1 Burial 2 ☐ Cremation 3 ☐ 0				sition (Name of natory or other pla		4, 1991	20c. Location - (
ortant: If ortant: If injury or	-	4 □ Donation 5 □ Other (Specify		St.		nce Ceme		1	New Have	en Con	necticut	
Importing any it		21. Signature of Funeral Service Licens	Biola		Ro		ess of Facility Evans Fundalis Rd				E	
ysician Medical kaminer		23e. Part1. Enter the disease, or comp shock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)			h. Do nof ente	er the mode of dylr	ng, such as cardiac	or respiretory error	est,	Ar	oproximate terval Between nset end Death	
	Examiner		b. ATRII	AC.	FBIC r as a conseq	ICLATI	od			8	YEARS YEARS YEARS	
								9C VACVE				
00	n/Medical	resulting In death) Last				IEU	rus			7	YEARS	
d for	Cla	Post II. Other significant conditions as						1				
	y Physician/	Pert II. Other eignificant conditions co	ntributing to death b	ut not resi	ulting in the ur	deflying cause giv	ven in Part I.	23b. Did to	- Aug	COMPANIES OF THE PARTY OF	e cause of death?	
been sign should be	Completed by							24e. Wes e		comp	autopsy findings ble prior to letion of ceuse	
ate has	E							1□ Ye	s 2NNo	of dea	12	
		25. Was case referred to medical								1 🗆 Y	es 2A No	
	o ne	examiner?	Hospital:			2 DOA Oth	or:	th (Check only on				
2 1	-	1 ☐ Yes 2 No 27. Menner of Deeth	1 ☐ Inpatie		28b. Time of	3LI DON	4 LI Nuising n	28d Describe ho				
ctor: After	Certification:	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Da	y Year)	Injury	M 1 🗆	Injury at Work? 1 Yes 2 No					
al Director: led in by the		4 Homicide determined	28e. Place of Injubulding, etc.	ury - At ho c. <i>(Specif</i>)	ome, farm, stre	et, factory, office		28f. Location (St. City or Town		er or Aural A	oute Number,	
within 24 hours after To the Funeral Director Completely filled in E	edicai	29a. Certifier (Check only one) 1 Certifying Physical Exami	nar: On the basis of and manner sta	examinet	wledge, death tion end/or Inv	occurred et the tir estigetion, In my o	ne, date and place, plnion, death occur	end due to the ca red et the time, de	ause(s) and mar ete and place, a	nar as state nd due to the	d. e cause(s)	
within 2 To the comple	Σ	29b. Signeture end title of certifier		10	,	29c. Licens	e number	25	d. Date signed	(Month, Day	, Year)	
		* Laurence	et A	atu	u	010	125		12/22	197		
0	,	30. Name and address of person who or LAWRENCE Z. S		eath (Item	23a) (Type, F	HANOVE	2 Plcur	, GRA	NBELT	, MI	20170	
State	9	31, Date filed (Month, Dey, Year)	300Registre	ar's Signa	ture		-			1		

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month HELEN DENNIS 8:05 cm DECEMBER 1997 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth RALTIHORE HOSPITAL UNION MEHORIAL If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Day, If Under 1 Year Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foreign 219-16-4617 Usual Residence of Decedent 1□M 210 F 10e. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1 es 2□No 10e. Street end Numbe 10f. Zip Code 10g. Citizen of Whet Country? 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: 132ACX Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 15-1AR2 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) DUVA HOWARD 19a Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) (9WBNDOIVE 20a. Method of Disposition 1 Burial 2 Cremetion 3 Removal from State 4 Donetion S ☐ Other (Specify) 21. Signeture of Lunerel Service Licensii ion by disease, or complications that caused the death. Do not enter the mode of dying, he it failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Immediate Cause (Final APNEA 30 MIN. diseese or condition resulting in death) Due to (or es e consequence of): 2HRS. CEREBRAL EMBOLISM Due to (or es e consequence of) 2 DAYS ATRIAL FIBRILLATION Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Hnknown SICK SINUS SYNDROME SIP PACEMAKER INSERTION 24b. Were eutopsy findings evaileble prior to 24a. Was an autopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 No 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify)

Physician /Medical Examiner

physician and the buriel-transit

10

been signed by the s should be deteched

page 2

funerai

Be

Certification:

Medicai

i or Attending Physician: effer death. Director: After this certifica

To the Hospital or within 24 hours eff To the Funeral Di completely filled in

Division of Vital Records.

permit. Pege Depertment of Important: if any injury or once.

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

Funeral

Director

if Heelth and Mentel Hygiene. titem 27 is marked other than "netural", or items 23s or 28s-f show other traumstic avent, the Medical Examiner must be notified at

nit. Peges 1 end 2 should be filed within 72 hours after of nerment of Heelth and Mentel Hygiene.
ortant: if item 27 is merked other than "netural", or hei injury or other traumatic event, the Mad call Examination

Baltimore, Maryland 21215-0020

with the Maryland

death

Examiner Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Physician/Medical

VENTRAL HYPOGASTRIC HERNIA

25. Was case referred to medical 1 Yes 2 No

27. Manner of Death

2 Accident

3 Suicide

1 Natural

28e. Date of Injury (Month, Day Yeer) 5 Pending investigation

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homleide 🗠 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29e. Certifier

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner steted. 29b. Signeture end title of certifier

29c. License number AT 242 38 94 6 29d. Date signed (Month, Dey, Yeer) DEL. 22, 1997

cheele K. Jrelliews, 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) MATHEWS , 81. D MICHAELA

V.

201 E. UNIV. PKWY. , BALTHORE, HD UNION HETTORIAL HOSPITAL 2121 21218

State **Fiegistrar**

31. Dete tiled (Month, Dey, Yeer) DEC 3 0 1997

6 Could not be determined

32. Registrer's Signature

Aulia Davidson-Randall

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Amended #5.8 perFH G755 1/6/98 EW 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Eloise 22,1997 Dec. 10:30pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 9813 Langs Road Middle River Baltimore If Under 1 If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth10/20/18 9. Birthpleca (State or Foreign (Month, Dey, Year) **Funeral** 1 M 200F Director Yrs. 79 235-72-5719 WestVirginia Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show item 27 is marked other than "naturel", or itema 23a or 28a-f sho other traumatic event, the Madical Examinar mant be not fred at Director Md. Baltimore Middle River 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9813 Langs Road 234 21220 USA Funeral permit. Peges 1 and 2 should be filed within 72 hours after dea Department of Health and Mental Hygiene. Important: if them 27 is marked other than "naturel", or items any injury or other traumatic event 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 ☐ Yes 22 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: White Specify: by 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 8th Housewife own home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be unknown unknown 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Stephen Sidon /friend 9813 Langs Road MAryland 21220 Baltimore 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetlon 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory Inc. 12/27/97 Baltimore Md. 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Connelly Funeral Home of Essex cetions that coused the dumin from entering mode of dying, such as cardial or respiratory errest. 21221 23a. Peri1. Enter the diseese, or comp shock, or heert failure. List only of **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medical the Due to (or es e consequence of) esn Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 PNo 3 ☐ Probably 4 ☐ Unknown by 24a. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of ceuse of death? Completed 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 1 Inpatient 2 ER Outpatient AOD DOA Manner of B 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Yes 2 No 2 Accident

that the death certificate be executed and physician 0 the signed by t peen s hes page 2 certificate

the

Baltimore, Maryland 21215-0020

Box 68760 P.O. Records, Division of Vital the Hospital or Attending Physician: thin 24 hours after deeth. the Funeral Director: After this certifica mpletely filled in by the funeral director, within 24 hours a To the Funeral D completely filled

Certifying Physicien: To the best of my knowledge, deeth occurred et the fime, date end plece, end due to the ceuse(s) end manner es stated.

Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) end manner steted. 29e. Certifier Medical 29b. Signeture end title of certifier and address of person who comp

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

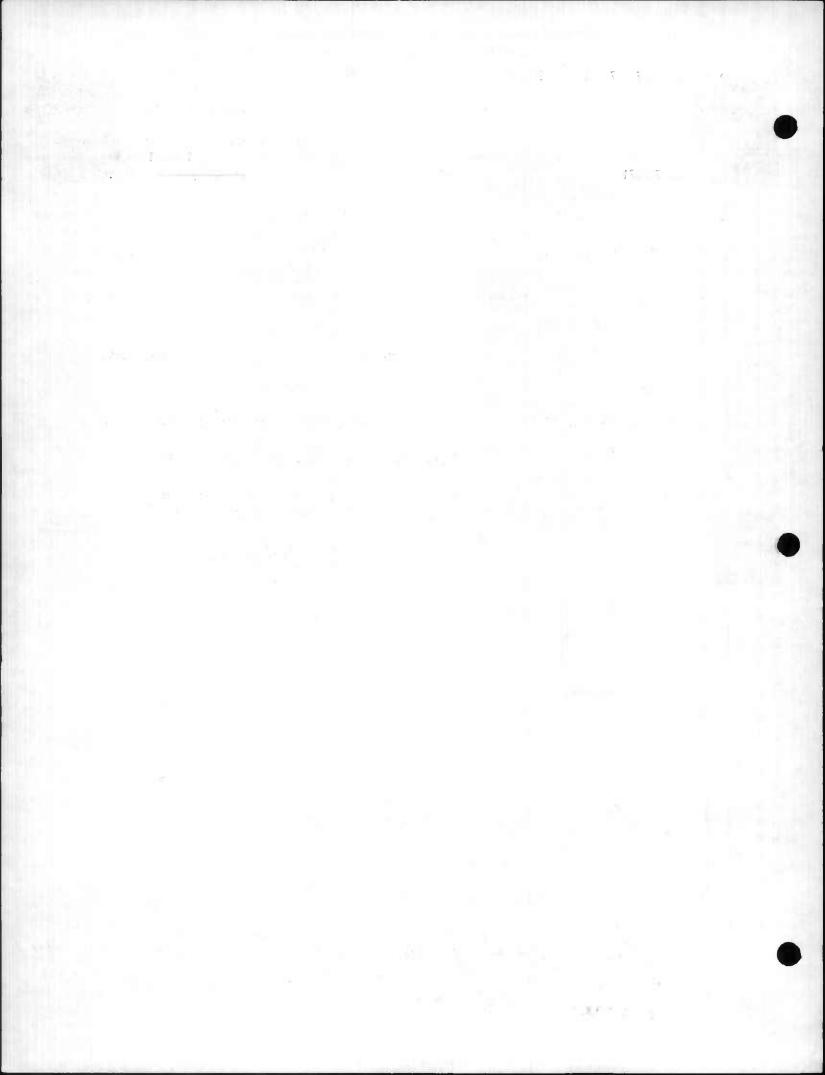
28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

.A. Vaile 31. Dete filed (Month, Day, Yeer) State 0 1997 Registrar

3 Suicide

4 - Homicide

6 Could not be determined



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedent's Name (First, Middla, Lest) 2. Data of Death December 26,1997 Month Manuel Torres Eduarte 7:39 am 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death 13203 Global Street Prince George's Bowie | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth | Months | Days | Hours | Min. | Feb. 20, 1914 5. Social Sacurity Number Birthplace (State or Foreign Country)
 Cuba 7. Aga (In yrs. last birthday) 1 12 M 2 □ F 435-38-2410 83 Yrs Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Ty Yes 2 □ No Florida Dade Miami 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3656 S.W. 17th Street 33145 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes Æ M No If Yes, Give Yaar or Dates: Was Dacedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Navar Married 2 Married 1 XX es 2 □ No Specify: Cuban Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedent's Education 16b. Kind of Business/Industry (Spacify only highast grada completed) Elementery/Secondary (0-12) College (1-4or 5+) Stationary Engineer Building Maintenance 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Manuel Eduarte Anna L. Torres 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 34 Still Pond Dr. Andres M. del Pino/Stepson New Freedom, PA. 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State Walter 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) 12/29/97 Brentwood, MD Fort Lincoln Cemetery 21. Signature of Funeral Service Licensae 22. Name and Address of Facility Robert E. Evans Funeral Home, Inc 16000 Annapolis Road Bowie, Maryland and . Enter the diseasa, or h // k, or haart failure. List death. Do not enter the moda of dylng, such as cardiac or respiratory arrest, Approximate Intervai Between Onset and Death pications that caused if one cause on each lina. Immediata Cause (Final disease or condition resulting in deeth) 0 Due to (or as a cansequence of): Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed?

Physician /Medical Examiner

buriel-transit

the for usa as

attending physician

been signed by the should be detached

has

certificate

this funara

After

death.

i or Attendi after death Director: A

To the Hospital of within 24 hours a To the Funeral D completely filled I

director,

Be

P

Certification:

edical

The law requires that the death certificate be executed

P.O. Box 68760

Records,

Division of Vital Attending Physician: **Physician**

/Medical

Examiner

Director

Funeral

Completed by

Be

2

Funeral

Director

r than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at

the Maryland

death

filed within 72 hours after

Hygiena.

i. Pages 1 and 2 should be filed w thent of Health end Mental Hygier tant: If Item 27 Is merked other th jury or other traumetic event, the

Department climportant: If any Injury or

21215-0020

altimore, Maryland

Physician/Medical þ Completed

2 1 No 1 Yes

1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? ELINO 1 Yas 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 1 Natural 5 Pending Investigation

Other: 4□ Nursing Home 5 decidence 6 □Other (Specify) 28d. Describe how Injury occurred 28c. Injury at Work?

28. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

29b. Signature and title of certifier

30. Name and address of person

2 Accidant

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner/steted.

6 ☐ Could not be

29c. Licanse number

29d. Date signed (Month, Day, Year)

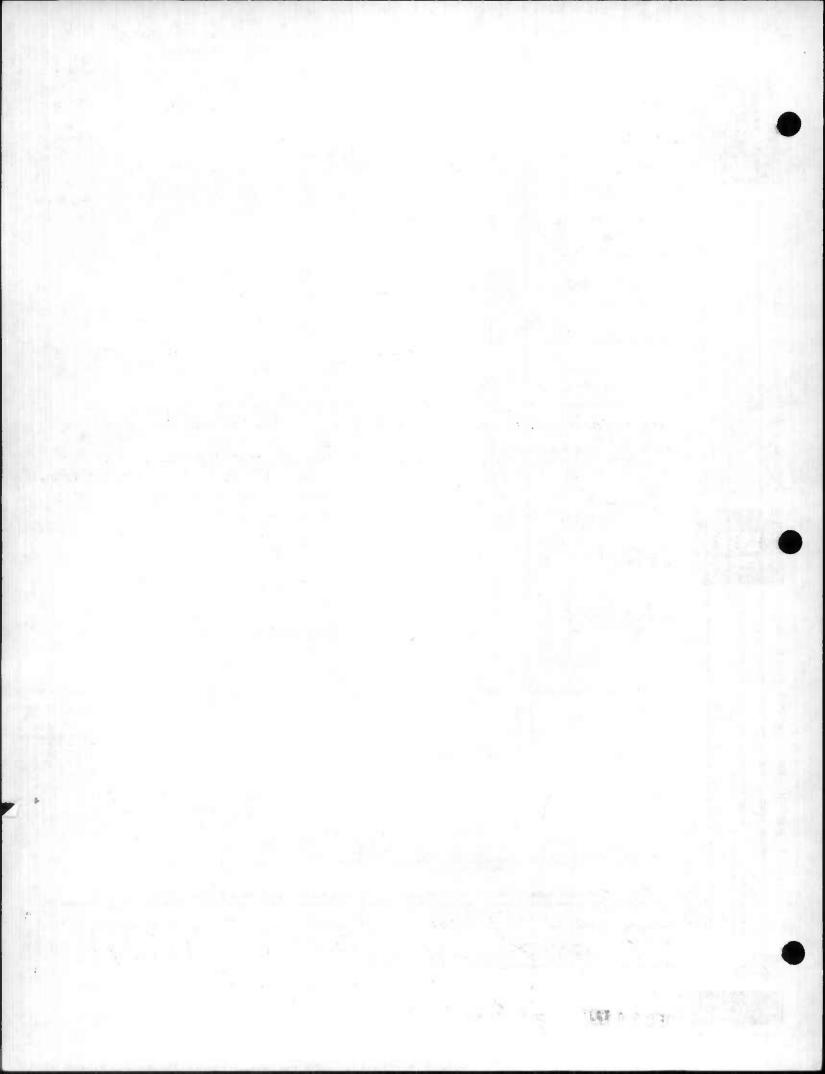
State

31. Data filed (Month, Dey, Year)

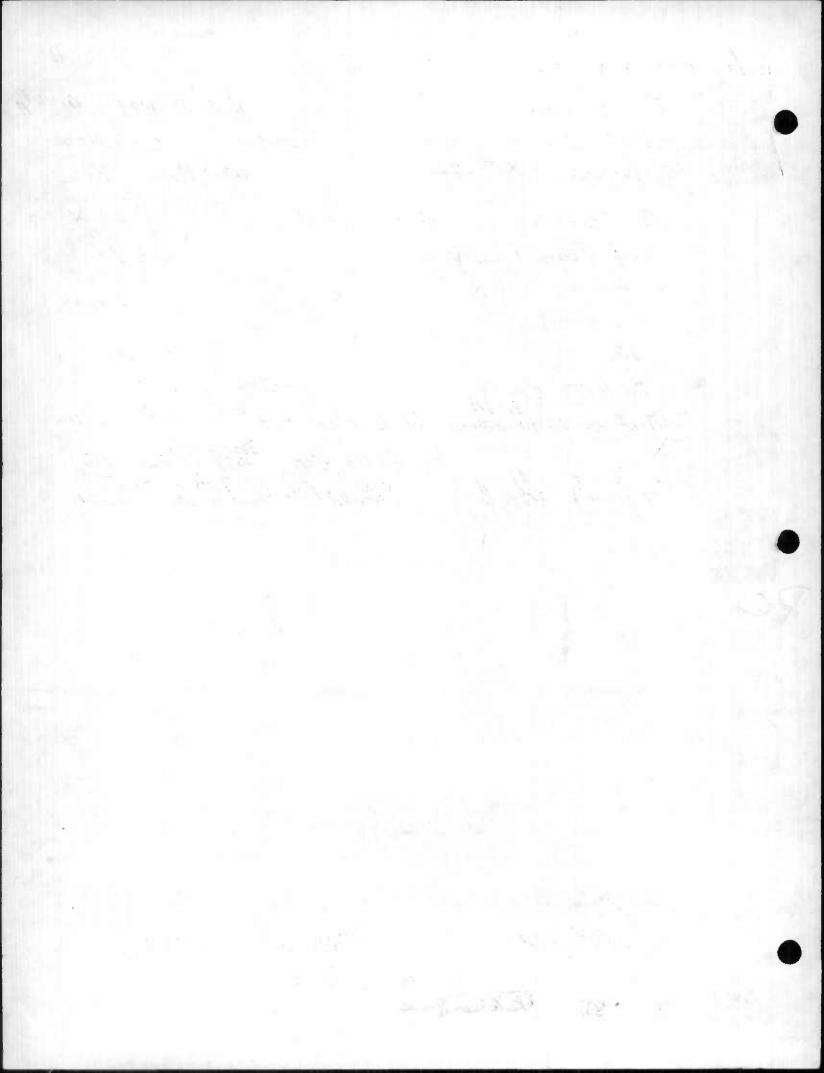
32. Registrar's Signature wie windson- Randall

ated cause of death (Item 23a) (Type, Print)

Registrar



7 16	rF	H Film G-754 12-30-97F		Certi	ficate of	Death		Reg. No.		Time of Death
ysicia Medic	_	ELSIE EN	uly				2. Dete of De Month	30 199	Year	3. Time of Death
amin eral	er	4e. Fecility Name (If not Institution, given the Social Security Number 6. ST 77-40-3682	E RUXTON		If Under 1 Year Months Deys		8. Date of Bird	R	TIM	OKE State or Foreign
	or	Usual Residenca of Decedent 10a. State 10b. County		ity, Town or Local		(1)	- (C)			Inside City Limits 1 √ Ves 2 □ No
ust be notif	Direct	10e. Street end Number 9084 Toce	1 -	Z	10f. Zip Code			10g. Citizen of W		
Examiner must be notified at	by Funeral Director	11. Maritel Status 1. Wever Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Eyer in U Armed Forces? 1 ☐ Yes 2 D No If Yes, Give	lf Y	s Decedent of Hes, specify Cub	Hispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	14. Reca Biaci Specify:	- American I	
oical	Completed b	15. Decedent's E (Specify only highest gr. Elementery/Secondery (0-12)	Year or Dates: ducation ade completed) College (1-4or 5+)	(Give kin	t's Usual Occup d of work done NOT use retire	during most of wo	orking	16b. Kind of Bu	15 CA siness/Indust	Call
iny injury or other traumatic event, the Me ance.	To Be Co	17. Father's Name (First, Middle, Last	FARLY			MALT	me (First, Middle,	ALLER		60V,
other traur		19a. Informant's Name/Relationship (DEPT- DF AGING 20a. Method of Disposition	KAUFMAN 20b. 1	19b. Mailing	FNTL, on (Name of	and Number or A	Date	20c. Location - C	0.21	1204
ny injury or nes		1 Buriel 2 Cremation 3 4 Donetion 5 Other (Specifical Service Liceration 21. Signature of Funeral Service Liceration 21.	y)	105HA	eme end Addre	CEM.	1997 1829 H	BALTO	· Mi) ·
ian		23e. Part1. Enter the disenter, or comshock, or heart fellur. List only	plications that caused the deal one cause on each line.	th. Do not enter t	he mode of dyi	ng, such as cardia	BALTO ·		Int	proximate erval Between eset and Death
ical iner	ler	Immediate Ceuse (Final disease or condition resulting in death)	e. Caro	or as e conseque	awes d					
	ed C	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	· HBC	or as a consequen						
	Physician/M	Part II, Other significent conditions o	ontributing to death but not res	ulting in the unde	rlying cause giv	ven in Part I.	23b. Did t	- 1		e cause of death?
2 .	2						24e. Was	an autopsy rmed?	24b. Were a	autopsy findings ble prior to etion of cause
or, page 2	e Completed	25. Was case referred to medical					101	-	of dear	th? es 2□ No
al direct	0	examiner? 1 Yes 2 No 27. Manner of Deeth	28a. Date of Injury	ER/Outpatient 28b. Time of	3□ DOA Otr 28c. Injur Wor	ner: Nursing I				
y the	Certification:	1 Staturel 5 Pending Investigation 3 Suicide 4 Homicide 5 Could not be determined		Injury	M 1 🗆	Yes No		Street and Numbe		oute Number,
		29a. Certifier (Check only one)	ysicien: To the best of my kno niner: On the basis of examina and manner stated.	wledge, deeth oc	curred et the tir	ne, dete and place pinion, death occu	a, and due to the curred at the time,	cause(s) and man date end pleca, a	nner as stated nd due to the	d. cause(s)
dwoo	Σ.	29b. Signature/and title of certifier W	0		29c. Licens	e number 926		12 (1 (4	(Month, Day	, Year)
	1	RICITARD A	completed cause of death (Item	23a) (Type, Pri	nt)) ,			,	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death tawce Month William 11:12 AM DECEMBER 24 199 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death HOPKINS BACTIMORE HE JOHNS TOSPITAL If Under 24 Hrs. Hours Min. if Under 1 Year 8. Date of Birth (Month, Day, Year) January 7, 1955 5. Social Security Number 6 Sev 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) Days 187 M 2□ F 222-42-4870 42 Delaware Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. inside City Limits 1 TYPE 2 X No. Delaware New Castle New Castle 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 125 Bellanca Lane 19720 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (MNo If Yes, Give Year or Dates: 11. Maritai Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2X No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) Coilege (1-4or 5+) Factory Worker Arlon Manufacturing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Fawcett, Sr. William A. M. Phyllis Wright 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Elizabeth M. Fawcett / Wife Same as item #10e. 20b. Piaca of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 K Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Gracelawn Memorial Park 12/29/97 New Castle, Delaware 21. Signature of Funeral Servica Licansee Timothy S. Harman 22. Name and Addrass of Facility Leonard J. Ruck Funeral Home, Inc. . Harnen Turuthy 5 5305 Harford Road Baltimore, MD 21214 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intervel Between Onset end Death circhotic liver tqi Immediate Cause (Final disease or condition resulting in death) patorena Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? 25. Was case reterred to medical 26. Place of Deeth (Check only one) Hospital: 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Naturei 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No

/Medical Examiner The law requires that the deeth certificate be executed Box 68760. Division of Vital Records, P.O. signed by t certificate or Attanding Physician: After this death. efter death Director: P To the Hospital within 24 hours To the Funeral [

Physician/Medical by Completed Be Certification: To Medical

3 Suicide

29a. Certifier (Check only one)

4 Homicide

Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

ö items 23a

ò

"natural"

nd Mental Hygiene. marked other than

permit. Peges 1 and 2 should be file Depertment of Health and Mental Hy Important; if item 27 is marked other any injury or other traumatic event, PARS.

Physician

the Medical

traumatic event,

Examiner must be notified at

Director

Funeral

by

Completed

Be

0

the Maryland

filed within 72 hours efter death

Baltimore, Maryland 21215-0020

State Registra

Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the ceuse(s) and manner as stated.

Medical Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

28t. Location (Street end Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Hopkins Hospital, Baltimore, Maryland

Res-000 December 24, 1997

Dudek, Steven

Tohns

28e. Piece of injury - At home, term, street, factory, office building, etc. (Specify)

31. Date filed (Month, Dey, Year)

6 Could not be determined

22. Registrar's Signatura 3 0 1997

DHMH 16 Ray 6/95

\$5 D I The second second control of the second seco

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Ola Ford 5. December 0645 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Northwest Hospital Center Randallstown Subscute Baltmore 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. Birthplece (State or Foreign Country) 1□M 200 F Months Deys Hours 93 354-10-6153 Yrs. Wetumpka, Alabama Usual Rasidence of Decedant 10e. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2X No Ma OWINGS 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Court USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No It Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Meritel Status Rece - American Indian, Black, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: Black Specify: 3 ₩Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratingd) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Morgan State Elementery/Secondary (0-12) Collega (1-4or 5+) eacher 12th grade university 5+ 17. Fathar's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Meidan Surname) Scroggins Geeter Elizabeth 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Straet and Number or Rurel Route Number, City or Town, Stete, Zip Code) trabowski-Cousin Aston Mills, Md 21117 Court Owings Freeman 20b. Place of Disposition (Name of 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Buriel 2 □ Cramation 3 □ Removel from State 2-30-4 Men Arbutus, Md 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name and Address of Fecility 21215 March F. H. Was las an Wabash 23e. Pert1. Enter the disease, of complications that causad the death. Do not antar the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one causa on each line. Immediate Causa (Final disaese or condition rasulting in death) . End stage renal Due to (or as a consequence ot) tentron Saquentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting In deeth) Lest Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy tindings evailable prior to completion of ceuse of daath? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 Z No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Dothar (Specify) Sub acute 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describa how Injury occurred 5 Pending investigation 1 Yes 2 No

/Medical Examiner The law requires that the death certificate be axecuted Box 68760, P.O. Records, of Vital or Attending Physician: this After Division To the Hospital or Attendir within 24 hours after death.
To the Funeral Director: Al completely filled in by the fu death.

Examiner Physician/Medicai the the attending phed for use as þ Completed Be 10 Certification:

Medical

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show

I Hygiene.

end Mental Hygid

permit. Peges 1 and 2:
Department of Health or
Important: if Item 27 Is
any Injury or other trau

Physician

pue

physiclan

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. neumonia 25. Was cese reterred to medical exeminer? 1 Yes 2 No 27. Menner of Death 1 Natural 2 Accident 6 Could not be determined 3 ☐ Sulcide 28a. Place of Injury - At home, farm, street, tectory, office building, etc. (Spacify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Certifying Physicien: To the best of my knowledge, death occurred at the time, date end plece, and due to the cause(a) and manner as stated.

2 Medicat Exeminer: On the basis of examination end/or investigation, in my opinion, death occurred at the time, deta and place, and due to the ceuse(s) and menner stated. (Check only one) 29b. Signeture end title of certitier 29d. Date signed (Month, Day, Year) 29c. License number December 24

Randallstown

State Registrar D Rogga 31. Data tiled (Month, Day, Yaar)

Old Court Road 32. Registrar's Signature

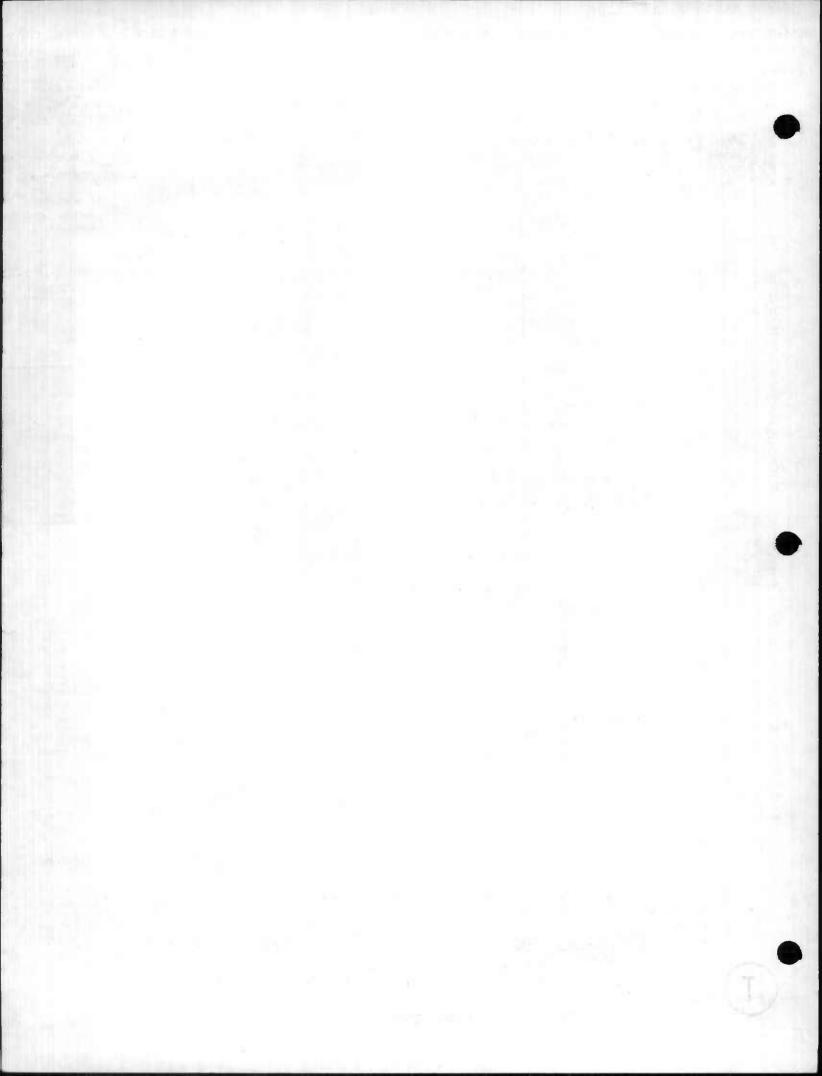
30. Nama and address of person who complated causa of daeth (Itam 23a) (Type, Print)

5401

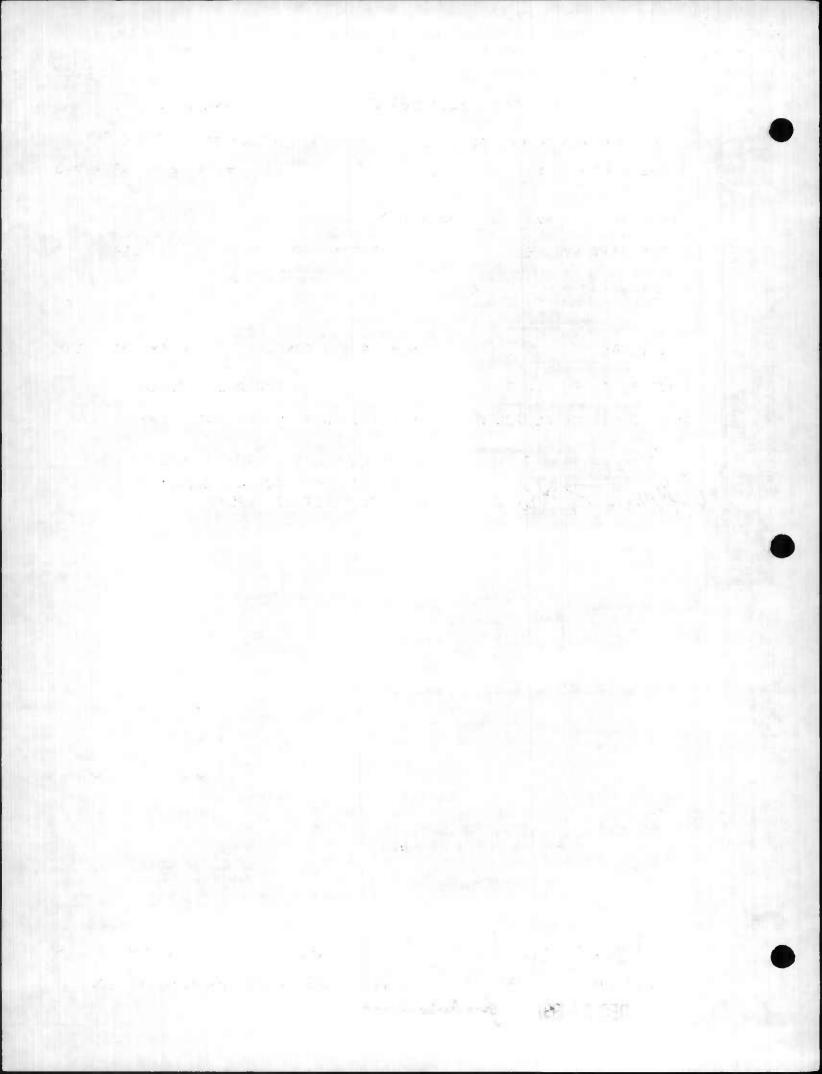
Luta Savidson Randale

DHMH 16 Rev 6/95

10



	I,27,28a-f per MEO G- 1. Decedent's Name (First, Middle, La	ist)	QVI II	ICO TO			2. Date of Dec Month	nth Day	Year	3. Time of Death
al -	R Facility Nama (If not institution, give	BERT F. I	FLEICH	HER JR.		lb. City, Town, or Lo	DECEMBI	ER 25, 1	1997	2350PM
er	J.H.H. BAYVIEW M		ם ב פביו	,		BALTIMORE		4c. County	N/A	
2	5. Social Security Number 6. 5 2 1 3 - 80 - 7011		(In yrs. last b	7 74 74 1	r 1 Year		8. Date of Birt (Month, De	Year)	9. Birthplace	AND
-	Usual Residence of Decedent 10a. State 10b. County		10c. City, To	vn or Location					10d.	Inside City Limits
2	ARYLAND N	I/A	BALT	MORE						1√ Yes 2□No
5	10e. Street and Number 2515 FAIT AVEN	NUE		10f. Zip 2 1 2				10g. Citizen of V	What Country	?
	11. Marital Status 1) Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 N If Yes, Give Year or Dates:		13. Wes Dece If Yes, spe 1 Yes		ispanlc Origin? (Spe in, Maxican, Puerto I Specify:	cify Yes or No- Rican, etc.)	14. Rac Blac Specify	e - Amarican ck, White, etc.	
	15. Decedent's E. (Specify only highest gre	ducation ade completed)	16	Decedent's Usu (Give kind of wo	al Occup	ation during most of working	ng	16b. Kind of Bi	usinass/Indus	try
	Elementary/Secondary (0-12)	College (1-4or 5	+)	TIME DO NOT U		COND.		CITY C		OIL
	17. Father's Name (First, Middle, Last ROBERT F. FLET					JUL I ANN				
-	19a. Informant's Name/Relationship (19	b. Mailing Address	s (Street	end Number or Rura				ode)
1	MRS. JULIANNA F	LETCHER				/E. BALT	0. MD.	21224	1	
	20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □	Removal from State	20b. Place cemen	of Disposition (Na ery, cremetory or o	me of other plac	ce)	Date	20c. Location -	City or Town	, State
	4 Donation 5 Dother (Special	(y)	OAK I	AWN CE			2-31	BALTO.	MD.	
1	21. Signature of Funeral Service Lice	2	1	KACZO	R OWS	ss of Facility				
#	232. Part1. Enter the disease, or com shock, or heart feilure. List <i>on</i> ly	all sold	USUU	2525	FLEE	ET ST. B	ALTO.	MD. 21	1224	oproximate
niner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Oisease or Injury	b		consequence of)						
	Cause (Disease or Injury that initiated events rasulting in daath) Last	d	Dua to (or as a	consequence of):						
- III yalcıdı Din	Part II. Other significant conditions of	contributing to death bu	t not resulting	In the underlying	cause giv	en In Part I.	23b. Dld	obacco use co	ntributa to th	e cause of death?
							107	Yes 2□ No	3 Probab	oly 4 Unknown
							24a. Was perfo	an autopsy med?	evaile	autopsy findings ble prior to letion of cause eth?
							15	res 2□No	1124	es 2□ No
ŀ	25. Wes case referred to medical examiner?	14 24				28. Place of Death	(Check only o	ne)		
-	1 XYes 2 No 27. Manner of Deeth 1 Natural 5 Pending	Hospitel: 1 Inpatiel 28e. Dete of Injur (Month, Day	y 28b.		28c. Injur Wor	y at k?		dence 6 Oth		
	2 ☐ Accident investigatio 3 ☐ Sulcide 6 ★ Could not be determined	00 00 00 00	ry - At home, . (Specify)	nd:11:00 arm, street, fector		-	City or To	Street and Number, State) 320 , Marylan	9 Foster	oute Number, Avenue,
		nysician: To the best of miner: On the besis of and manner sta	f my knowledg exemination e			ne, date and place, a	and due to the	cause(s) end me	enner es state	
	29b. Signature and title of certifier	1 (1)		29	c. Licens	e number		29d. Date signe	d (Month, Da	y, Year)
	A 11 11 11 11 11 11 11 11 11 11 11 11 11	N- 1 1/	0							
	30. Name and address of person who	completed cause of de	eath (Item 23a		o.c.	M.E.		DECEME	BER 26,	1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

1. Decedent's Name (First, Middle, Last) 2. Dete of Daeth 3. Tima of Deeth Month **Physician** Year 21 1997 2:50 P.M. /Medical Bertha P. Fletcher Dec. 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 12914 Old Fletcher Town Rd. Prince George's Bowie 5. Sociei Security Number 6. Sex If Undar 1 Yaar if Under 24 Hrs. 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Yeer) **Funeral** Birthpieca (State or Foreign Country) 1□ M 21 F Months Deys Hours Yrs. Director 73 215 20 3362 Dec. 20, 1924 Lanham MD. Usual Residence of Dacadent 10e State 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at XIN Yes 2□No Directo Maryland Prince George's Bowie ž 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 12914 Old Fletcher Town Rd. 20720 United States Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - American Indien, Black, White, etc. 1 Yes XX No
If Yes, Give
Yeer or Detes: 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: 2 3√DWidowed 4 Divorced Black. Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Prince George's Co. Hygiens. Elementery/Secondary (0-12) Collaga (1-4or 5+) Public School Administrative Secretary permit. Pages 1 and 2 should be file.
Department of Health and Mantal Hy, importants if them 27 is merced other any injury or other 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Surname) Jeremiah Plater, Sr. Martha Elizabeth Maynard 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Son Gerald A. Fletcher 4088 Hanson Oaks Dr. Hyattsville Md. 20784 20a. Mathod of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Dec. 27, Det 97 20c. Location - City or Town, State Burial 2 Cremetion 3 Ramovel from State 4 Donation 5 Other (Specify) Ascension Church Cemetery Bowie Maryland 21. Signeture of Funerel Servica Licent 22. Name and Address of Fecility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 23a. Pert1. Enter the diseasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onsat and Death Physician /Medical Immediata Cause (Final CARDIOLULMONALY ARKEST disease or condition resulting in death) Examiner Due to (or es a consequenca of): Examiner TEARS TAGE FOUR The law requires that the death certificete be executed attending physician and for use as the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medicai Due to (or es e consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 12 Xee 2 No 3 Probably 4 Unknown ESSENTIAL HYPERT ENSION à cate hes been sig page 2 should b 24b. Were eutopsy findings evallabla prior to completion of causa of death? Completed 24a. Was an eutopsy performed? 1 Yes 2 No Be 25. Was case refarred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To this 27. Manner of Death

1 Naturel
2 Accident 28a. Deta of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ SuicIda 28e. Placa of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 4 Homicida

P.O. Records, Division of Vital or Attending Physician: To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After To the Funeral Director: After To the Funeral Director. Medical

State

Registrar

30. Nema and address of person who completed causa of daeth (Item 23e) (Type, Print)

George H. Bone, M.D. 9602F Martin Luther King Hwy. Lanham Maryland 20706

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceusa(s) and manner es steted.

2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end manner steled.

29c. License number

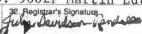
29d. Date signed (Month, Day, Year)

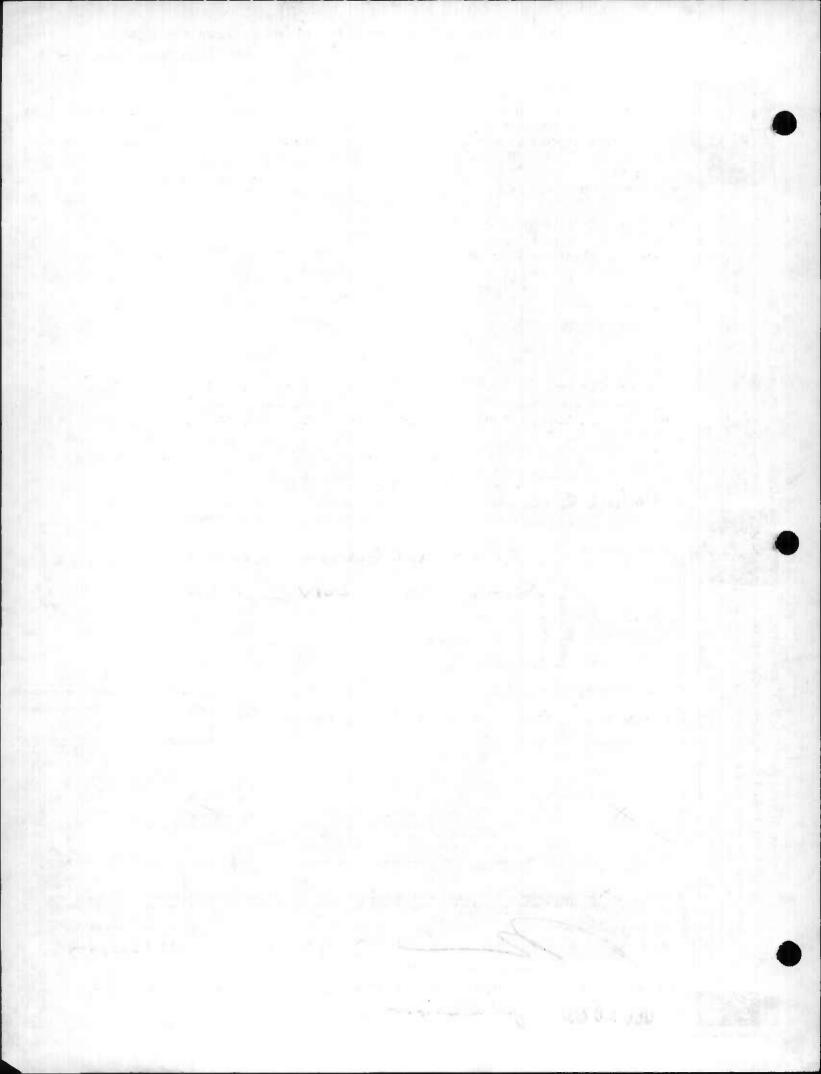
31. Dete filed (Month, Day, Year)

29b. Signeture end title of conflict

(Check only

DEC 3 0 1997





If Under 1 Year

10f. Zip Code

21146

1 ☐ Yes 2 ☐ No Specify:

16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired)

Deys

2. Date of Deeth

December 38,19

Birthplece (Stele or Foreign Country)

10d. Inside City Limits

1 ☐ Yes AND No

January 31, 1920 Massachusetts

10a. Citizen of What Country?

United States

16b. Kind of Business/Industry

Construction

Specify:

14. Race - American Indian, Black, White, etc.

White

Month

18. Mother's Neme (First, Middle, Meiden Sumeme)

4b. City, Town, or Location of Deeth

SIEN BL If Under 24 Hrs.

Hours

Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1. Decedent's Name (First, Middle, Last)

4e. Fecility Neme (If not institution, give street end number)

10b. County

511 Brentwood Court

1 Never Married 2 Married

3 ☐ Widowed 4 ☐ Divorced

Elementery/Secondery (0-12)

17. Fether's Neme (First, Middle, Last)

Scott Gilmore

ARUNDEL HOSPITAL

12. Wes Decedent Ever In U,S. Armed Forces?

College (1-4or 5+)

Armed Polices:

No. Yes 2 No. If Yes, Give

Year or Detes: WW II

MM 2□F

Anne Arundel

15. Decedent's Education (Specify only highest grade completed)

7. Age (In yrs. lest birthday)

Yrs.

Severna PArk

Contractor

10c. City, Town or Location

Francis

DETH

10a. Stete

Maryland

10e. Street end Number

Social Security Number

017-14-8917

Usual Residence of Decedent

Physician

/Medical

Examiner

Funeral

Director

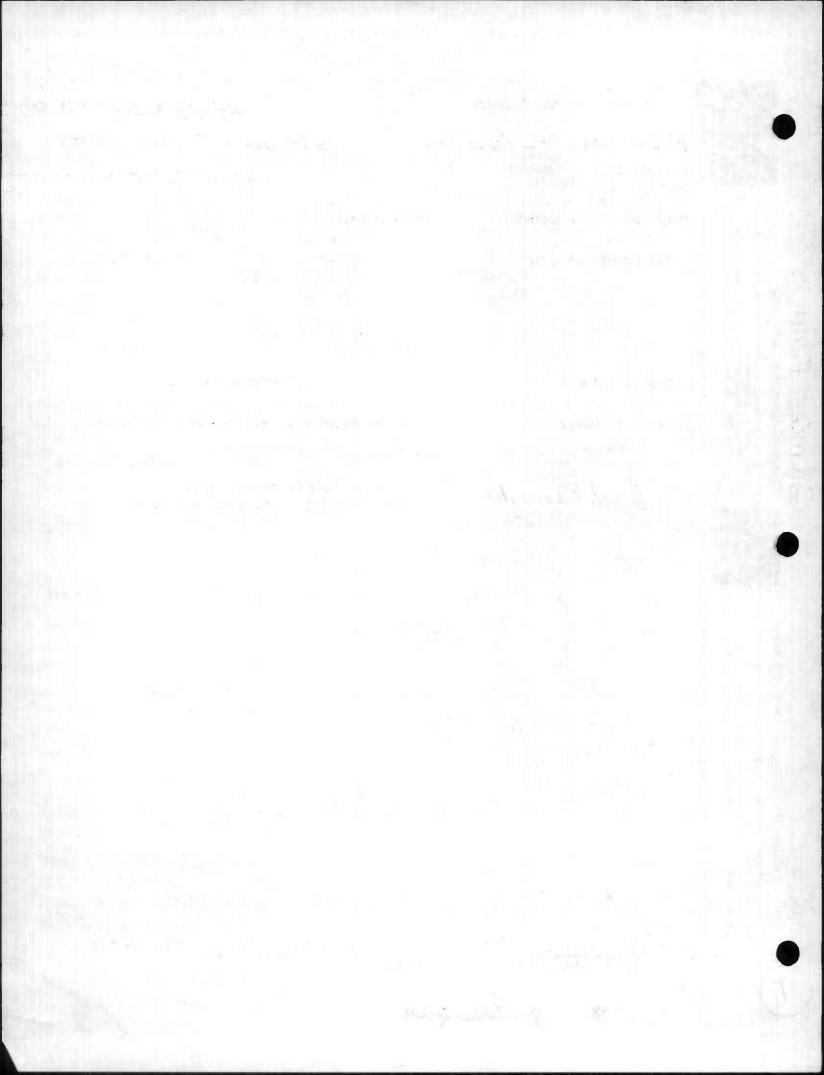
"natural", or items 23a or 28a-f show solical Examiner name be notified at

Director

þ

Completed

20	ToE	Daniel Gilmore			Gert	trude Ko	1stad		
and a should be saith and Menta n 27 is marked or traumatic or		19e. Informent's Neme/Reletionship	(Type, Print)	19b. Mailing Addres	s (Street end Number or	Rural Route Num	nber, City or Town,	, Stete, Zip Code)	
		Marion Gilmore/W	Nife	511 Bren	twood Ct. Se	everna P	ark, MD	21146	
Department of Health and Menta Important: If Item 27 Is marked any injury or other traumatic a once.		20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Special Control of the Co	Removel from State	Plece of Disposition (Ne cometery, cremetory or etro Cremat	other place) Decem	mber 30,		City or Town, State	
any inju		21. Signeture Funerel Service Lice	augh	Kirkle	nd Address of Fecility Y-Ruddick Fl ain Hwy. S.I	uneral H	ome		
ian		23a. Pert1. Enter the disease, or conshock, or heart feilure. List only	nplication that caused the deet y one cause on each line.	h. Do not enter the mo	de of dying, such es cerd	iac or respiretory	errest,	Approximate interval Betwee Onset and De	
ai er		Immediate Cause (Final disease or condition resulting in death)	e. Respiral	ony jai	lure			Iday	
	Physician/Medical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	b. Chronic Due to (o	Obsbuctor of or es a consequence of	ve kulmu	colo	diseas n	e >10 yrs	
ached	Physicia	Pert II. Other significant conditions		ulting in the underlying	ceuse given in Pert I.		d tobacco use co □ Yes 2 □ No	ontribute to the cause of a	
2 should be	Completed by	Hyperteusi	erhythemia on			24a. Wa	as an eutopsy rformed?	24b. Were autopsy find evellable prior to completion of cau of deeth?	
	Som					10	Yes 212 No	1 Yes 2 N	
	Be	25. Wes cese referred to medical examiner?			26. Plece of D	eeth (Check only	y one)		
	2	1 Yes 2 No	Hospitel: 1 ☐ Inpatient 2 5	ER/Outpatient 3 D	OA Other: 4 Nursing	Home 5 □ Re	sidence 6 Oth	ner (Specify)	
		27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation		28b. Time of Injury	28c. Injury et Work? 1 Yes 2 No	28d. Describ	e how injury occur	red	
	Certification:	3 Suicide 4 Homlcide 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)					28f. Location (Street end Number or Rural Route Number City or Town, Stete)		
	edicai (29e. Certifier (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)							
	×	29b. Signature and title of certifier		29	c. License number		29d. Dete signe	d (Month, Dey, Year)	
		> bruelap	1 MD	1	24174		12/29	11997	
		30. Name and address of person who		23e) (Type, Print)				E/ 01D 20=	
		PADMAJA S. U	DAPE M.D.	7350 VAN	DUSEN ROAD	5-38	so Utur	EL MD. 2070	



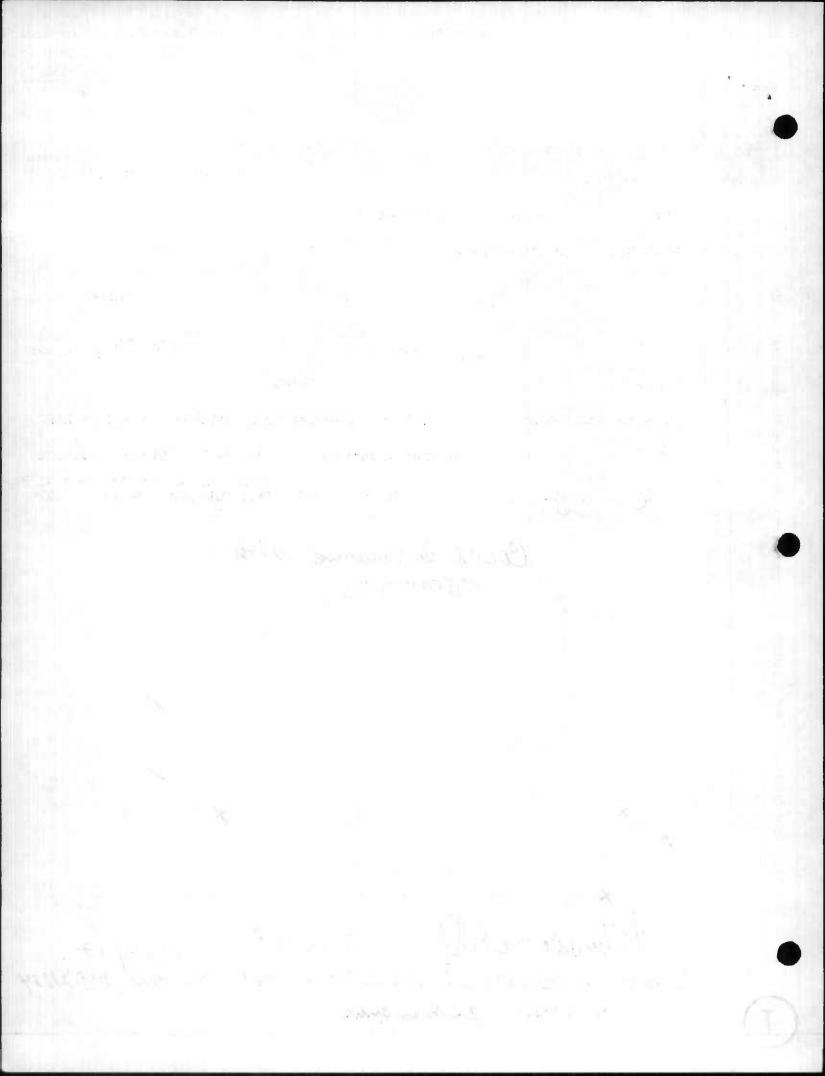
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death Day **Physician** Month 4b. City, Town, or Location of Deeth 4c. County of Death JOHN L. GOEB 1:40 P.M /Medical 4a. Fecility Name (If not institution, give street and number) Examiner 3821 Mt. Pleasant Avenue Baltimore Under 24 Hrs. 8 If Under 1 Year 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 GM 2□ F Hours Yrs. Director Maryland 213-10-6096 Usual Residence of Deceden 10a State 10b. County 10c, City, Town or Location 10d. Inalde City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at MD n/a Director Baltimore 1X Yes 2 No the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3821 Mt. Pleasant Avenue 21224 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 MS No If Yes, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pegas 1 and 2 should be filed within 'Department of Haalih and Mental Hygiene. Important: If item 27 is marked other than 'e may fujury or other traumatic avent, ma Mea. 2008. Maryland Elementary/Secondary (0-12) College (1-4or 5+) Supervisor Shipbuilding& Drydock 4th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Surname) George Goeb Helen 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Genevieve Hanus Goeb 3821 Mt. Pleasant Ave., Baltimore, Maryland 21224 20b. Plece of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ■ Burial 2 □ Cremetion 3 □ Removel from State 12/31/97 Baltimore, Maryland Oaklawn Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility Joseph N. Zannino Jr. Funeral Hm. 263 S. Conkling St., Baltimore, Maryland 21224 23a. Peri 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haari failure. List only one cause on each line. Onset and Death **Physician** /Medicai Immediate Causa (Final COLON Carcilionie With disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed physician and s tha burial-tran Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events resulting in deeth) Last P.O. Box 68760. Physiclan/Medical Due to (or as e consequence of): usa as attanding i ed by tha a detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b Records. Completed by should 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopay performed? cata has t 1 ☐ Yes 2 ☐ No cartificata 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was case rafarrad to medical 28. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatiant 2 ER/Outpetient 3 DOA this Aftar this To the Hospital or Attending Ph within 24 hours after daath. To the Funeral Director: After th complataly filled in by the funera 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Natural 5 Panding Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 11X Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end manner stated. Medical one) 29b. Signature an title of carliffe 29c. License number 29d. Date signed (Month, Day, Year) 30, Nama end addrass of parsold who completed cause of death (Item 23a) (Type, Print). EATON Street. 2 WALKEN. IMPAGLIATELLI

31. Date filed (Month, Day, Year)

legistrar

DRMH 36 Rev 6/95

32. Registraris Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene (Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Greathouse Doy C. 5:10 Ar /Medical 4b. City, Town, or Location of Deeth 4a. Fecility Neme (If not Institution, give street end number) 4c. County of Deeth Examiner Frederick Villa Nursing Home Catonsville Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
Oct. 23,1921 West Virginia If Under 1 Year Months Deys 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Deys **3€** M 2 F 76 Yrs. 232-24-3234 Director Usuel Rasidence of Dacedant the Manyland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f shot traumatic event, the Medical Examination at the notified at Yes 2 No Directo Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 344 South Bentalou Street 21223 United States death 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian Black, White, etc. filed within 72 hours after of Hygiena. ther than "naturel", or Item 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: by 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamentary/Secondery (0-12) College (1-4or 5+) Conductor Production Telephone Manufactur 12 permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: if fem 27 is marked othe eny injury or other traumatic event, since. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Reuben Greathouse Dessie Lipscomb 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Richard Smith, Son 843 Snowfall Way Westminster, Maryland 21157 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Mathod of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Loudon Park Cemetery 12/31 Baltimore, Maryland 22. Name end Address of Fecility Ambrose Funeral Home, Inc. Arbutus 1328 Sulphur Spring Road Maryland21227 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or hear failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Ceuse (Finel diseese or condition resulting In deeth) Squamous cell Carciume lu 2 mont Examiner Due to (or es e consequence of) Examiner physician and s the burial-trans Sequentially list conditions, if any, laading to immediata ceuse. Enter Undarlying Ceuse (Diseese or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): attending p Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detact 3 Probably 1 ☐ Yes 2 ☐ No þ 24b. Were autopsy findings aveilable prior to Completed 24a. Was an autopsy performed? completion of ceuse of death? page 2 1 ☐ Yes 2 ☐ No Division of Vital director, 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 1 ☐ InpatIent 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 this funeral 28a. Dete of Injury (Month, Day Year) 27. Menner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Aftar 1 Natural 2 Accident 5 Pending Investigation Hospital or Attending 124 hours after death.
 Funeral Director: After 1 ☐ Yas 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicida 1 Certifying Phyeicten: To the best of my knowledge, daeth occurred at the time, date and place, and due to the cause(s) end menner es stated.
2 Medical Examiner: On the bests of exeminetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier To the Hosp within 24 hou To the Fune complately fil Medicai 29b. Signature and title of certific 29c. License number 29d. Date signed (Month, Dey, Year) 19558 30. Name end address of person who completed ceuse of deeth (Item 23e) (Type, Print) CLEW E. Johnson M.D. 716 MAIDEN Choice LANC BALTIMORE, MARYLAND 21228

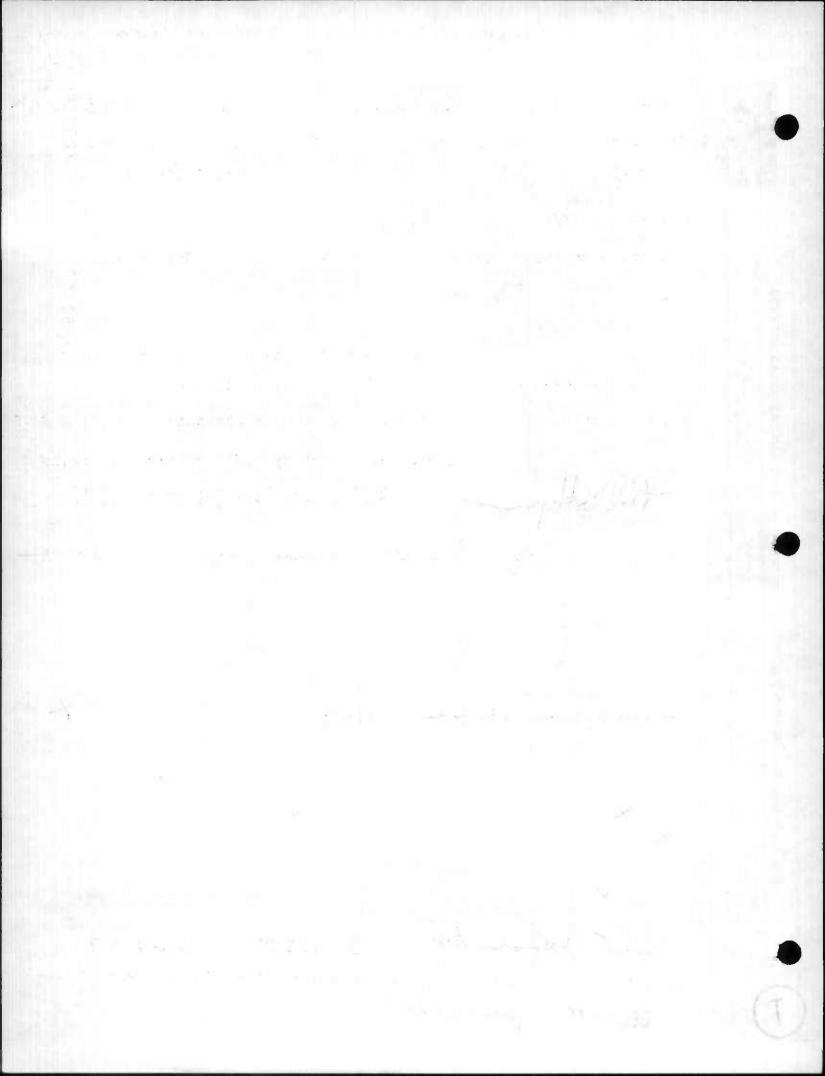
C

31. Dete filed (Month, Dey, Year)

DEC 3 0 199

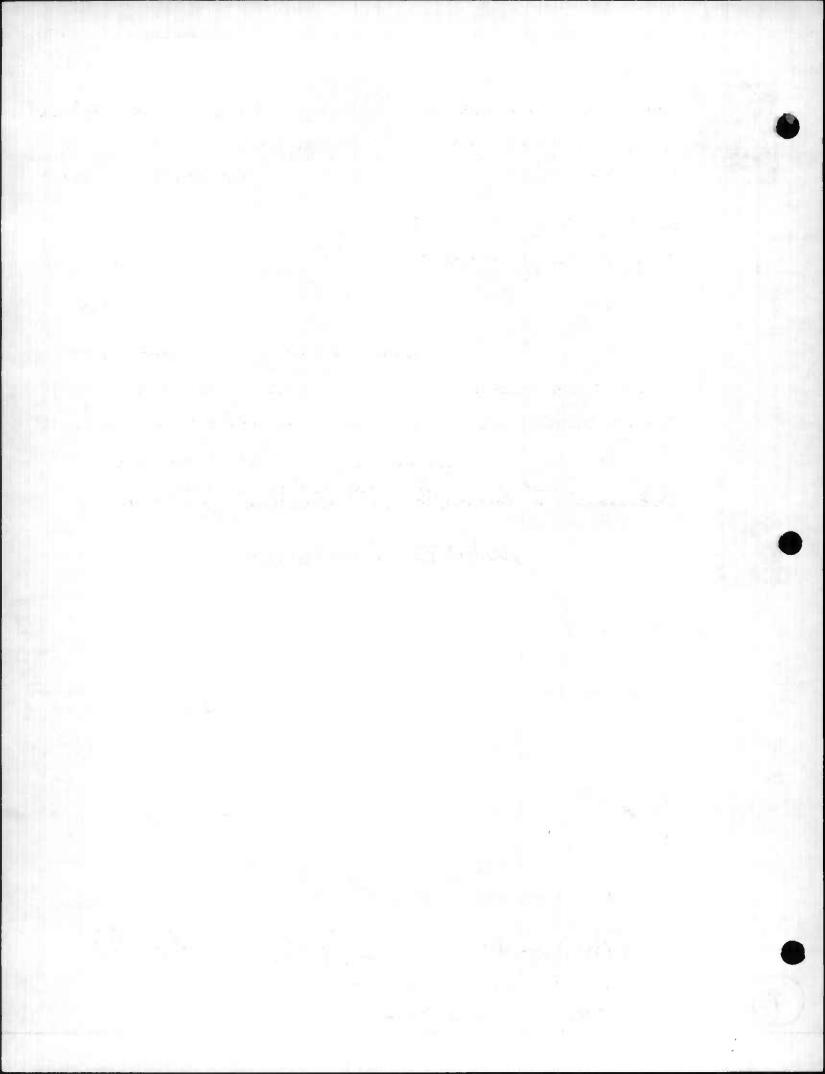
State

Registrar MH 16 Rev 6/95



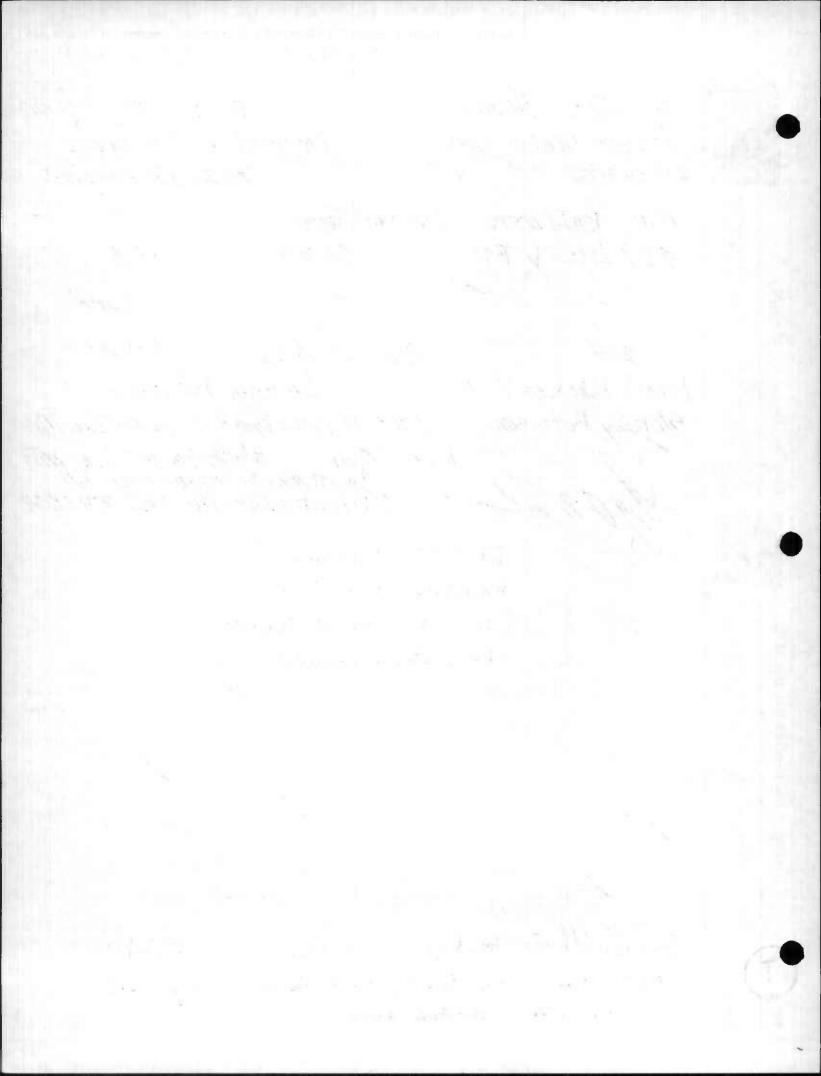
State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Neme (First, Middle, L.	ast)					2. Dete of Dec			3. Time of Dea
hysicia		Milton Norma	n Heinber	h T=				Month	Day	Yaer	
Medic/ Examin		4a. Facility Neme (If not institution, gi		III OI .			4b. City, Town, or	Location of Deeth		1997 of Deeth	3:00 P.M.
-70111111	Ci	35 N. Lakewo	od Avenue	Ant	203		Baltim	0.00		1100000	
uneral		5. Sociel Sacurity Number 6.	Sax 7, Age	a (In yrs. lest b	irthdey) If Un	ndar 1 Yaar	If Under 24 Hr	8. Date of Birt	h N/		eleca (Steta or For
rector		217-30-3661 Usuel Residance of Decedent	XIX M 2□ F	62	Yrs. Mont	hs Deys	Hours Mir	February			ryland
el', or items 23e or 28a-f show Examiner must be notified at	-	10a. Stete 10b. County			wn or Location					1	0d. Inside City Lin
or 28a-f	Director	Maryland N/A		Balt	imore	- I					
De L		10e. Street and Number				Zip Code			10g. Citizen of V	What Cour	ntry?
8 23e	Funeral	35 N. Lakewoo	d Avenue 12. Was Decedent E			2122		D	U.S		
flems finer m	un.	11. Maritel Status 1 ☐ Nevar Married 2 ☐ Married	Armed Forces?		If Yes, s	specify Cub	en, Mexican, Pua	Specify Yas or No- rto Rican, etc.)	Bied	e - Americ ck, Whita,	
N N	by F	3 Widowed 4 Divorced	1 Yas 2 N If Yes, Give Yeer or Dates:	40	1 ☐ Yes	s 200 No	Specify:		Specify	7.77. 3	
"naturel",		15. Decedent's E		166	e. Decedent's U	Isual Occur	petion		16b. Kind of Bu	Whi	
	Completed	(Specify only highest gr	rede completed)		(Give kind of life. DO NO	work done	during most of wo	orking	TOD. KING OF BU	Januaaviik	Justry
ither than	E	Elementery/Secondary (0-12)	College (1-4or 5		Insura				Insur	ance	Compa
d other event, t		17. Fether's Neme (First, Middle, Las	t)					me (First, Middle,			Compa
0 0	To Be	Milton Norma	n Heinbuc	h Sr			Mabel	Jac	kson		
7 is marked treumatic e	-	19e. Informent's Neme/Relationship			b. Meiling Addr	ress (Street		lural Route Numbe		Steta Zin	Code)
		Dolores Donh						Rd. Fa		,	
other		20e. Method of Disposition	auber/ brb	20b. Plece	of Disposition (Neme of		Deta Deta	20c. Location -		
5 =		Burial 2 Cremation 3			ary, cremetory		ice)	10 /00 /00			
important: any injury ance.		4 ☐ Donetlon 5 ☐ Other (Special Signatura of Funerel Service Lical Control of Funerel Control of		Mt. Ca	innel Cem		and of English	12/30/97	Baltimore	, Md.	
any l	1	21. Signatura di Fullerei Service Lica	21	0 .1			ess of Facility	i Funeral I	Home. The	_	
		23e. Pert1. Enter the disease, or com shock, or heert feilure. List only	belove	nex	3000	E. Balt	timore Str	eet Baltim	ore, MD		
dical		Immediate Ceuse (Finel	Asil	orte	Tic (Onset end Deet
niner	iner	Immediate Ceuse (Finel disaese or condition resulting in deeth)	. Mel	asla Due to (or es e	tuc L	ung	Cance				Onset end Deet
niner	ai Examiner	disaese or condition resulting in deeth)	b		consequence	Ory:					Onset end Deet
physician end s the buriel-trensit	edicai	disaese or condition	b	Due to (or es e		of):					Onset end Deet
physician end s the buriel-trensit	edicai	disaese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Diseese or Injury thet initieted events	b	Due to (or es e	consequenca	of):					Onset end Deet
physician end s the buriel-trensit	edicai	disaese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Diseese or Injury thet initieted events	b	Due to (or es e	consequenca o	of):	Cance	^		ntribute to	Onset and Deet
deteched for use es the buriel-trensit	Physician/Medical	disaese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Diseese or Injury thet initieted events rasulting in daeth) Last	b	Due to (or es e	consequenca o	of):	Cance	^	obacco use co		Onset and Deet
igned by the attending physician end be deteched for use as the buriel-trensit a	by Physician/Medical	disaese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Diseese or Injury thet initieted events rasulting in daeth) Last	b	Due to (or es e	consequenca o	of):	Cance	23b. Did t	obacco use co	3 ☐ Prol	o the cause of de
hes been signed by the attending physician end by 2 should be detected for use as the buriet-trensit a	by Physician/Medical	disaese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Diseese or Injury thet initieted events rasulting in daeth) Last	b	Due to (or es e	consequenca o	of):	Cance	23b. Did t	obacco use con res 2 □ No en eutopsy rmed?	3 Prol	o the cause of de bebly 4 Unknown to the prior to mpletion of cause deeth?
sele hes been signed by the attending physician end page 2 should be deteched for use as the buriet-trensit	Completed by Physician/Medical	disasse or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underfying Ceuse (Disease or Injury thet initieted events rasulting in daeth) Last Pert II. Other significant conditions of	b	Due to (or es e	consequenca o	of):	Caucl	23b. Did t 1 d v 24e. Wes perfor	obacco use con fes 2□ No en eutopsy rmed?	3 Prol	o the cause of de pably 4 Unknown to the cause of de pably 4 Unknown to the cause of de pably 4 Unknown to the cause of th
enfricele has been signed by the attending physician end socior, page 2 should be deteched for use as the buriel-trensit and social states and social states are socialistica social social soc	Be Completed by Physician/Medical	disaese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Diseese or Injury thet initieted events rasulting in daeth) Last Pert II. Other significant conditions of the con	b	Due to (or es e	consequence of conseq	of): of):	ven in Pert I.	23b. Did to 146 to 24e. Wes period 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use con fes 2□ No en eutopsy med? fes 2 ☑ No ne)	3 Prol	onset end Deeti on the cause of de one beby 4 Unkr ore eutopsy findin ellable prior to morpletion of cause deeth? Yes 2 No
his certificate hes been signed by the attending physician end if director, page 2 should be deteched for use as the buriel-trensit and interesting the state of	To Be Completed by Physician/Medical	disaese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Diseese or Injury thet initieted events rasulting in daeth) Last Pert II. Other significant conditions of the con	b	Due to (or es e Dua to (or es e ut not rasulting	consequenca o	of): of): of): DOA Ott	ven in Pert I. 26. Piece of Deher: 4 \square Nursing	23b. Did t 1 d v 24e. Wes perfor	obacco use con yes 2 No en eutopsy med? yes 2 No ne)	3 Prol 24b. We eve con of	onset end Deeti on the cause of de one beby 4 Unkr ore eutopsy findin ellable prior to morpletion of cause deeth? Yes 2 No
After this certificate has been signed by the attending physician and funeral director, page 2 should be deteched for use as the buriet-trensit and the state of	To Be Completed by Physician/Medical	disasse or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Disesse or Injury thet initieted events rasulting in daeth) Last Pert II. Other significant conditions of the con	b	Due to (or es e	consequence of conseq	of): of): of): of): DOA Ott 28c. Injudy	ven in Pert I. 26. Piece of Deher: 4 \square Nursing	23b. Did to 140 to 24e. Wes. perior 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use con yes 2 No en eutopsy med? yes 2 No ne)	3 Prol 24b. We eve con of	onset and Deet
After this certificate has been signed by the attending physician and funeral director, page 2 should be deteched for use as the buriet-trensit and the state of	To Be Completed by Physician/Medical	disaese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Diseese or Injury thet initieted events rasulting in daeth) Last Pert II. Other significant conditions of the con	d	Due to (or es e	consequence of conseq	of): of): of): DOA Ott 28c. Inju Wo 1	ven In Pert I. 26. Piece of Deher: 4 \(\triangle \tria	23b. Did to 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use converse 2 No en eutopsymed? Yes 2 No ene) enca 6 Otherwise injury occurs	3 Prof	onset end Deeti on the cause of de one beby 4 Unkr ore eutopsy findin ellable prior to morpletion of cause deeth? Yes 2 No
After this certificate has been signed by the attending physician and funeral director, page 2 should be deteched for use as the buriet-trensit and the state of	Certification: To Be Completed by Physician/Medical	disasse or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Disease or Injury thet initialed events rasulting in daeth) Last Pert II. Other significant conditions of exeminer? 1	d	Due to (or es e	consequence of consequence of consequence of consequence of the consequence of co	of): of): of): DOA Ott 28c. Inju Wo 1 ztory, office	ven in Pert I. 26. Piece of Deher: 4 \(\triangle \tria	23b. Did to 11/2 24e. Wes performent of the control	obacco use con fes 2 No en eutopsy med? fes 2 No ne) lenca 6 Oth- low injury occurs fireet end Numb m, State)	3 Prol 24b. We eve co of 1 [er (Specif) red	o the cause of de pebly 4 Unkramere eutopsy findin ellable prior to mpletion of cause deeth?
After this certificate has been signed by the attending physician and funeral director, page 2 should be deteched for use as the buriet-trensit and the state of	ledical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Disease or Injury thet initieted events rasulting in daeth) Last Pert II. Other significant conditions of the condition	Hospitel: 1 Inpatier 28e. Dete of Injun (Month, Dey 28e. Pleca of Injun building, etc.	Due to (or es e	consequence of consequence of consequence of the underlying the un	of): of): of): DOA Ott 28c. Inju Wo 1 ztory, office	ven in Pert I. 26. Plece of Deher: 4 Nursing ry et rk? IYes 2 No	23b. Did to 11/2 24e. Wes performent of the control	obacco use con fee 2 No en eutopsy med? fee 2 No ne) lenca 6 Oth- low injury occur Street end Numb m, State) eeuse(s) end ma tate end place, o	3 Prol 24b. We eve cor of 1 C er (Specify red	o the cause of de pebly 4 Unkramere eutopsy findin ellable prior to mpletion of cause deeth?
The Fund of the correction of the control of the co	ledical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Disease or Injury thet initieted events rasulting in daeth) Last Pert II. Other significant conditions of the condition	Hospitel: 1 Inpatier 28e. Dete of Injun (Month, Dey 28e. Pleca of Injun building, etc.	Due to (or es e	consequence of consequence of consequence of the underlying the un	of): of): of): of): DOA Ott 28c. Inju Wo 1 ttory, office	ven in Pert I. 26. Plece of Deher: 4 Nursing ry et rk? IYes 2 No	23b. Did to 11/2 24e. Wes performent of the control	obacco use con fee 2 No en eutopsy med? fee 2 No ne) lenca 6 Oth- low injury occur Street end Numb m, State) eeuse(s) end ma tate end place, o	3 Prol 24b. We eve cor of 1 C er (Specify red	mpletion of cause deeth? Yes 2 No N) I Route Number, eted.
After this certificate has been signed by the attending physician and funeral director, page 2 should be deteched for use as the buriet-trensit and the state of	Medical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Disease or Injury thet initieted events rasulting in daeth) Last Pert II. Other significant conditions of the condition	d	Due to (or es e	consequence of conseq	of): of): of): of): DOA Ott 28c. Inju Wo 1 ttory, office	ven in Pert I. 26. Plece of Deher: 4 Nursing ry et rk? IYes 2 No	23b. Did to 11/2 24e. Wes performent of the control	obacco use con fee 2 No en eutopsy med? fee 2 No ne) lenca 6 Oth- low injury occur Street end Numb m, State) eeuse(s) end ma tate end place, o	3 Prol 24b. We eve cor of 1 C er (Specify red	onset and Deeti the cause of de pably 4 Unki ere autopsy findin allable prior to impletion of cause deeth? Yes 2 No No Route Number, eted.



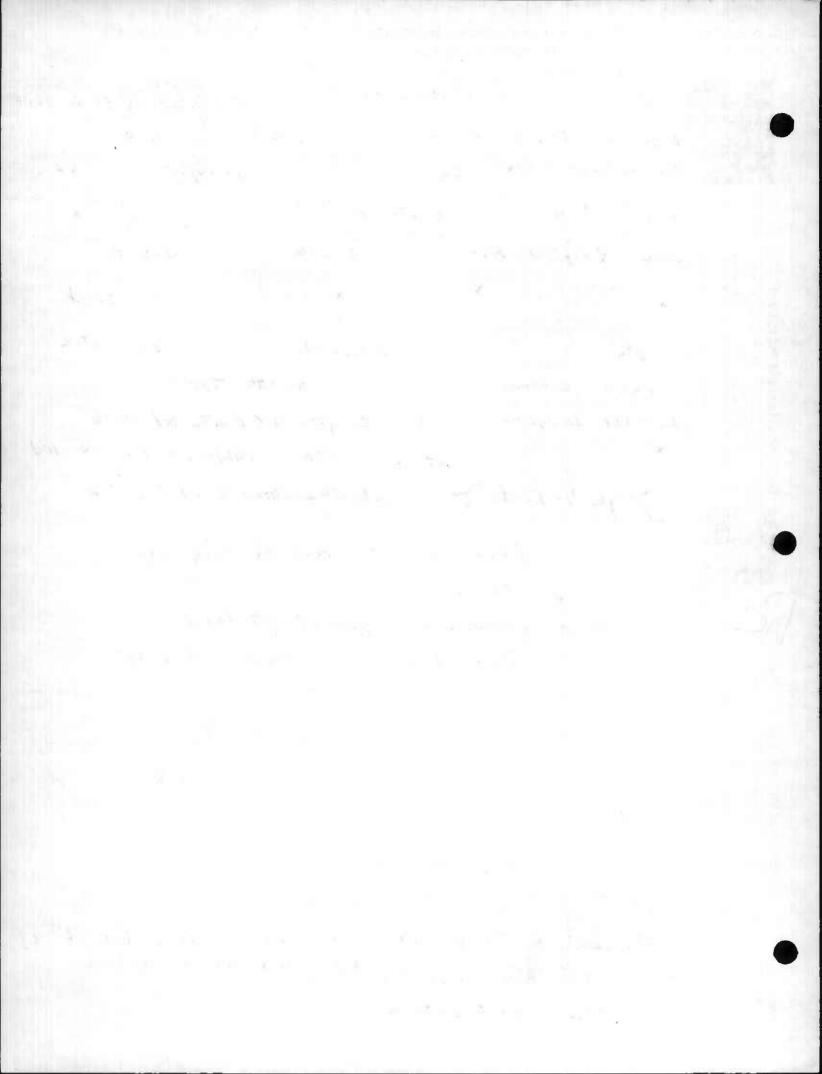
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month /Medical 4c. County of Deeth 4a. Fagilty Name (If not institution, City, Town, or Location of Daath **Examiner** Town if Undar 1 Yaar 9. Birthplaca (Steta or Foreign Country) 5. Social Security Number 7. Aga (In xrs., last birthday) 8. Data of Birth (Month, Dey **Funeral** 213269780 Months Days Hours 10 M 201 Director Usuei Rasidance of Dacadant filed within 72 hours efter death with the Maryland 10a Stata 10b. Count 10c. City, Town or Location 10d. Insida City Limits or 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yas 2 10 by Funeral Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? or Items 23a Was Decedant Evar in U.S. Armad Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Biack, White, atc. 1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2□ Married 2010 Baltimore, Maryland 21215-0020 1 Yas 2 10 Specify. 3 Widowed 4 Divorced "natural". Completed 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast greda complated) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health end Mentel Hygiene. int: If item 27 is marked other than ' Elementery/Secondary (9-12) Collage (1-4or 5+) (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumemb) Be 2 19b, Meiling Addrass (Street end Number or Rural Routa Number, City or Town, Important: If item 27 is any Injury or any 20b. Place Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from State Wher (Specify) Service Licansee List only one cause on each line. Approximata Intervel Between Onsat and Daath Physician /Medical Immediate Citude (Final disease or condition resulting in death) Bilateral Examiner Examiner etastatic Hospital or Attending Physician: The law requires that the death certificate be executed the buriel-trans Sequantially list conditions, if any, leading to immadiata causa. Enter Undarlying Ceusa (Disaasa or injury that initieted events rasulting in daeth) Last Due to (or es a consequança of). Division of Vital Records, P.O. Box 68760, Physician/Medical ndometra been signed by the a should be deteched f Pert If. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Onknown 1 TYes 2 No by 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? certificate has 1 Tas 2 No 1 Yas 25. Wes casa rafarrad to medical axaminar? 8 26. Plece of Death (Check only one) 2 No Othar: Medical Certification: To 1 Yas 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) efter death. Director: After this funeral 27. Menner of Deeth 28d. Describe how injury occurred 28e. Deta of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Neturei 5 Pending Invastigation 1 Yas 2 No 2 Accident illed in by the 3 Suicida 6 Could not be detarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, straat, factory, office building, atc. (Specify) 4 Homicide within 24 hours of To the Funeral C 29a. Cartiflar 1 Certifying Physician: To tha best of my knowledga, death occurred at tha tima, date and place, end dua to the causa(s) and manner as steted.

2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, deta end piece, end dua to tha cause(s) and manner stated. completely (Check only one) To the P 29b. Signature and title of cent 29c. Licansa number 29d. Data signed (Month, Day, Year) 121 (Item 23e) (Type, Print) Baltimore MY uber C 3 's Signeture State Registrar



State of Maryland / Department of Health and Mental Hygiene

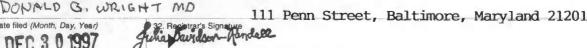
the Medical Evanetree must be notified at the Completed by Funeral Director	5. Social Sacurity Number 2/5 05 \$4600 Usuel Rasidance of Dacedant 10a. Stata 10b. County M J N. A 10e. Street and Number 3004 Cliftz 11. Marital Status 1 Navar Marriad 2 Married 3 Widowad 4 Divorced	Fa street and number) SIV 9 Hem Sax T. Aga (In yrs R 2 10c. C 11. Was Dacedant Ever In L Armed Forcas? 1	Inst birthday) Yrs. If Und Month Ity, Town or Location B	4b. City, Town, c B all 1 dar 1 Yaar if Undar 24 H s Days Hours Mi	S. S. Data of Birth (Month, Day,	3Day 26 Part 4c. County of Death N A Part County of Death Coun	10d. Inside City Limits 1 M Yas 2 □ No
Evaluation and the control of the co	MARINCY NUMBER 5. Social Sacurity Number 2/5 05 5/660 Usuel Rasidance of Dacedant 10a. Stata 10b. County M. A. 10e. Street and Number 3004 Cliftz 11. Marital Status 1 Navar Marriad 2 Married 3 Widowad 4 Divorced	SING Hem Fax T. Aga (In yrs T. Aga (In yrs Toc. C Inst birthday) Yrs. If Und Month Ity, Town or Location B	Ball Ball	S. B. Data of Birth (Month, Day,	Year) 9. Birth Coul	10d. Inside City Limits 1 May 2 □ No	
Evamination of the control of the co	Usuel Rasidance of Dacedant 10a. Stata 10b. County N.A 10e. Street and Number 3004 11. Marital Status 1 Navar Marriad 3 Widowad 4 Divorced	10c. C 10c. C 12. Was Dacedant Ever In L Armed Forcas? 1 Yes 2 No If Yas, Giva Yaar or Datas:	Yrs. Month ity, Town or Location B	S Days Hours Mi	n. (Month, Day)	g. Citizan of Whet Cou	10d. Inside City Limits 1 Yas 2 No
Evaminer in by Fune	10a. Stata 10b. County N A 10e. Street and Number 3004 Cl, ftz 11. Marital Status 1 Navar Marriad 2 Married 3 Widowad 4 Divorced	12. Was Dacedant Ever In L Armed Forcas? 1 Yas 2 No If Yas, Giva Yaar or Datas:	10f. 2 10f. 2 1,S. 13. Was Dec If Yes, sp	Zip Coda 21216		g. Citizan of Whet Cou	1 Yas 2 No
Completed by Funeral	11. Marital Status 1 Navar Marriad 2 Married 3 Widowad 4 Divorced	12. Was Dacedant Evar In L Armed Forcas? 1 □ Yas 2 ▼ No If Yas, Giva Yaar or Datas:	J,S. 13. Was Dec	21216			atry?
by Fune	11. Marital Status 1 □ Navar Marriad 2 □ Married 3 ☑ Widowad 4 □ Divorced	12. Was Dacedant Evar In L Armed Forcas? 1 □ Yas 2 ▼ No If Yas, Giva Yaar or Datas:	If Yes, sp	cedant of Hispanic Origin? Decify Cuben, Maxican, Pu		4 - 3 - 11	my r
e Completed	15. Dacedent's Ec (Specify only highast gra Elementary/Secondary (0-12)	ducation		2 No Specify:	(Spacify Yas or No- arto Ricen, etc.)	14. Race - Ameri Black, White, Specify: 3	
O O		Collaga (1-4or 5+)		sual Occupation work dona during most of w usa ratired) SCWFK	orking	6b. Kind of Businass/In	
Be	17. Fathar's Nama (First, Middla, Last,	Known	nev		ama (First, Middle, Me	eiden Sumema)	
To	19a. Informent's Name/Ralationship (ess (Streat and Number or Lufton and	Rural Routa Numbar,	City or Town, Stata, Zij	
6	20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ 4 □ Donetion 5 □ Other (Specif	20b. Ramoval from Stata	Place of Disposition (Nicamatary, cramatory of	lama of r other place)	Data 2	Oc. Location - City or To	Ctoto :
any injury once.	21. Signatura of Funaral Service Licar	/"	22. Neme	and Address of Facility Jumese Ho	me 13047	n. Central	20
Medio	Cause (Diseese or Injury thet initiated events resulting In daath) Last	b. Due to (or as a consequence of the conse	n: earl fr	ailuie clar d		
Physician	Part II. Other algnificant conditions of	ontributing to death but not res	sulting in the underlying	ceuse givan in Part I.	23b. Did tob	acco use contribute t	-1111
pleted by					24a. Was an performe	ed? ev	'ara autopsy findings reliabla prior to omplation of ceuse deeth?
Com	25. Was case referred to medical				1 ☐ Yas	/4	Yas 2000
To B	axaminar? 1	28a. Date of injury (Month, Day Year)	BER/Outpatient 3	Other	eath (Chack only ona) Home 5 Rasidan 28d. Dascribe hov	nce 6 Othar (Speci	(y)
ed in by the tuner Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicida datarminad	28e. Place of Injury - At h building, atc. (Spaci	oma, farm, straat, factory)	ory, office	28f. Location (Stre City or Town,	aat and Number or Run Stata)	al Route Number,
Medical Certification	29a. Cartifiar (Check only one) 1 Cartifying Ph	ysician: To the best of my knoniner: On the basis of exemine and manner stated.	owledge, daath occurre ation and/or investigation	ed at the time, date and pla on, in my opinion, death oc	ce, and dua to the ceu curred et tha tima, dat	usa(s) and mannar as s a and plece, end due t	tatad. o tha causa(s)
	29b. Signature and title of certifier	K-Tripe	nouen	D 3066	D	d. Data signed (Month,	26 97
	30. Nema and address of parson who	completed ceuse of deeth (fter	m 23e) (Type, Print)	- 212	39.18	URANEA	J (



Registrar

31. Date filed (Month, Day, Year) 3 0 1997

29b. Signature and title of certifier



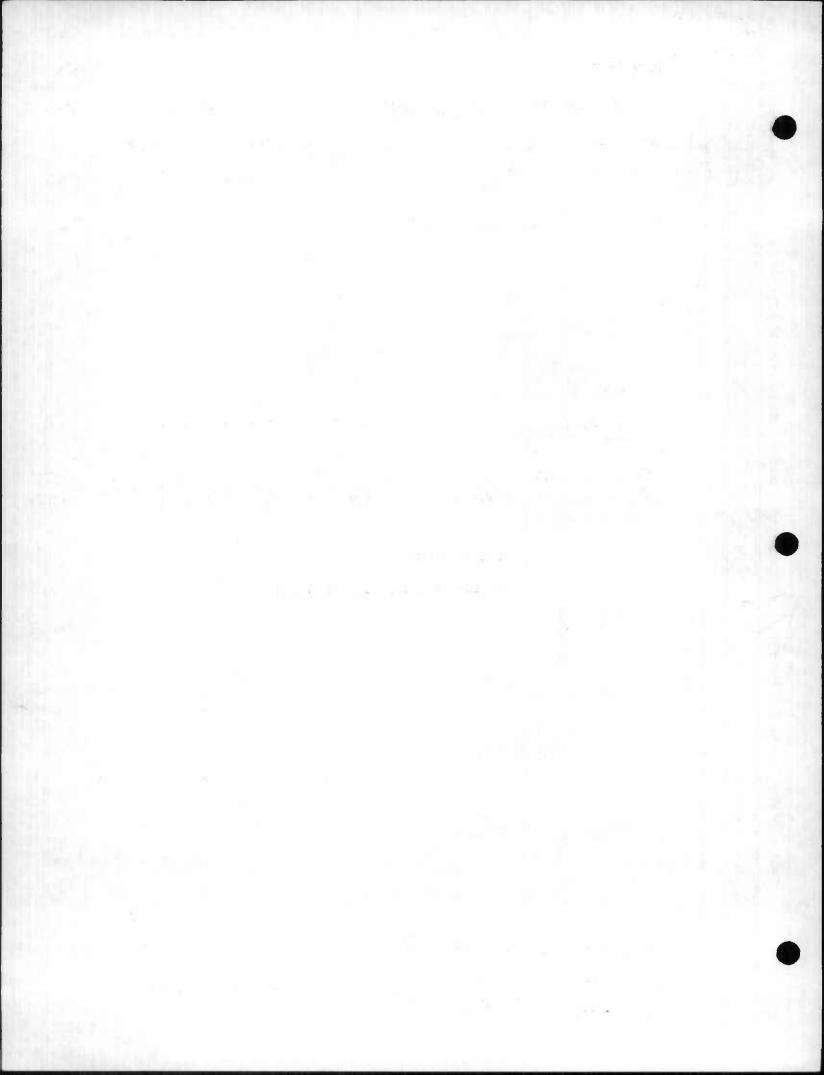
30. Nama and eddress of parson who completed causa of daeth (Itam 23a) (Type, Print)

29c. License number

O.C.M.E.

29d. Data signed (Month, Day, Year)

DECEMBER 13, 1997



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month **Physician** Myrtle E. Hamel Dec. 27,1997 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 119 Patapsco Ave. Dundalk Baltimore If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year 8. Dete of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** Days 1□M 2X F Yrs. 212-22-6995 Director 87 Sept. 22,1911 Virginia Usual Residence of Decedent the Maryland 10a State 10c. City, Town or Location 10b. County 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show trsumatic svent, the Modical Experience main to middled at DM. Baltimore Dundalk 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 119 Patapsco Ave. 21222 USA Funeral death 12. Was Decedent Ever In U,S. Armed Forces? 14. Rece - American Indien, Black, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 72 hours after 1 Yes 2 XNo
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Married 3altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White by 3 DWidowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within 7 nent of Health and Mental Hygiene. Int: If item 27 is marked other than "r ary or other traumatic svent, Ira Mer. Elementary/Secondary (0-12) College (1-4or 5+) Housewife Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) John Keen Lottie White 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Dorothy Brune daughter 119 Patapsco Ave Dundalk Md. 21222 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlai 2 XCremation 3 ☐ Removal from State injury or Metro Crematory Other (Specify) 12 - 294 □ Donation / Baltimore 22. Neme end Address of Fecility
Connelly Funeral Home Of Dundalk
7110 Sollers Point Rd. 21222 Enter the disease, or complication, that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, b, or heart failure. List only one cause on each line. Approximete Interval Rety Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) ACUTE RESPIRATORY FAILURE DAYS Examiner Due to (or as e consequence of): Examiner METASTATIC

Due to (or es e consequence of): CANCER MONTHS Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last OF THE CANCER MONTAS Physician/Medical 2 for use as Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. Ē 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown agned be det by 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24a. Was en autopsy performed? Completed 2 a0ed 1 Yes 2 No 1 □ Yes 2 □ No confilicate 25. Was case referred to medical exeminer?
1 ☐ Yes 2 ☑ No Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 2 뷮 27. Manner of Deeth 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 1 Netural 1 Yes 2 No 2 Accident Director 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) at a 4 | Homicide a Hospital of 24 hours at Funeral 12 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date and place, end due to the ceuse(s) and manner es steled.
2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the cause(a) and manner stated. 29e. Certifler Medical To the Wilhin 2 To the 29b. Signeture end title of certifier 29c. License number 29d. Date algned (Month, Dey, Year) 13664 Dec 29, 1997 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) C VENERACION TRUD, IN 76 MERRITT BLVD BALTO MD 218 YZ 31. Dete filed (Month, Dey, Year)

32. Registrar's Signature

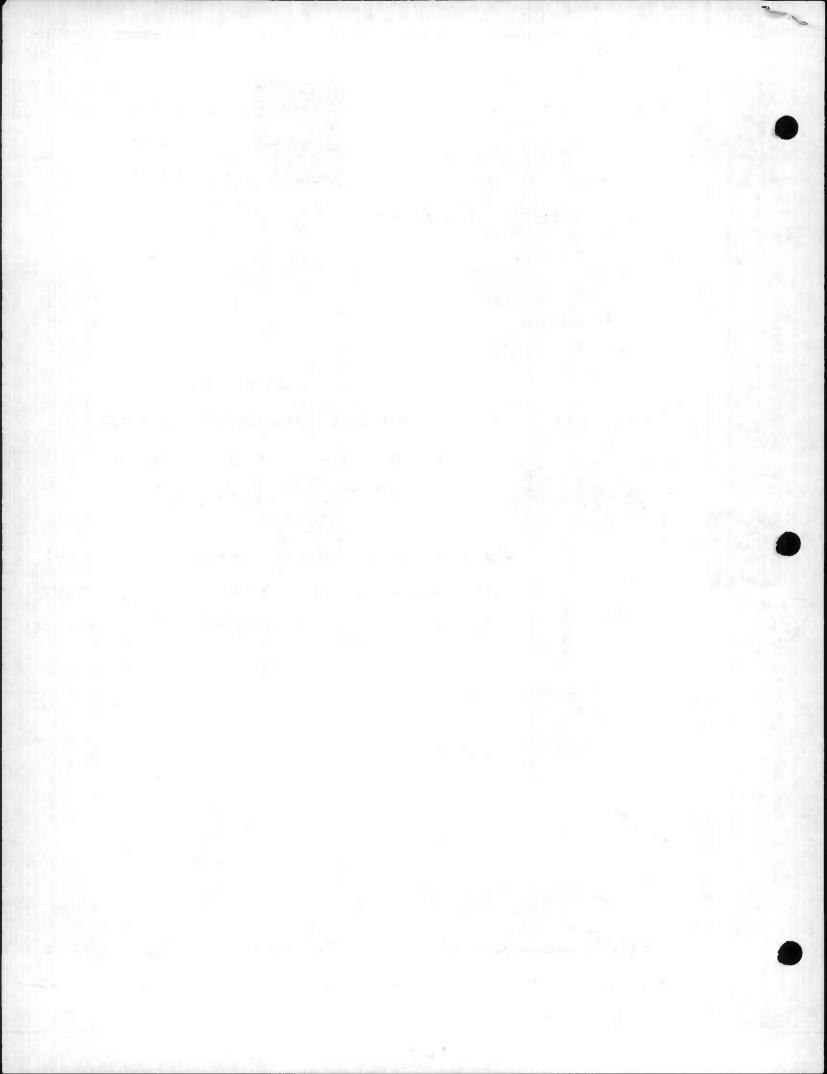
3 0 1997

relia Savidson Randalle

DHMH 16 Rev 6/95

State

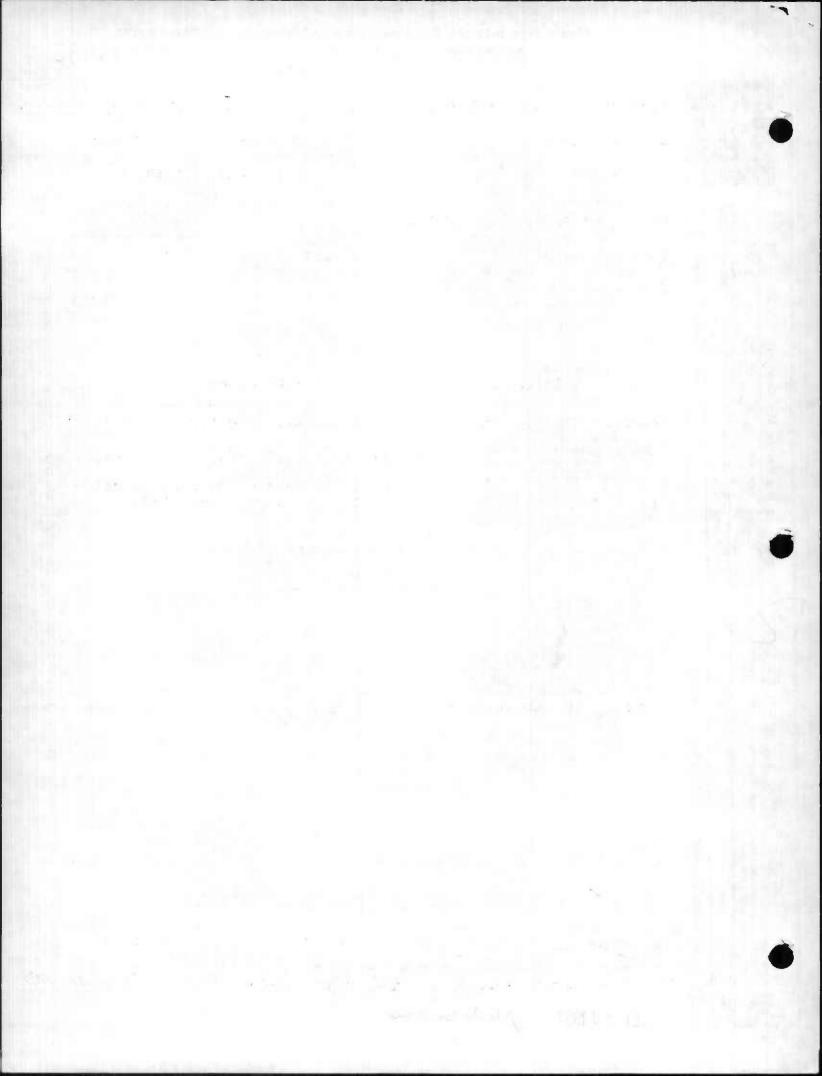
Registrar



State of Maryland / Department of Health and Mental Hygiene 7 3935

				Certi	ilicate of	Dealli		Reg. No.	
	ent's Name (First, Middle, L	Last)					2. Date of De	eath Day	3. Time of Do
n Ri	chard Le	roy He	lmick						1997 6:15
4a Facili	y Name (If not institution, g	ive street and numbe	r)			4b. City, Town, o	or Location of Deet		
	03 Pac Lan	e				Edger	nere	Balt	imore
			Age (In yrs. last bi	irthday)	If Under 1 Year				Birthplace (State or F Country)
	-48-9340	1⊠M 2□F	49	Yrs.	Months Deys	Hours M			
	sidence of Decedent		4.7				Apr 1	1948	PA
10a. Stat			10c. City, Tov	vn or Loca	ition		A		10d. inside City
MD	Balti	moro	Fdag	.mor	_				1 ☐ Yes 2
		more	Edge	amer				40 000 11	W
	et and Number				10f. Zip Code		100	10g. Citizen of V	what Country?
25	03 Pac Lan	e			212			USA	
11. Marit	al Status	12. Was Deceder Armed Forces	nt Ever in U,S.	13. We	es Decedent of I	Hispanic Origin?	(Specify Yes or No erto Rican, etc.)	14. Rad	ce - American Indien, ck, White, etc.
1XX	lever Married 2 Married	1 ☐ Yes 2 ☑ If Yes, Give			Yes 2 No			Specify	
3□ V	Vidowed 4 ☐ Divorced	Year or Dates	3:	-		opeony.		Specing	White
	15. Decedent's	Education	168	. Decede	nt's Usuai Occu	pation	working	16b. Kind of B	usiness/industry
Fleme	(Specify only highest g ntery/Secondary (0-12)	College (1-4o	(54)	life. DC	NOT use retire	during most of v	VOIKING		
LIGITIO	Rely/Secondary (0-12)	2	134)	0	ffice	Work		Bookk	eeper
7. Fathe	r's Name (First, Middle, La	st)				1	lame (First, Middle	, Maiden Sumen	ne)
Cl	ifford Hel:	mick				Ruth	Miner		
10e Infe	rmant's Name/Relationship	(Type Print)	10	h Malline	Address /Stma	t and Number or	Rural Route Numb	er City or Tour	State Zin Code)
	arlene McN				Theres				
		ear /sr							4D 21221
	nod of Disposition Burial 2 Cremation 3	□Removal from Stat	cemete	ery, crema	tion (Name of story or other pla	ice)	Dec 29	20c. Location -	- City or Town, State
	Donation 5 Other (Spec		Holly	Hi.	ll Mem	orial	1997	Middle	e River, MD
21. Sign	ature of Funeral Service Lic	ensee	An	22.1	Neme and Addr	ess of Facility	- 1 **	6.5	
1	2 10. /	:1+/-	. 00.1			_	ral Home		
23a Par	T Enter the disease or co	molications that caus	ort the reath of	not enter	110 So	llers]	Point Ro	d 2122	2.2 Approximate
sho	t1. Enter the disease or co ck, or heart failure. On on	ly one cause on each	line.	not onto	ano mode of dy	g, 500 05 04.4	ac or respiratory t		intervei Betwe Onset end De
Immedia	to Cours /Final	he		~ ~	0000	D-21.	in For	1	
disease	te Ceuse (Finel or condition	a pc	u-lo r	- /	OCAR	0,00	NIFE	-1107	
resulting	in death)		Due to (or as a	conseque	ence of):				
		14	4PERT	GN.	SIVE	CARC	Dio WASC	ulan	Dis
Sequent	ially list conditions.	D	Due to (or as a						
if any, le ceuse.	ally list conditions, ading to immediate enter Underlying Diseese or injury ited events								
Cause (I	Disease or injury lited events	C	Due to (or as a	conseque	ance of):				
resulting	in deeth) Last			00.100400	,,,,,				
		d							
							1		
	ther significant conditions			In the und	lerlying cause gi	ven in Part I.			ontribute to the cause of
	SEIZURE	DIJOR	Don	,	OBE	SITY	1 🗆	Yes 2 No	3 Probably 4 Tur
									T
							24a. Was	s an autopsy ormed?	24b. Were autopsy find available prior to
							-		of death?
							10	Yes 22No	1 ☐ Yes 2 ☐ No
25 Was	cese referred to medical					26 Piece of F	Deeth (Check only	onal	
exam		Hospital:			-C -01	hor			(0 1/)
	es 2 M No	1 🗆 Inpa		Time of	3L DON	4 140/2/19	Home 5 Res	how injury occur	
1 1	latural 5 Pending	28a. Date of in (Month, L	ay Year)	injury	28c. inju		200. 0000.00	11011 111101 9 00001	
	Accident Investigat	he				Yes 2 No			
	determine determine	Zee. Place of I	njury - At home, f etc. (Specify)	arm, stree	et, factory, office			(Street and Numi wn, Stete)	ber or Rurel Route Numbe
29a. Cer	tifier 1 Certifying F	hysician: To the bes	at of my knowledg	e, death o	occurred at the t	ime, date and pla	ice, and due to the	cause(s) and m	anner as stated.
one		aminer: On the basis and manner	of examinetion ai stated.	navor inve	stigetion, in my	opinion, deeth of	curred at the time	, date and place,	and due to the cause(s)
29b. Sign	nature and title of certifier					se number		29d. Date signe	ed (Month, Day, Year)
-	ALCa-				217	1148		12_2	1-97
A.									
30. Name	and address of person wh	o completed cause of	deeth (item 23e)	(Type, P	rint)	,	_ 1	K	PATIMORE 1
Don	ato A. Varified (Month, Day, Year) DEC 3 0 1997	gas Jr.,	M.D.	1612	WES:	Nok	Al Hue	. 0	PETMIKE !
31. Date	filed (Month, Day, Year)	32. Regis	strar's Signeture						
	DEC 3 0 1997	guh D	burdson-17a	ndell					
_									

DHMH 16 Rav 6/95



Hospital or Attending Physician: 24 hours efter death. Funerel Director: After this cartifice funeral 3

5 Pending 1 Naturel Investigation 2 Accident 3 Suicida 6 Could not be determined 4 Homicide

29a. Certifier

(Check only one)

28e. Dete of Injury (Month, Day Year) 12-27-97 28e. Pleca of Injury - At home, farm, straat, factory, office building, etc. (Specify)

Street

28b. Time of Injury 2258M

28c. Injury et Work? 1 Yes

Subject was shot

281. Location (Street and Number or Rural Route Number, City or Town, Stete) 2100 Booth Street City, Maryland Ballimere 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, and due to the cause(s) end menner es stefed.

29b. Signatura and titla of certifian

29c. Licansa number O.C.M.E.

2 Medical Examiner: On the basis of examination end/or invastigetion, In my opinion, death occurred et the time, dete end placa, end due to the cause(s) end manner stated.

29d. Date signed (Month, Day, Year) DECEMBER 28, 1997

MP Mush 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Stephen adentz

111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature

Tuna Naudoon Randage

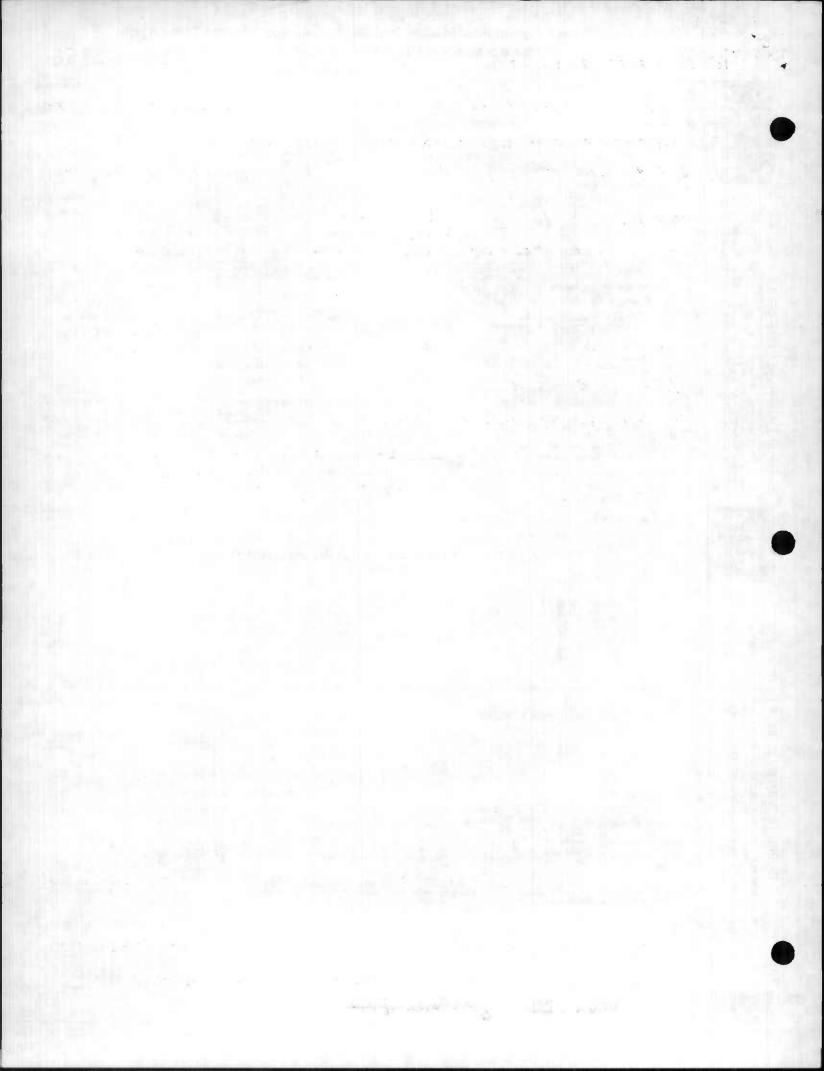
DHMH 16 Ray 6/95

in 24 hour.
The Funerel Direction

To the Hosp within 24 hor To the Fune completely fi

Medical

State Registrar



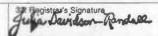
**				•
State of Maryland /	Department	of Health	and Me	ental Hygien

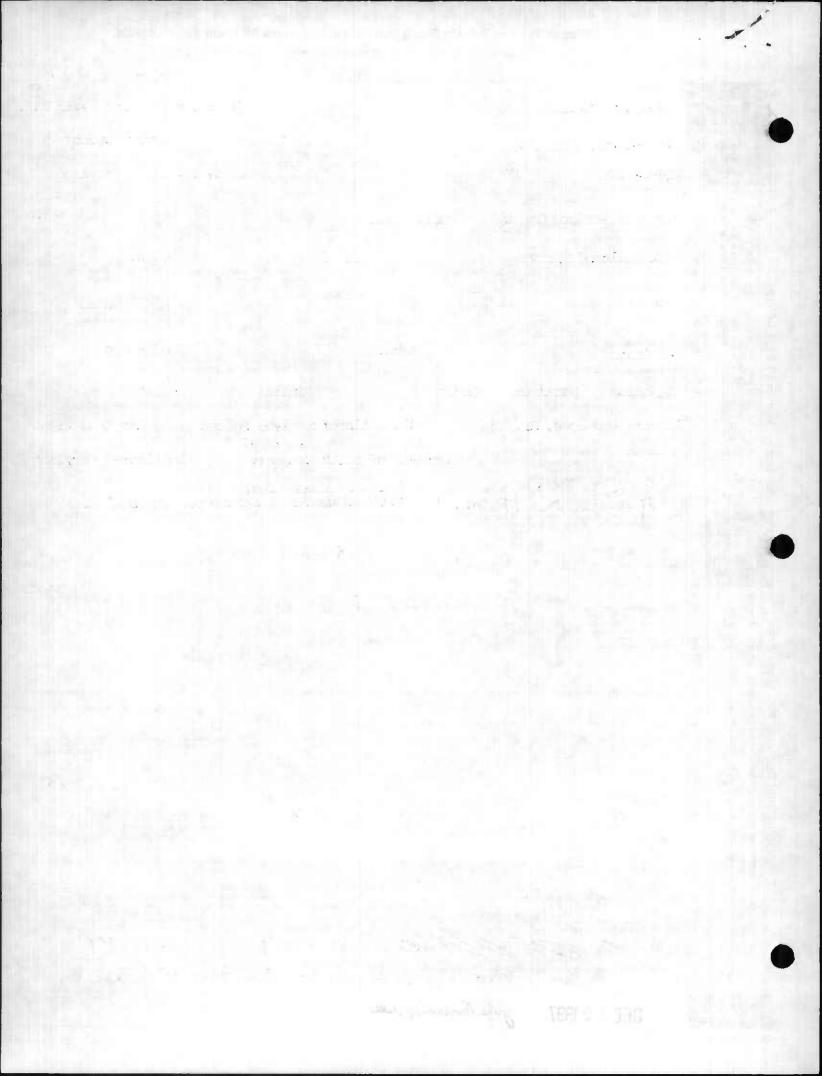
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** December 19, 1997 7:15 A.M. Eleanore Lillian Hoos /Medical 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Harford County Joppa 1520 Philadelphia Road If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Min. Months Days Hours Min. March 14, 1 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2⊠F Months 85 Yrs. 1912 214-24-6459 Maryland **Director** Usual Residence of Decedent 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show treumstic avant, the Madical Examiner must be notified at 1 Yes 2 XNo Maryland Harford County Forest Hill Directo the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2011 Hillcroft Drive 21050 U.S.A. Funeral death 14. Race - American Indian. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Black, White, etc. 72 hours efter 1 ☐ Yes 2X No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Merried Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: p 3 XWidowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 1 and 2 should be filed within 1 Health end Mental Hygiene. i Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Cashier Food Store 6th Grade 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Ignatius Mortimer Hester Julia M. Keller 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2.
Department of Health es
Important: If item 27 Is
any Injury or other treu 2011 Hillcroft Drive, Forest Hill, Maryland 21050 Charles Leo Hoos, Sr./Son 20b. Place of Disposition (Name of cemetery, cremetory or other place) 12/22/97 Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State Gardens of Faith Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Maryland John C. Miller, Inc. 21. Signature of Funeral Service Licensee 6415 Belair Road, Baltimore, Maryland 21206 campa Momas) 23a. Part I Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, slog, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Finel disease or condition resulting in death) /Medical Alzheimer's Examiner Due to (or as a consequence of): Examiner EQUIS Due to (or as a consequence of): physician end the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest certificate be exect Box 68760 Physician/Medical Due to (or as a consequence of): 80 use jo 23b. Did tobacco use contribute to the cause of deeth? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. the signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveileble prior to 24a. Was an autopsy performed? Completed completion of ceuse of death? page 2 : hes 1 ☐ Yes 2 No 1 Yes 28 No certificate 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To this luneral 28d. Describe how Injury occurred 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: After or Attending Natural 5 Pending investigation efter deeth. 1 Tyes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 4 - Homicide 24 hours e Hospital Certifying Physician: To the best of my knowledge, death occurred et the time, dete and plece, and due to the ceuse(s) end manner as stated.

| Medical Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medical (Check only one) To the Within 2 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) MO Da8489 30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)
Fleta H Sokal MD 200 Hays St Bel Ar Md 210 K

Registrar

31. Date filed (Month, Day, Year) DEC 3 0 1997





State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Data of Death Day **Physician** John W. Hall 28, 1997 Dec. 10:00a.m. /Medicai 4a. Facility Name (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 401 Secret Bend Apt. C Glen Burnie Anne Arundel If Under 24 Hrs. 8. Data of Birth Hours Min. (Month, Day Y if Under 1 Year 5. Social Sacurity Number 6. Sex 1 M 2 □ F 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Funeral Year) 1914 Months Days 83 Director 717-09-7987 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Exposurer roust be notified at MD Anne Arundel Glen Burnie Director 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 401 C Secret Bend Ct 21061 United States Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 XNo If Yes, Give Was Decadant of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, Whita, atc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 Yes XXNo Specify: Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Spacify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Il Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Signal Man Railroad Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) .. Pages 1 and 2 should be fil ment of Health and Mental H tant: If Item 27 is marked out jury or other traumatic ever Be Thomas Hall Frances Rebecca Hall 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Delorance Hall/Wife 401 C Secret Bend Ct., Glen Burnie, MD 21061 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cramation 3 ☐ Removal from Steta 4 ☐ Donation 5 ☐ Other (Specify) Massedonia Church Cem. 12/31/97 permit. Page Department of Important: If any Injury or Odenton, MD 21. Signature of Funera 22. Name and Address of Facility CAFA- Stephen D. Lohrmann, P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the *m*ode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. 8717 Green Pastures Drive, Baltimore, MD 21286 Approximate Intervel Between Onset and Death **Physician** Metastatic carcinoma /Medical Immediate Cause (Finel disaase or condition resulting in death) Examiner Due to (or as a consequenca of): Examiner Lung 16-2 Sequentially list conditions, if any, leading to immadiate cause. Enter Undarlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. The law requires that the death certificate be Physician/Medicai the Due to (or as a consequence of): USB BS Por datached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? signed by i 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, þ paga 2 should Completed 24a. Was an autopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of death? 1 ☐ Yes 2 ☐ Mc 1 ☐ Yes 2 ☐ No certificate of Vital or Attending Physician: 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 nesidence 8 Other (Specify) To 1 Yes 2 → 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred Division 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 Suicide 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) determined 4 Homicide To the Hospital or within 24 hours at To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and menner ss stated.

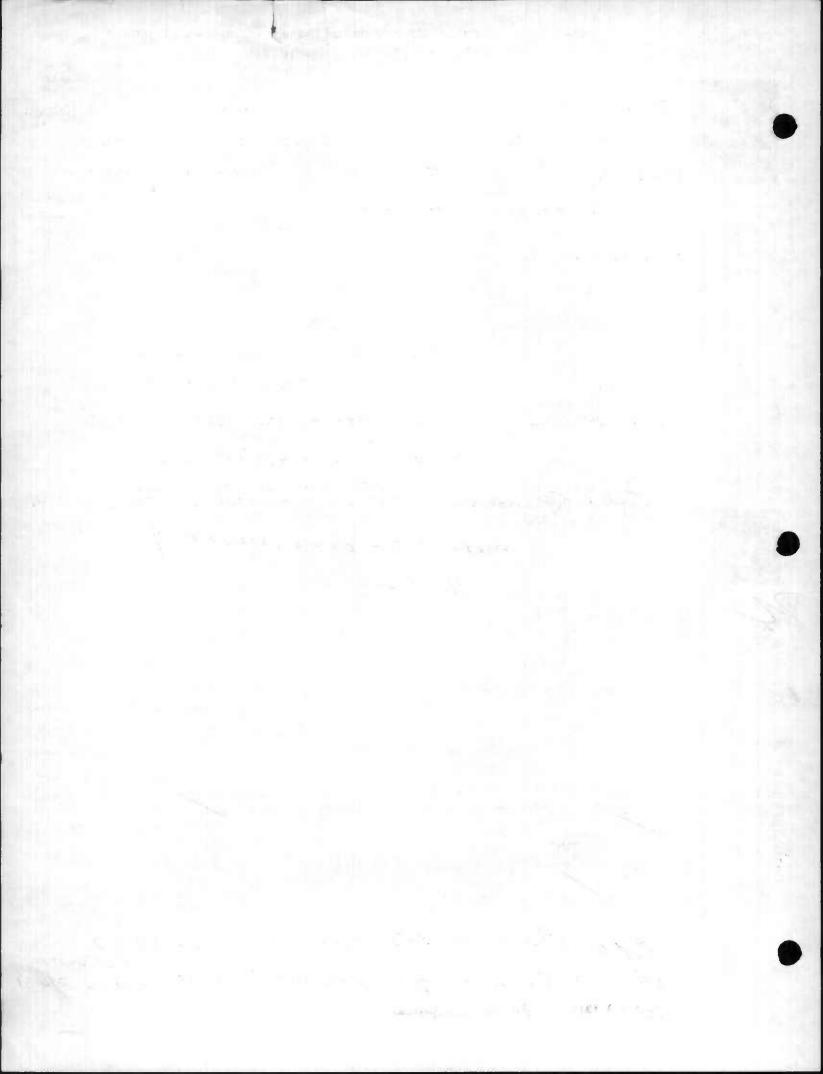
2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a, Certifier Medical completaly 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) 29c. Licansa number Mornahart Mand Maryland 2106) 30. Neme end address of person who completed cause of death (Item 23e) (Type, Print) 0

State Registrar 31. Dete filed (Month, Day, Year) DEC 3 0 1997

いいしま

795 Registrar's Signature Levidson-Randoll

way



State of Maryland / Department of Health and Mental Hygiene

39359 Certificate of Death

Physician	
/Medical	
Examiner	

Fun Dire

permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-1 show

Baltimore, Maryland 21215-0020

Physic /Med Exami

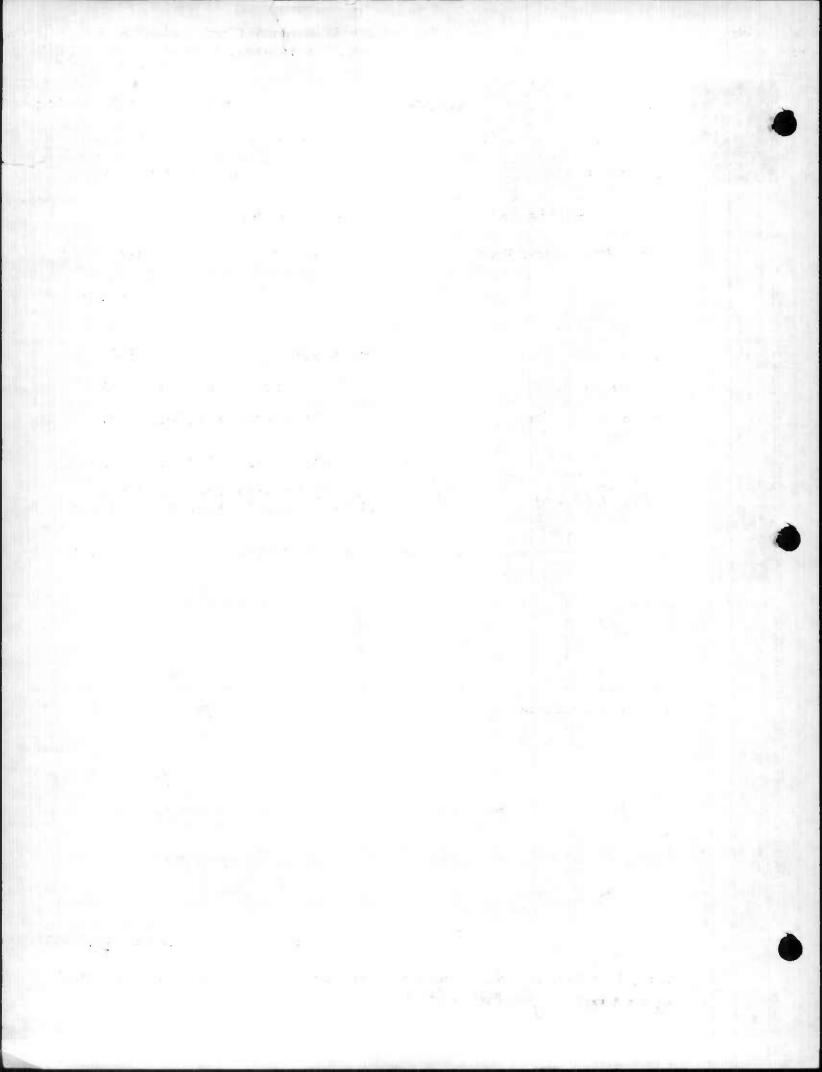
To the Hospital or Attanding Physician: The law requires that the death certificate be associted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician end

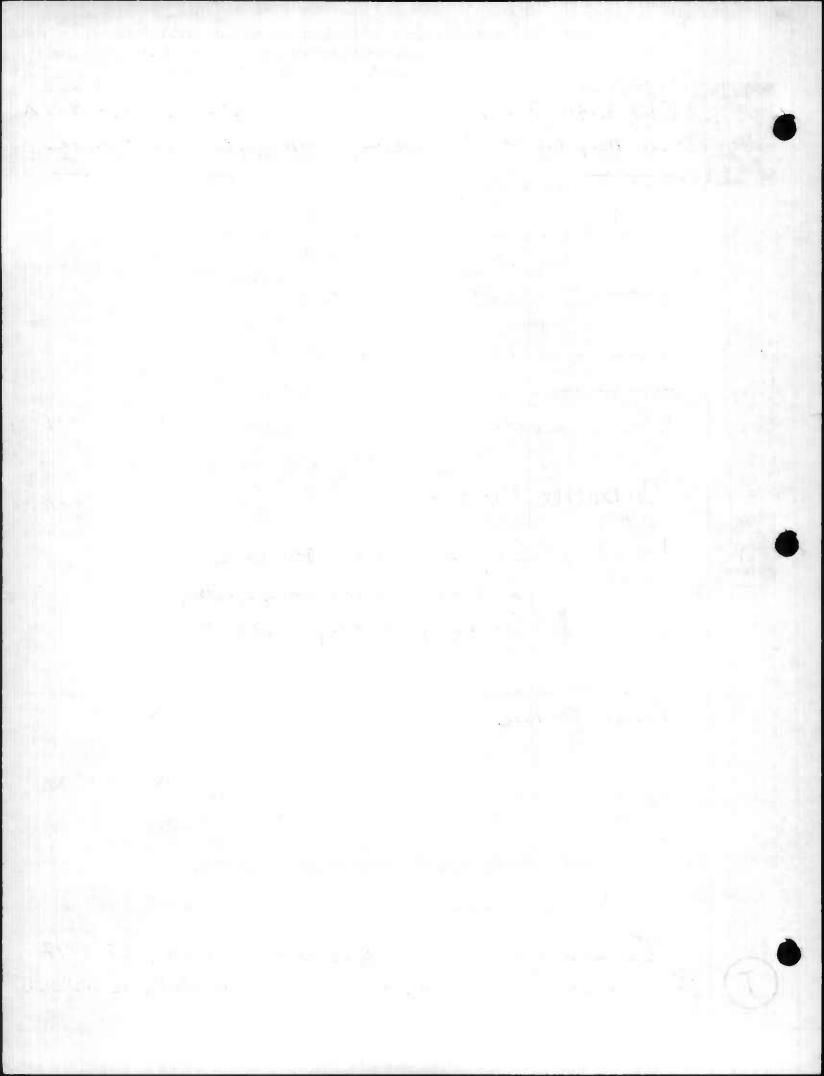
Division of Vital Records, P.O. Box 68760,

1. D	ecedent's Nam	o (1 1131, MINOUIO, Le	301)					2. Dete of Dea			
]	Rita	М.		HEA	DINGS			Decemb	er 21,	1°9°97	11:00 рп
4e. F	Facility Name (i	If not institution, gi	ve street end nur	mber)			4b. City, Town,	or Location of Deeth			
]	Frankli	n Square	Hospita	al Cen	ter		Rose	dale	Bal	Ltimor	ce
	212-26	6-6718	Sex 1□ M 2□ F		rs. lest birthdey) 68 Yrs.	If Under 1 Y Months D		Ain. (Month, De)	Year) 9,1929	9. Birthpl Count PA	ece (Stete or Foreign ry)
_	el Residence of Stete	10b. County		10c.	City, Town or Lo	cation				10	Od. Inside City Limits
	Md.		timore	, , ,	o.,		iddle Ri	vor		10	1 ☐ Yes 2 ☐ No
10e	. Street and Nur		OTMOTE						10a Chinas of 1	Affron Course	The state of the s
00.			and Da	- 4		10f. Zip Co			10g. Citizen of \		iry r
44 1	/334 Marital Status	Greenb	12. Was Dece		116 12 1	Man Danadant	21220) (S14-) VN		JSA se - America	an Indian
1		ied 2 Married 4 Divorced	Armed For	rces? 25 No e	- 1	f Yes, specify		? (Specify Yes or No- uerto Rican, etc.)		ck, White, e	etc.
	**	15. Decedent's E			16a, Deced	lent's Usuai O	ecupation		16b. Kind of Bu	usiness/Ind	ustry
-		cify only highest gr	ede completed)	Ann Co.	(Give	kind of work d	done during most of etired)	working	. 32		
Ei	iementary/Seco	ondary (U-12)	College (1	-40r 5+)			anager			IRS	
7. F		(First, Middle, Last	1)	11 3	011	- U - 11		Neme (First, Middle,	Maiden Sumen		
	Horage	e W. Ri	1ev					elen May			e
19a.		ame/Relationship	4		19b. Mailin	ng Address /Si		Rural Route Numbe			
11.		eadings				-		Road Bal			
a.	Method of Disp			20b	. Plece of Dispos	sition (Neme o	of	Dete	20c. Location -		
		Cremation 3		State	cemetery, cren						
		5 Other (Special			Ebenez	er Ce	metery	12/26/97	Balt	imor	e Md.
21.	Signature of Fu	Ineral Service Lice	nsee		11		ddress of Facility	1 II	6 17	١	
	K.	1111	- 1 /			A					
		1000	4 (0)	mel	ly	Conne	11y Fun	erar nom	e or E	SSEX	001
23a	. Pert . Entar ti shock, or hee	he disease, or con rt failure. List only	uplications that ca	aused the de	eth. Do not ente	Conne 300.M	Tly Fun	onac Breshratory W	e or r	. 21	Approximate Interval Between
23a	. Pert1. Entar ti shock, or hee	he disease, or con rt failure. List only	upil mitions that can sause on ea	aused the de ach line.	eeth. Do not ente	Conne	ally Fun	onac Brespiratory M	Ste Wq	. 21	Approximate Interval Between Onset and Deeth
lmm dise	nediate Ceuse (Final			eeth. Do not ente	Meboon Shire	TIY Fun Nig such av ar ng, Metas	onac Brespirator, m	gre Md	. 21	Approximate Interval Between
mm dise	nediate Ceuse (Final		L Cell	eeth. Do not ente	of Lur	Wing, such as car	onac Brespirator, m	Ste Wo	. 21	Approximate Interval Between Onset and Deeth
lmm dise	nediate Ceuse (Final		L Cell	Cancer	of Lur	Wing, such as car	onac Brespirator, m	e or r	1. 21	Approximate Interval Between Onset and Deeth
mm fise esu	nediate Ceuse (lese or conditio ulting in deeth)	Final		L Cell Due to	Cancer	of Lur	Wing, such as car	onac Brespirator, m	e or r	. 21	Approximate Interval Between Onset and Deeth
Imm dise resu	nediate Ceuse (lese or conditio ulting in deeth)	Final		L Cell Due to	Cancer	of Lur	Wing, such as car	onac Brespirator, m	e or r	I. 21	Approximate Interval Between Onset and Deeth
Imm dise resu Sequif an ceus Cau: that	nediate Ceuse (Final nditions, mediate rhying injury		Due to	Cancer	of Lunuence of):	Wing, such as car	onac Brespirator, m	e or r	I. 21	Approximate Interval Between Onset and Deeth
Sequif an ceus	nediate Ceuse (less or condition ulting in deeth) puentially list con hy, leading to im se. Enter Unde lise (Disease or initiated events	Final nditions, mediate rhying injury		Due to	Cancer (or as a consequence of the consequence)	of Lunuence of):	Wing, such as car	onac Brespirator, m	e or r	21 21	Approximate Interval Between Onset and Deeth
Imm dise resu Sequif an ceus Cau: that	nediate Ceuse (less or condition ulting in deeth) puentially list con hy, leading to im se. Enter Unde lise (Disease or initiated events	Final nditions, mediate rhying injury		Due to	Cancer (or as a consequence of the consequence)	of Lunuence of):	Wing, such as car	onac Brespirator, m	e or r	.ssex	Approximate Interval Between Onset and Deeth
Sequif an ceus Cau: that resu	nediate Ceuse (pese or condition ulting in deeth) quentially list con ly, leading to im se. Enter Unde se (Disease or initiated events ulting in death) L	Final nditions, mediate rhying injury	e Small	Due to	Cancer (or as a consequence of consequence)	of Lur uence of): uence of):	ng, Metas	oac Prespiració M	gre Md	1. 21	Approximate Interval Between Onset and Deeth
Sequence Seq	nediate Ceuse (lesse or condition ulting in deeth) quentially list con y, leading to im se. Enter Unde se (Disease or initiated events ulting in death) I	nditions, mediate thing injury Last	e. Small b	Due to	Cancer (or as a consequence of consequence)	of Lur uence of): uence of):	ng, Metas	oac Prespiració M	gre Md	1. 21	Approximate Interval Between Onset and Deeth I Month I Month
Sequif an ceus Causthat resu	nediate Ceuse (lesse or condition ulting in deeth) quentially list con y, leading to im se. Enter Unde se (Disease or initiated events ulting in death) I	Final n n n n n n n n n n n n n n n n n n	e. Small b	Due to	Cancer (or as a consequence of consequence)	of Lur uence of): uence of):	ng, Metas	oac Prespiració M	obacco use co	ntribute to	Approximate Interval Between Onset and Deeth I Month I Month
Sequif an coust Causthat resu	nediate Ceuse (lesse or condition ulting in deeth) quentially list con y, leading to im se. Enter Unde se (Disease or initiated events ulting in death) I	nditions, mediate thing injury Last	e. Small b	Due to	Cancer (or as a consequence of consequence)	of Lur uence of): uence of):	ng, Metas	tatic 23b. Did t	obacco use con 'es 2□ No	ntribute to 3 □ Prob	Approximate Interval Between Onset and Deeth I Month I Month
Sequif an coust Cauthat resu	nediate Ceuse (lesse or condition ulting in deeth) quentially list con y, leading to im se. Enter Unde se (Disease or initiated events ulting in death) I	nditions, mediate thing injury Last	e. Small b	Due to	Cancer (or as a consequence of consequence)	of Lur uence of): uence of):	ng, Metas	tatic 23b. Did to 174.	obacco use con 'es 2 No	ntribute to 3 Prob	Approximate Interval Between Onset and Deeth I Month I
Sequif an ceus Causin resu	nediate Ceuse (lesse or conditional interest of the second interest	nditions, mediate rhying injury cast	e. Small b	Due to	Cancer (or as a consequence of consequence)	of Lur uence of): uence of):	ng, Metas	23b. Did to 174.	obacco use code 2 No	ntribute to 3 Prob	Approximate Interval Between Onset and Deeth I Month I
Sequif and course that results are sufficient to the sufficient to	nediate Ceuse (pase or condition of the condition of the ceuse of the	Inditions, amediate rhying injury cast Cant conditions of Renal Fai	b d	Due to Due to	Cancer (or as a consequence of the consequence of t	of Lur uence of): uence of):	ng, Metas egiven in Parti.	23b. Did to 1750 perior 1 v V Death (Check only or	obscco use cover 2 No an autopsy med?	ntribute to 3 Prob	Approximate Interval Between Conset and Deeth I Month
Sequif an coussit that resu	nediate Ceuse (lesse or condition of the condition of the central	nditions, mediate riving injury sast lcant conditions of the condi	b c d contributing to de	Due to Due to Due to Due to	Cancer (or as a consequence of the consequence of t	of Lur uence of): uence of): uence of):	e given in Part I.	23b. Did to 174.	obsecto use codes 2 No an autopsy med?	ntribute to 3 Prob	Approximate Interval Between Conset and Deeth I Month
Sequiformation of the second o	nediate Ceuse (lesse or condition of the condition of the central	Inditions, mediate riving injury stast Ideant conditions of Renal Fai	e. Small b	Due to Due to Due to	Cancer (or as a consequence of the consequence of t	of Lur uence of): uence of): uence of):	e given in Part I. 26. Place of Other: 4 \(\text{Nursin lury at Work?} \)	23b. Did to 175. 24a. Was a perior 1 y Y	obsecto use codes 2 No an autopsy med?	ntribute to 3 Prob	Approximate Interval Between Conset and Deeth I Month
Sequif and ceuse that results a sequification of the sequipole of the sequ	nediate Ceuse (lesse or condition of the condition of the central	nditions, mediate riving injury sast lcant conditions of the condi	b. Small b. c. d. contributing to de lure Hospital: 128a. Dete c. (Montine 28a. Piace	Due to Due to Due to Due to ath but not re apatient 2 of Injury	Cancer (or as a consequence of the consequence of t	of Lunuence of): uence of): uence of): uence of): uence of): deriving ceus	26. Place of Other: 4 Nursin Injury at Work?	23b. Did to 175. 24a. Was a perior 1 y Y	obsecto use converse 2 No an autopsy med?	ntribute to 3 Prob 24b. We ave con of d 1 er (Specify, red	Approximate Interval Between Onset and Deeth I Month I
Sequif an ceuse Ce	was case reference and the rest of the res	Inditions, mediate riving injury stast Icant conditions of the co	b. Small b. C. C. Contributing to de lure Hospital: 11/4 28a. Detection (Montal publication) 28a. Place building to the build	Due to Due to Due to Due to Due to Due to Due to Due to Due to	Cancer (or as a consequence of the consequence of t	of Lun uence of): uence of): uence of): uence of): t 3□ DOA 28c. M occurred at the	e given in Part I. 26. Place of Other: 4 Nursin Injury at Work? 1 Yes 2 No	23b. Did to 1) 24a. Was: performent of the control	obacco use cod ves 2 No an autopsy med? es 2 No an injury occur itreet end Numb m, Stete) ause(s) end ma	ntribute to 3 Prob 24b. We ave con of d 1 Green (Specify red	Approximate Interval Between Onset and Deeth I Month I
Sequif an coust cause of the coust of the co	wediate Ceuse (sees or conditional production of the central productio	Inditions, mediate rhyling injury stast Icant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition of the co	e. Small b	Due to Due to Due to Due to Due to Due to Due to Due to Due to	Cancer (or as a consequence of the consequence of t	of Lun uence of): uence of): uence of): uence of): defrying ceus t 3□ DOA 28c. M occurred at the estigation, in restigation, in restigation.	e given in Part I. 26. Place of Other: 4 Nursin Injury at Work? 1 Yes 2 No	23b. Did to 12 24a. Was a perior of the control of the courred at the time, of the course at the courred at the time, of the course at the course at the course at the time, of the course at the cour	obacco use con san autopsy med? es 2 No ne) ence 8 Oth ow injury occur treet end Numb ause(s) end ma late end place,	ntribute to 3 Prob 24b. We ave ave ave ave ave ave ave ave ave av	Approximate Interval Between Onset and Deeth I Month I
Sequif an ceus Cauthat result that result that result 25. V 27. M 1 2 3 4 4 29a.	was case referexaminer? It. Other elgnift Was case referexaminer? Certifier (Check only one)	red to medicel Renal Fai Renal Fai Could not be determined To Certifying Pt Could not be determined Title of certifier	b. Small b. C. C. Contributing to de lure Hospital: 11/4 28a. Detection (Montal publication) 28a. Place building to the build	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	Cancer (or as a consequence of the consequence of t	of Lun uence of): uence of): uence of): uence of): uence of): deriving ceus t 3□ DOA 28c. M 28c. M 29c. Lk	e given in Part i. 26. Place of Other: 4 Nursin Injury at Work? 1 Yes 2 No fice	23b. Did to 12 24a. Was a perior of the control of the courred at the time, of the course at the courred at the time, of the course at the course at the course at the time, of the course at the cour	obacco use con se 2 No an autopsy med? es 2 No an autopsy med? itreet end Numb m, Stete) ause(s) end ma late end place, 29d. Date signed	ntribute to 3 Prob 24b. We ave con of d 1 Deer (Specify, red	Approximate Interval Between Onset and Deeth I Month I

State Registrar 31. Date filed (Month Day Year)



D1	4 9 4	5,17 per FH G-754 12/		Certificate of	of Death	1	Reg. No.	
Physicia /Medic		1. Decedent's Name (First, Middle, I	Jones			2. Date of Dea Month Dec	Day 23	Year 955
Examin Funeral Director		4a, Facility Name (If not institution, g Local Hospita 5. Social Security Number 6 212 20 7502	iva street and number)	Himore rs. last birthday) If Under 1 Y. Wonths De	4b. City, Town, or Lo Ear If Under 24 Hrs. Hours Min.			
E 8 ■		Usual Residence of Decedent 10a. State 10b. County	10c.	City, Town or Location				10d. Inside City Lin
a or 28a-f show	tor	Md	NA	Balto				100 es 20
or 284	irec	10e. Street and Number		10f. Zip Coo	de		10g. Citizen of Wi	hat Country?
5 2 3	ral	3823 Arbu	hur Avenue		21207		U.	5.4
natural, or items 23	by Funeral Director	11. Marital Status Allower Married 2 Marriad 31. Widowed 4 Divorcad	12. Was Decedant Evar in Armed Forces? 1 Yes 2 No If Yes, Give Yaar or Dates:	13. Was Decedent If Yes, specify (of Hispanic Orlgin? (Spe Cuban, Mexican, Puerto No Specify:	ecity Yes or No- Ricen, etc.)	14. Race Black Specify:	- Amarican Indian, , White, atc.
atura		15. Decedant's	Education	16a. Decedent's Usual Oc	cupation		16b. Kind of Bus	Iness/Industry
. 5	Completed	(Specify only highest g Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT use re	-	ing	Home	
7 70 1	Con	6th. 5thgrade	NA	140	usewife		7.0	
0 0 0	To Be	17. Father's Name (First, Middle, La. 19a. Informant's Name/Relationship	William Thor	mas	18. Mother's Name	e (First, Middle,	Maiden Sumame)
perimi. Deperment of Heelth and Men Important: If Item 27 Is marke any Injury or other traumatic once.		20a. Method of Disposition 1 0 Burial 2 Cremation 3 4 Donation 5 Other (Special Service Lice)	□ Ramoval from State	b. Place of Disposition (Name of cametery, crematory or other 22. Nama and Administrations)	1 Parte 1	Date 230-97	Da He, r 20c. Location - C Arbuta	cl 2/207 City or Town, State (S) /Cl 2/2
and I-transit	Examiner	Sequentially list conditions, if any, leading to immediate	b. Ischen Duate	o (or as a consequence of): o (or as a consequence of): o (or as a consequence of):	liomy	path	7	
physician the buria	ledicai	ceuse. Enter Underlying Cause (Disease or Injury thet initiated events resulting In death) Last		o (or at a consequence of):	ry Dise	ase		
ittending p	-	thet initiated events	Due to	o (or as a consequance of):		23b. Dld t	obacco ues cont	iribute to the cause of de
ed by the ettending p	-	thet initiated events resulting In death) Last	Due to	o (or as a consequance of):		23b. Dld t		
igned by the ettending p	by Physician/Me	that initiated events resulting in death) Last Part II. Other significant conditions	Due to	o (or as a consequance of):		1 🗆 1		3 Probably 4 Unker 24b. Were autopsy findin evallable prior to
ate has been signed by the ettending p pege 2 should be deteched for use as	Completed by Physician/Me	Part II. Other significant conditions Renal Fo	Due to	o (or as a consequance of):		1 🗆 1	an autopsy med?	Probably 4 Unkr 24b. Were eutopsy findin evallable prior to completion of cause
ate has been signed by the ettending p pege 2 should be deteched for use as	Be Completed by Physician/Me	Part II. Other significant conditions Renal For	Due to	o (or a a consequence of): resulting In the underlying cause	e given In Part I. 26. Place of Deetl	24a. Wes performed to the control of	an autopsy med?	3 Probably 4 Unker 24b. Were eutopsy finding evallable prior to completion of cause of death? 1 Yes 2 No
n. After this certificate hes been signed by the ettending p funeral director, pege 2 should be deteched for use as	To Be Completed by Physician/Me	Part II. Other significant conditions Rence For 25. Was case referred to medical examiner? 1 Yes 25 No 27. Manner of Death 1 Natural 5 Pending	Due to d	c (or a a consequence of): resulting In the underlying cause resulting In the underlying cause ER/Outpatient 3 DOA	e given In Part I. 26. Place of Deetl Other: 4□ Nursing Ho	24a. Wes performent of the Check only of the Che	an autopsy med?	3 Probably 4 Unkr 24b. Were eutopsy finding evallable prior to completion of cause of death? 1 Yes 2 No
n. After this certificate hes been signed by the ettending p funeral director, pege 2 should be deteched for use as	To Be Completed by Physician/Me	Part II. Other significant conditions Rence For State	Due to d	c (or a a consequence of): resulting In the underlying cause resulting In the underlying cause ER/Outpatient 3 DOA	26. Place of Deetl Other: 4 Nursing Ho njury at Work? 1 Yes 2 No	24a. Wes performent of the control o	in autopsy med? les 20 No ne) enca 6 Other ow Injury occurre	3 Probably 4 Unkr 24b. Were eutopsy findin evallable prior to completion of cause of death? 1 Yes 2 No
n. After this certificate hes been signed by the ettending p funeral director, pege 2 should be deteched for use as	edical Certification: To Be Completed by Physician/Me	Part II. Other significant conditions Rence For State of	Hospital: 28a. Date of Injury (Month, Day Year, be described by Date of Injury - Albuilding, etc. (Spe	c (or a a consequence of): resulting In the underlying cause resulting In the underlying cause resulting In the underlying cause 2 ER/Outpatient 3 DOA 28b. Time of linjury M	26. Place of Deetl Other: 4 Nursing Ho njury at Work? 1 Yes 2 No	24a. Wes performent of the control o	res 2 No an autopsy med? res 2 No re) enca 6 □ Other ow Injury occurre fireet and Number n, State)	completion of cause of death? 1 Yes 2 No r (Specify) d r or Rural Route Number,
n 24 hours after death. • Funeral Director: After this certificate hes been signed by the estanding pletely filled in by the funeral director, page 2 should be deteched for use as	ledical Certification: To Be Completed by Physician/Me	Part II. Other eignificant conditions Rence For Part II. Other eignificant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending investigati 3 Suicide 4 Homicide 6 Could not determine 29e. Certifier (Check only 2 Medical Examiner) 29 Medical Examiner 1 Certifying For Part III. Certifying For Part III.	Hospital: 1 Appatient 2 28a. Date of Injury (Month, Day Year, on bed 28e. Place of Injury - A building, etc. (Spectrum) on the basis of examinand manner stated.	co (or a a consequence of): resulting In the underlying cause resulting In the underlying cause resulting In the underlying cause 2 ER/Outpatient 3 DOA 28b. Time of lainury M thome, farm, street, factory, off scrify) chowledge, death occurred et the ination end/or investigation, in material causes.	26. Place of Deetl Other: 4 Nursing Ho njury at Work? 1 Yes 2 No ice e time, dete end place, ny opinion, deeth occurr	24a. Wes perform 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	an autopsy med? Ses 2NNo Perca 6 □ Other ow Injury occurre Covered and Number on, State) Pause(s) end men date and placa, er	3 Probably 4 Unkr 24b. Were autopsy findin evallable prior to completion of cause of death? 1 Yes 2 No r (Specify) d r or Rural Route Number, ner es steted. nd due to the cause(s) (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** ecember 15, 199 /Medical 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Deatl **Examiner** II Undar 24 Hrs HOSPITAL Age (In yrs, last birthday) 5. Social Security Number 9. Birthpla Months 1 M 2 M Days Usual Rasidenca of Decedant 10a. Stata 10b. County 10c. City. Town or Location 1⊞Yes 2□No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 12. Was Decedent Evar In U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - Amarican Indian Biack, White, etc. 11. Marital Status 1 Never Married 2 Married 1□ Yes 21 No Specify: þ 3 ₩Widowed 4 Divorced Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) Coilege (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) P. 19a. informant's Name/Relationship (Type, Print) 55 20b. Place of Disposition (Na cemetery, cremetory or 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Ramoval from State 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Lice for the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death neumonia Immediate Cause (Final disease or condition resulting in death) Lung Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last atoru Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 12 No 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 patient 2 ER/Outpatient 3 DOA 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work?

Examiner The law requires that the death certificata be executed attending physicien end for use es the burial-tran Records, P.O. Box 68760. been signed by the a should be detached pega 2 s this cartificata Division of Vital To the Hospital or Attending Physician: director, Medical Certification: To Director: After thi death. hours after within 24 hours a
To the Funeral C
completaly filled

Funeral

Director

must be notified at

28a-f

'natural', or items 23a or

mportant: If Item 27 is marked other

Physician /Medical

Health and Mental

Baltimore, Maryland 21215-0020

the Medical Examiner

1 Natural 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be 3 Suicida 28a. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street end Number or Rurel Routa Number, City or Town, Stete) 4 ☐ Homicide 29a. Certifier

29b. Signatura and title of cartifia

11 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29c. License number 29d. Data signed (Month, Day, Year)

Maryland General

30115

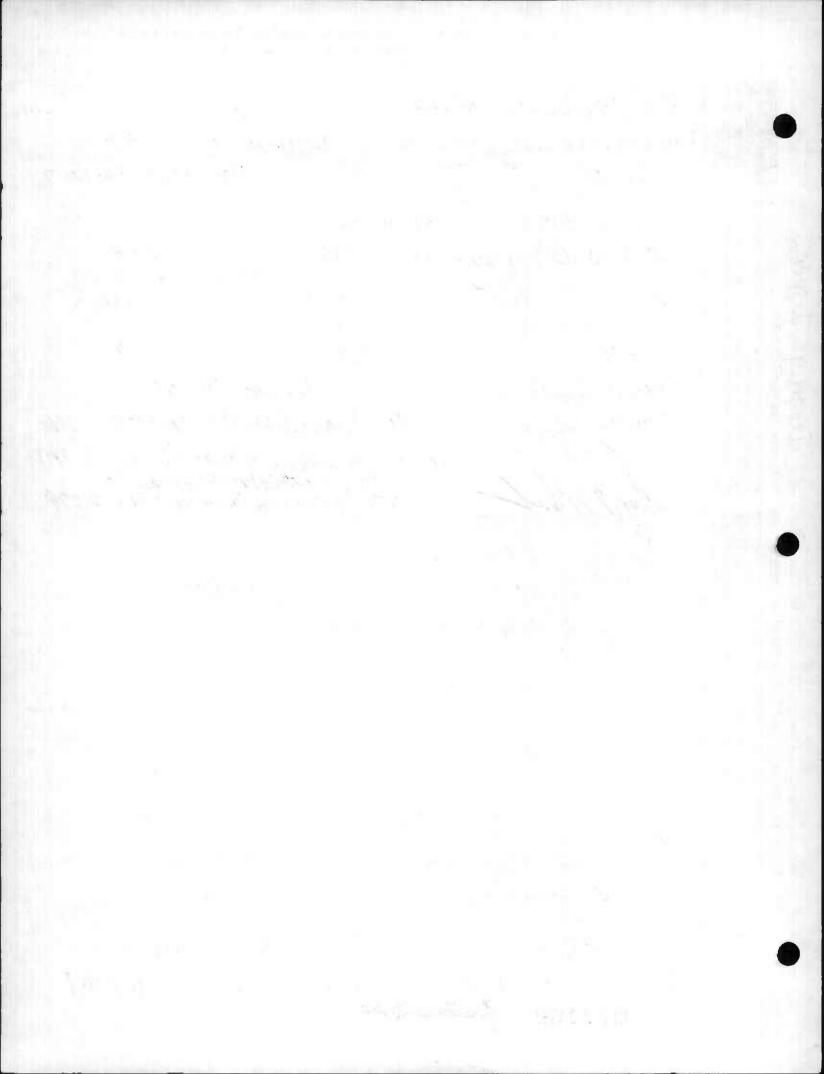
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

niof

31. Date filed (Month, Dey, Year) State

DEC 3 0 1997

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Deeth 1Aggie **Physician** December /Medical 4e Facility Name (If not institution, give street end nymber) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Street 6 Sav 9. Birthplace (Steta or Foraign Gountry) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth 1 M 2 F 220-64.725 Yrs. Amay 15, 1910 North Director Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d, fnsida Clty Limits 1 Yes 2 No none Director MARURAN 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? than 'natural', or itsms 23s or the Medical Examiner must be 2943 Matthew 2/2/8 Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 D No tt Yes, Give Yeer or Detes: Wes Decedent of Hispenic Orlgin? (Specify Yas or No-It Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Reca - American Indien. 11. Meritel Stetus Black, Whita, atc. 1 ☐ Naver Married 2 ☐ Married 1 Yas 20 No To-America Specify: 3 Widowed 4 □ Divorced PV Completed 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within Elemantary/Secondary (0-12) College (1-4or 5+) OND Home Domestic T is marked other traumetic event. I 19. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Neme (First, Middle, Last) Be Montal OTis Clements 19b. Mailing Address (Street and Number or Flural Playte Number, City or Town, State, Zip Code) 192 Informent's Neme/Relationship (Type, Important: If Item 27 is a say injury or other Attumpe, 12 2/2/8 Matthew Street ACCACE 20b. Plece of Disposition (Neme of cemetery, cremetery or other pleca) 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removel from State Zion 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funerel Service Licenses Furent Service 22. Name and Address of Fecility PARCY M. WALLACE Bartinore, Md 3405 W. FRANKlin St. 23a. Pant: Enterfield disease, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or raspiretory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Ceuse (Finel disease or condition resulting in death) /Medical Congestive Examiner Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Entar Undarfying Cause (Disease or injury that initiated events resulting in daeth) Lest Records, P.O. Box 68760. percholeste. Physician/Medical the ent Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? Division of Vital director, 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) exeminer? 1 Yes 20 No 27. Manner of Deeth 1 Neturel 5 2 Accident Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 28a. Dele of Injury (Month, Dev Year) or Attending 5 Pending investigation 1 ☐ Yes 2 ☐ No To the Hospital or Attendit within 24 hours effer death. To the Funeral Director: A completely filled in by the fr death. 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physictan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner es steted. | Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner stated. 29e. Certifier Medical 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signatura and titla of cartifier 755-001

cause of deeth (Item 23e) (Type, Print)

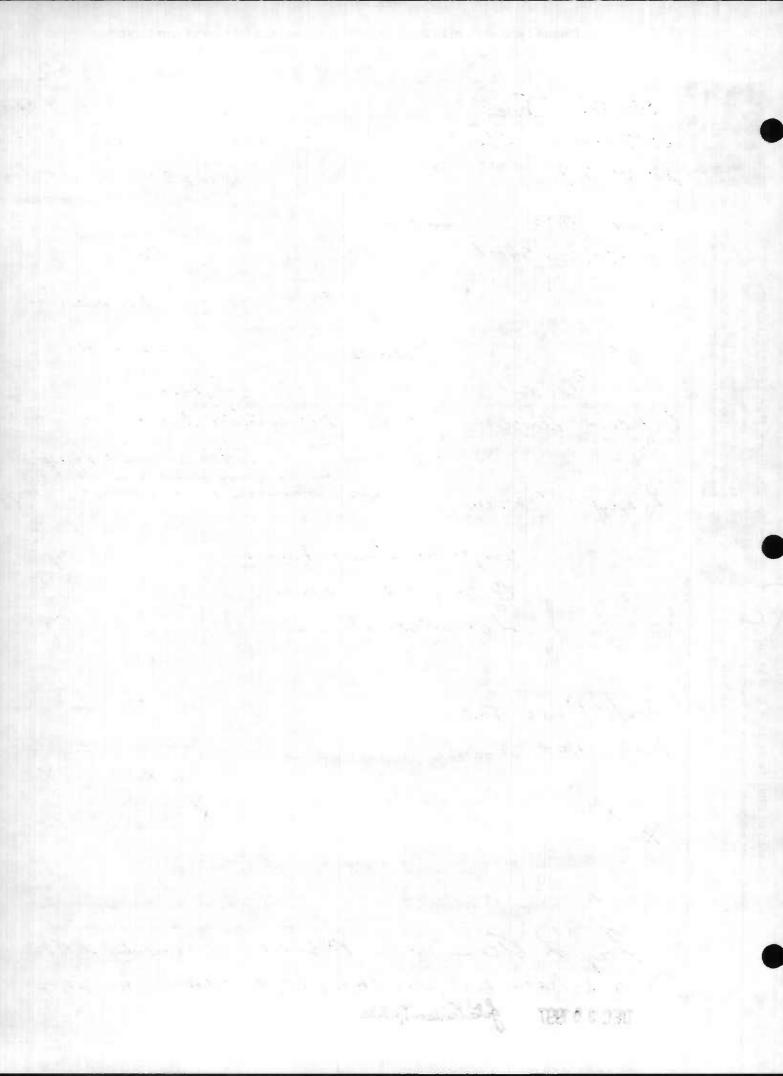
Hospital Bathmore, 40 21217

Registrar

30. Neme and address of person who completed

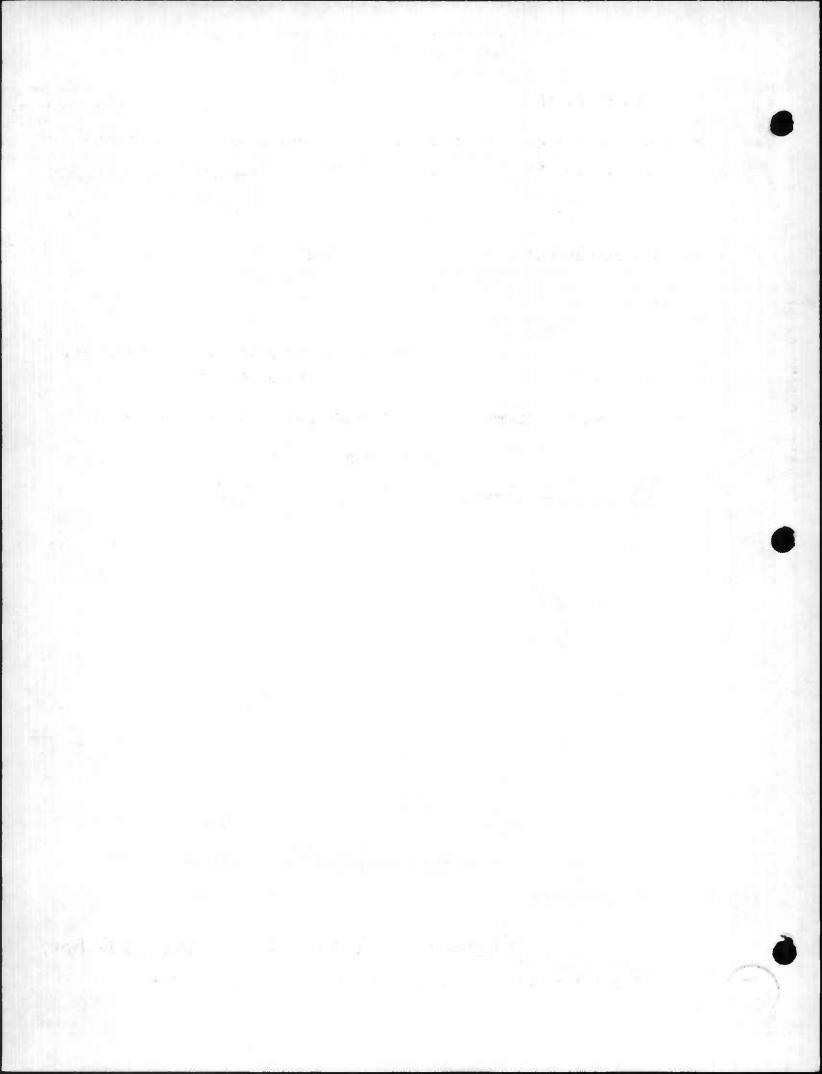
DEC 3 0 199

31. Dete filed (Month, Dey, Year)



ms:7,8,1	10e	per FH G-754 12/30/97			Certifica:			nd Mental H	Reg. No. 9 7	393	363	
Physic /Medi		1. Decedent's Neme (First, Middle, Las ROLAND A . K		71			- 3	2. Date of I Month Decem	Dey	Year	7:00a.	
Examir Funeral Director		212-16-3/32	WARD, MARYL	AND 2	dey) If Unde	r 1 Year	FORT	HOWARD Hrs. 8. Dete of Min. Month,	ath 4c. County	IMORE	(State or Forei	
the Maryland 28s-f show sottlind at	or	Usual Residence of Decedent 10a. State 10b. County MD NA	10	e. City, Town o	or Location						naide City Limi	
r 28a-	Director	10e. Street and Number			10f. Zij	p Code			10g. Citizen of	What Country?		
23a or	aiD	3800 WEST BEL	EVEDERE AV	ENUE#	225	21	215		USA	A		
urs after death with the Maryla alf, or items 23s or 28s-f show Examiner must be notified at	by Funeral	11. Meritei Stetus 1 ☐ Never Merried 2 ☐ Merried 3☐Widowed 4 ☐ Divorced	12. Wes Decedent Ever Armed Forcea? 1 Dayes 2 No If Yes, Give Yeer or Detes:	111442 12646			lispanic Origin en, Mexican, I Specify:	n? (Specify Yes or Puerto Rican, etc.)		ce - American in ck, White, etc. y: BLACK	dian,	
within 72 ho one. then "netur the Medical.	Completed	15. Decedent's Ed (Specify only highest gra Elementery/Secondery (0-12)	de completed) College (1-4or 5+)	(%	ecedent's Usu Give kind of wo fe. DO NOT u	ork done ise retired	during most o i)			usiness/Industr		
should be filed of Mental Hygis marked other metic event, it	To Be Co	5th 17. Fether's Neme (First, Middle, Last) ROLAND KENT	NA	CON	STRUC	TIO		INICIAN s Neme (First, Middo I JOHNSC		-EMPLO	YED	
s 1 and 2 shou if Health and N then 27 is man other traumen		19e. Informent's Neme/Reletionship (1 DELORES WALKER			Melling Address			BALTO.		, State, Zip Cod 21215	(e)	
Page ment ury or		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Removei from Stete	_	cremetory or	other plea		Date M. 123197		City or Town,		
permit. Page Department Important: If any injury or stick.		21. Signeture of Funerei Service Licen	Jan	-			ss of Fecility Ch Fur sh Ave					
Physician /Medical Examiner	Je.	23a. Pert . Enter the disease, or companies to the companies of the compan	. Cancer		ate w	ith				inte One	roximate rval Between et and Deeth Year	
ate be executed hysician end the buriel-transit	dicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	to (or es e cor								
attending p for use es	Physician/Me		d									
fres that the death signed by the atte d be deteched for	by Physic	Pert II. Other eignificant conditions co			ne underlying (cause giv	en in Pert i.		d tobacco uee co			
neen	Completed b							24e. W	es an autopsy rformed?	24b. Were a availabl comple of death	e prior to tion of cause	
velclan: The lew ils certificate hes I director, pege 2 s								10	Yes 2 No	1 □ Ye	3 2□ No	
sician certifi irecto	o Be	25. Wes case referred to medical examiner? 1 Yes 2 No	Hospitei:			Oth	or.	Death (Check onl				
fier th	ation: To	27. Manner of Deeth 1 (Neture) 5 Pending 2 Accident Investigation	28a. Dete of injury (Month, Dey Yea	2 ER/Outpo	-	28c. injur Wor	4 LI IVUIS		e how injury occur			
ital or Attendi ins efter death. al Director: A iled in by the fi	Certification:	3 Suicide 6 Couid not be determined	building, etc. (S)	pecify)				City or 1	n (Street and Numi Town, Stete)			
To the Hospital within 24 hours e To the Funeral C	edical	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	rsician: To the best of my iner: On the basis of exa- end menner ateted.	y knowledge, d minetion end/d	eath occurred or investigation	at the tin , in my o	ne, date end pinion, deeth	plece, and due to the occurred et the time	ne cause(s) and mee, dete end pleca,	annar as atated and due to the	cause(s)	
To the To the Comp	M	29b. Signeture and title of certifier	Shim				52 8	3	29d. Dete signe Dec 2		Year) 99.7	
		30. Name and address of person who of Dr. Duggirala,			rpe, Print)			Rd., For			2105	

DHMH 16 Rev 6/95

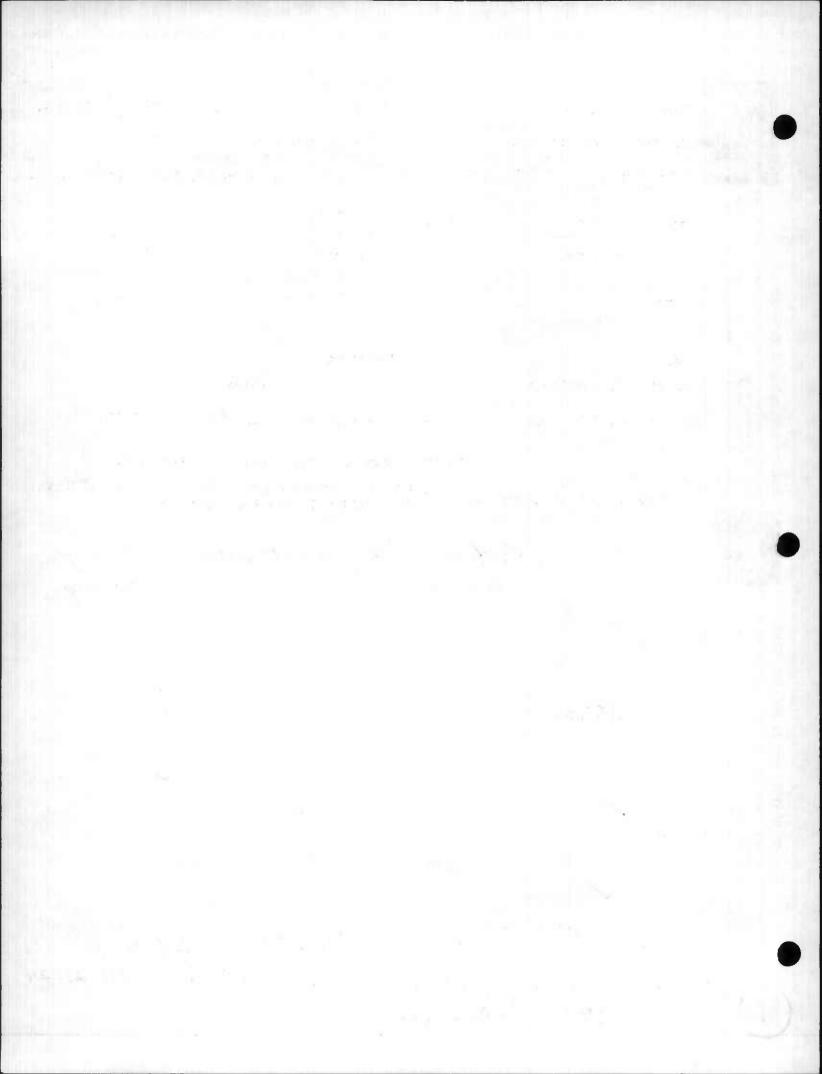


State of Maryland / Department of Health and Mental Hygiene

39364 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Dec. 29, **Physician** 1997 3:30 A.M. Veronica M. Kuhn /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Eastpoint Baltimore Eastpoint Nursing Home if Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) **Funeral** 1□ M 2□ F Yrs. 92 Director 213-52-2890 Feb. 14, 1905 Baltimore, Md. Usual Rasidance of Dacedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits reast be notified at 1 Nas 2 No Director Md. N/A Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 21224 3504 Fleet Street Funeral death Hems 11. Marital Status 12. Was Dacadent Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, White, atc. fraumatic svent, the Medical Examiner Pages 1 and 2 should be filed within 72 hours aftar 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married 21215-0020 6 1 ☐ Yas 2 No Specify: b Specify: White 3€Widowad 4 □ Divorced "natural", Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry al Hygiana. Elamantary/Secondery (0-12) College (1-4or 5+) 4th 17. Fethar's Nama (First, Middle, Last) Homemaker Own Home Maryland 18. Mother's Nema (First, Middla, Maidan Sumame) Be and Mental I Charles J. Zellinger Lena Rodenberg 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) of Haaith a 4802 Parkside Drive, Baltimore, Md. 21206 Charles J. Kuhn/ Son other Baltimore, 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 10 1 X Burial 2 Cramation 3 Ramoval from State ò permit. Page Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Spacify) 12-31-97 Balto., Md. Sacred Heart of Jesus 21. Signature of Funaral Sarvice Lipensee 22. Nama and Addrass of Facility Bradley-Ashton-Dabrowski-Matthews Funeral Home, Inc atthews 2134 Willow Spring Rd., Balto., Md. 21222 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** Heart Disease fmmediata Causa (Final disaasa or condition resulting In death) /Medical **Examiner** Examine The law requires that the death cartificate be axecuted the burial-transit Sequentially list conditions, if any, leeding to immadiata cause. Entar Undarlying Cause (Disaase or Injury Dua to (or as a consequence of): Box 68760, Physician/Medical thet initieted events rasulting in daath) Last Dua to (or as a consequence of): usa as P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Wera autopsy findings Completed 24a. Was an autopsy available prior to completion of cause of death? performed? 1□ Yas 2 No 1 ☐ Yas 2 ☐ No of Vital or Attanding Physician: 25. Was casa referred to medical Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient Othar: 4 Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To 3□ DOA 27. Manner of Deeth 1 Matural 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred Division 5 Pending investigation 1 Tas 2 No 2 Accident 6 Could not be datamined 3 Suicida 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral C Hospital 15 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifian Medical complataly (Check only onel 29b. Signature and page of certain 29d. Data signed (Month, Day, Year) (ann 30. Name and address of person who completed cause of death (Item 23a) (Type, Print).

MELITU M. TORNES MD 441 S. ELLWOOD AUE, BALTO, MD 21224 MELITU M. TORNES, MD 31. Data filed (Month, Day, Year) 2. Registrar's Signatura State DEC 3 0 1997

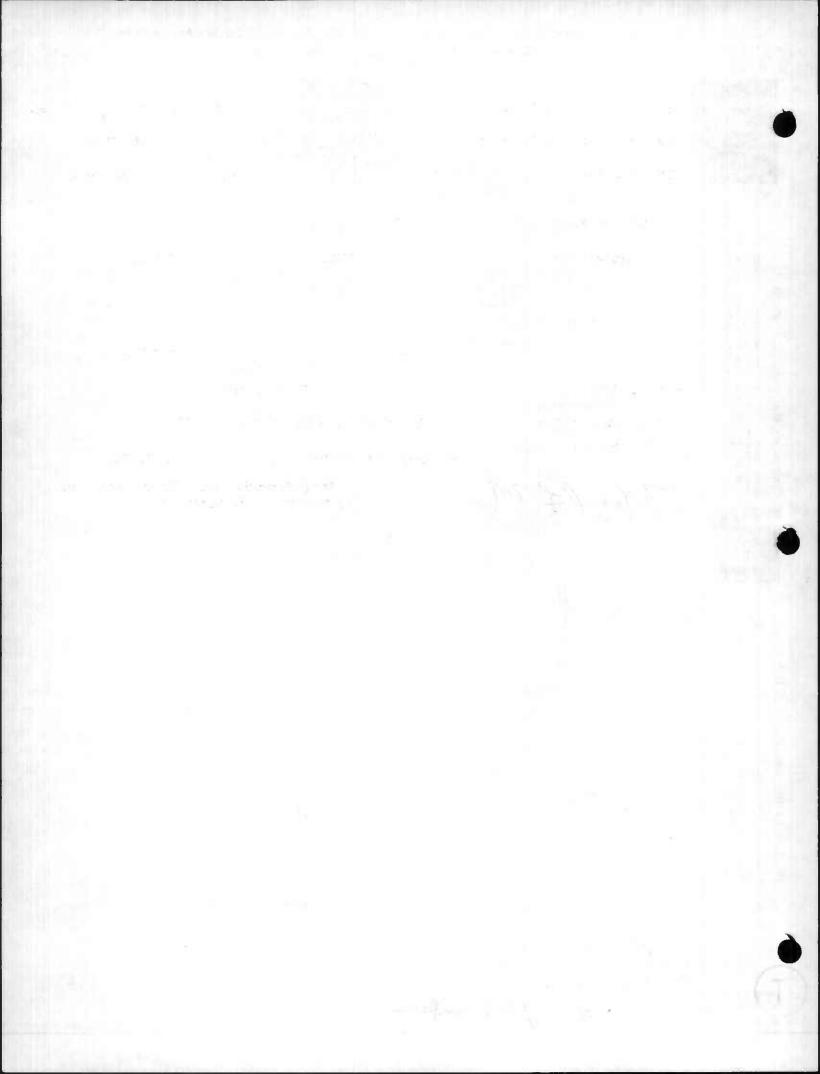
Registrar 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Rea. No. 1. Decedeni'a Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month Day **Physician** Jack Kidwell December 26, 1997 3:15 A.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Franklin Woods Center N/A Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) **Funeral** Birthplace (State or Foreign Country) Days Months Min 1 X M 2 □ F Hours Director 175-16-9870 76 March 2, 1921 Pennsylvania Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location Show 10d. inside City Limits other treumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 No 28a-f Maryland Baltimore N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1 8 items 23a Funeral death 3517 Loganview Drive 21222 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Introcramt: If them 27 is merked other than "natural; or Hem any Injury or other treumatic event, the Medical Ferrence Black, White, etc. 1 Never Married 2 X Married TXYes 2 No If Yes, Give Year or Dates: 21215-0020 1 Yes 2 No Specify: à Specify 3 Widowed 4 Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Crane Operator 12 Steel Company Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be 2 Harry L. Kidwell Elsie M. Long 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Name/Relationship (Type, Print) Georgia Kidwell / Wife 3517 Loganview Drive Dundalk, MD 21222 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Buriai 2 IXCremation 3 ☐ Removal from State Baltimore/Washington Crematory 12-27-97 Laurel, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Name and Address of Facility Bradley-Ashton-Dabrowski-Matthews Funeral Home, Inc. 2134 Willow Spring Road Baltimore, MD 21222 who Lig 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) CRY **Examiner** Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last bunal-trer Due to (or as a consequence of): ettending physician for use as the buna Box 68760. The law requires that the death certificete be-Physician/Medicai the Due to (or as a consequence of): P.O. ed by the detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 8 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed 2 No 1 ☐ Yes 1 Yes 2 No or Attending Physicien: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatieni 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred After 1. Natural 5 ☐ Pending death. Investigation 1 ☐ Yes 2 ☐ No 2 Accident after deat Director: 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours a To the Funerel D Medicai 29e. Certifie 13 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the ceuse(s) end menner as stated. 2 Medical Examiner: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only ş 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end address of person who completed cause of death (Item 23e) (Typa, Print) Baltimore MD Lane #105 AHNAMA 1 Fontons 32. Registrar's Signature 31. Date filed (Month, Day, Year) State 3 0 1997 Registrar

10+1 DHMH 16 Rev 6/95

(7)

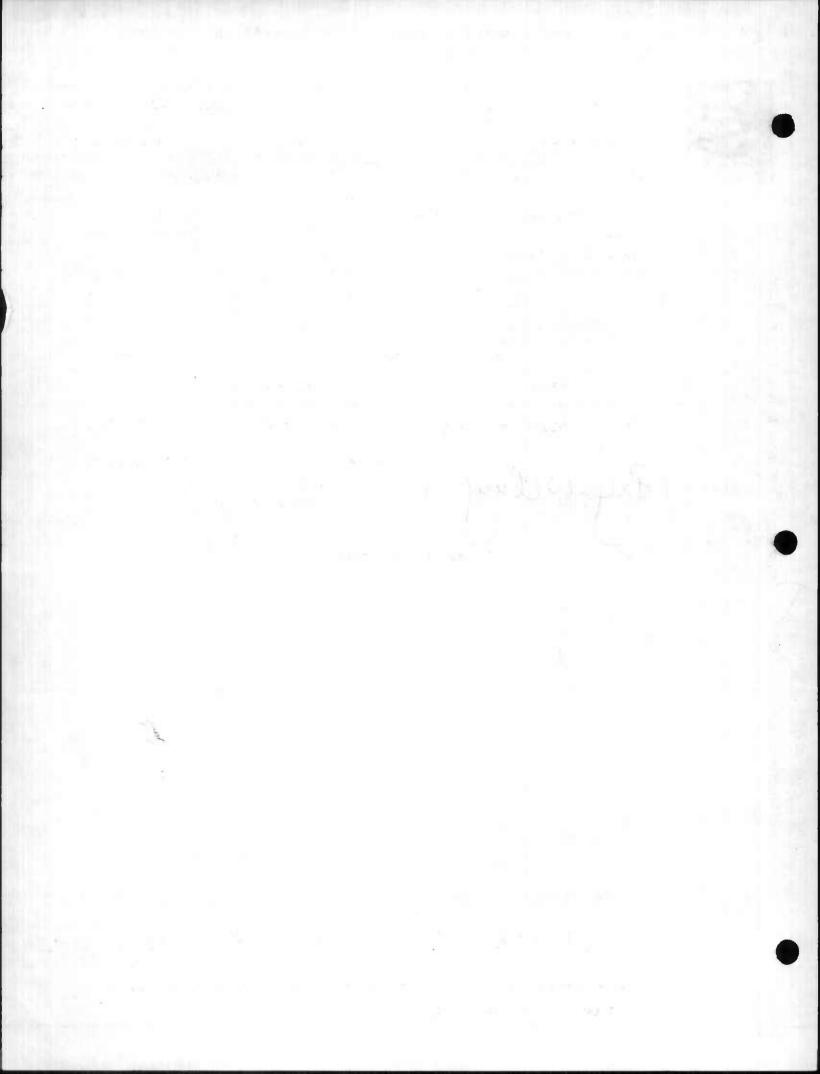


State of Maryland / Department of Health and Mental Hygiene

Physician		1. Decedent's Name (First, Middle, La	ef)						2. Date of Dea	Reg. No.		. Time of Death
Hysician		Christine Ma							Month Decemb	Day	Vear	:50 pm
/Medical	-	4e. Facility Neme (If not institution, giv						4h City Town or	Location of Deeth			· Su juli
Examiner		Stella Maris		561)				lowson	Location of Dooti		imore	
uneral		5. Social Security Number 6. \$ 220–48–5029	Sax 7	7. Age (In yrs	. last birthday) Yrs.	If Under Months	r 1 Year	Under 24 Hrs Hours Min	. (Month, Da	h v, Year)	9. Birthpleca Country)	(State or Foreig
	t	Usual Residence of Decedent	11dy 10						1910	Penns	ylvania	
show and st		10a. Stete 10b. County			ity, Town or Lo						10d.	Inside City Limit
be notified at	0	MD Baltimo	ore		Sparks							1⊡Yes 2⊠N
or 28	5	10e. Street and Number				10f. Zip	Code			10g. Citizen of \	What Country?	
23a	ō	14211 Quail	Creek W	ay		2	21152	2		USA	1	
Examiner must	2	11. Marital Status 1 □ Nevar Married 2 □ Marriad 3 ☑ Widowed 4 □ Divorced	12. Was Deced Armed Ford 1 Tas 2 If Yes, Give Yeer or Da	ces? 2 🔯 No		Was Daced If Yes, spe 1☐ Yes		ant of Hispanic Origin? (Specify Yes or No- fy Cuban, Mexicen, Puarto Rican, etc.) \[\sum \text{No Specify:} \]			e - Americen li ck, White, etc. Whit	
it, the Medical Ext	201	15. Decedent's Ed (Specify only highest gra	ducetion		16e. Dece	dent's Usu	al Occup	oation during most of wo d)	rkina	16b. Kind of B	usiness/Indust	ry
	1	Elementary/Secondary (0-12)	College (1-	4or 5+)	life.	DO NOT u	se retire	d)	,,,,,,,			
T S	5	7	n/a		Hom	emake	r			Own H		
S S S	0	17. Fether's Neme (First, Middle, Last,							me (First, Middle,	Maiden Sumen	10)	
T.O.		Jeremiah Smi						Carrie				
important: If item 27 is ma any injury or other traum once.		19a. Informent's Name/Relationship (ural Route Numbe			
m 27	-	Wanda L. Will 20a. Method of Disposition	kinson/d	laughte	er l	14211	Qua	il Creek	Way, Spa			
or its	1	1 ☐ Burial 2 ☐ Cramation 3 ☐	Removal from S	tate	Place of Dispo cemetery, cre	matory or c	othar pla	ce)	Date	20c. Location -	City or Town,	Stata
jury		4 □ Donation 5 □ Other (Specif	y)	0al	klawn C	Cemete	ery	1	2/26/97	Baltimo	ore, MD)
important: If any Injury or once.	3	21. Signature of Funeral Service Liver	TROUM DI		7 1.6	2. Name ar	nd Addre	eral Home				
드롭리		Bryan W. Cla	Clar	79)				d., Timo	nium. MI	21093	
		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that of	used the dea	th. Do not an	ter the mod	de of dyl	ng, such es cardia	c or raspiratory ar	rast,	Api	proximate erval Between
sician	1	Shook, or main tampes, coarding	Orier Catalan Oil pa	- T							On	set and Deeth
edicai		Immediate Causa (Final										
miner		disaese or condition	M ₇	meand	ial Tn	farct	ion				i	
		disaese or condition resulting in deeth)	a		ial In						1	
i i		disaese or condition resulting in deeth)	a		ial Ind					-4	9	
i i		resulting In deeth)	a	Due to (quence of):	•					
riel-transit	TV TV TV TV TV TV TV TV TV TV TV TV TV T	resulting In deeth)	a	Due to (or as e conse	quence of):	•					
ysician end he buriel-transit	TV TV TV TV TV TV TV TV TV TV TV TV TV T	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events	a	Due to (or as e conse	quence of):						
ng physician end sees the buriel-transit	TV TV TV TV TV TV TV TV TV TV TV TV TV T	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	b	Due to (or as e conse	quence of):						
ng physician end sees the buriel-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events	a	Due to (or as e conse	quence of):						
ng physician end sees the buriel-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events	b c	Due to (or as a consector as	quence of):	:	ven in Part I.	23b. Did 1	obacco usa co	ntribute to the	cause of death
ng physician end sees the buriel-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events rasulting in death) Last	b c	Due to (or as a consector as	quence of):	:	ven in Part I.				
ng physician end sees the buriel-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events rasulting in death) Last	b c	Due to (or as a consector as	quence of):	:	ven in Part I.				
gned by the attending physician end be detached for use as the buriel-transit by Physician/Medical Examiner		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events rasulting in death) Last	b c	Due to (or as a consector as	quence of):	:	ven in Part I.	1 □ `	Yes 2□ No	3 ☐ Probabl	y 4 🔀 Unknow
gned by the attending physician end be detached for use as the buriel-transit by Physician/Medical Examiner		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events rasulting in death) Last	b c	Due to (or as a consector as	quence of):	:	ven in Part I.	1 □ `	Yes 2□ No	3 Probabl	y 4 1 Unknown
ts been signed by the attending physician end 2 should be detached for use as the buriel-transit bleted by Physician/Medical Examiner		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events rasulting in death) Last	b c	Due to (or as a consector as	quence of):	:	ven in Part I.	1 🗆 Y	Yes 2 No en eutopsy med?	24b. Were e evaileb comple of deet	y 4 1 Unknown eutopsy findings ele prior to eition of ceuse th?
ts been signed by the attending physician end 2 should be detached for use as the buriel-transit bleted by Physician/Medical Examiner		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initiated events rasulting in death) Last	b c	Due to (or as a consector as	quence of):	:		1 🗆 Y	Yes 2□ No en eutopsy med? Yes 2₺ No	24b. Were e evaileb comple of deet	y 4 1 Unknown
ts been signed by the attending physician end 2 should be detached for use as the buriel-transit bleted by Physician/Medical Examiner		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in death) Last Part II. Other eignificent conditions of the condition	b c d ontributing to dea	Due to (or as a consector as	quence of): quance of): quance of):	causa gi	26. Plece of De	24e. Was perfo	Yes 2□ No en eutopsy med? Yes 2★□ No	24b. Were e evaileb comple of deet	y 4 1 Unknown eutopsy findings ele prior to eation of ceuse h?
this certificate has been signed by the attending physician end al director, page 2 should be detached for use as the buriel-transit. To Be Completed by Physician/Medical Examiner.		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Part II. Other eignificent conditions of the conditions of the cause of the conditions of the cause of the ca	b c d ontributing to dea	Due to (or as e consector as a consector as	quence of): quence of): quence of): underlying c	causa gi	26. Plece of Dener: ≰∕∑X\nursing	1 🗆 Y	Yes 2 No en eutopsy med? Yes 2 No ne) lence 6 □Oth	3 Probabl 24b. Were sevalet comple of deet 1 Ye	y 4 1 Unknown eutopsy findings ele prior to eation of ceuse h?
this certificate has been signed by the attending physician end al director, page 2 should be detached for use as the buriel-transit. To Be Completed by Physician/Medical Examiner.		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiate events resulting in death) Last 25. Wes cese referred to medical examiner? 1	b c d contributing to dea Hospitel: 1 In In.	Due to (or as a consector as	quence of): quence of): quence of): underlying c	causa gi	26. Plece of Dener: ≰∕∑X\nursing	24e. Was perfo	Yes 2 No en eutopsy med? Yes 2 No ne) lence 6 □Oth	3 Probabl 24b. Were sevalet comple of deet 1 Ye	eutopsy findings ole prior to sition of ceuse th?
this certificate has been signed by the attending physician end al director, page 2 should be detached for use as the buriel-transit. To Be Completed by Physician/Medical Examiner.		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Part II. Other eignificent conditions of examiner? 1 Yes 2 No.	b c d bontributing to deal and a second a second and a second a second and a second	Due to (Due to (Due to (th but not reserved) patient 2 □ Injury, Day Year)	or as a consector as	quence of): quence of): quence of): quence of): anderlying of the second of the s	causa gi	26. Plece of De ner: ≰∕(X)Nursing I ry et rk?	24e. Was perfo	en eutopsymmed? Yes 2 No No No No No No No No No No	3 Probabl 24b. Were e evaileb comple of deet 1 Ye er (Specify) red	y 4 □ Unknow eutopsy findings ble prior to stion of ceuse th?
this certificate has been signed by the attending physician end al director, page 2 should be detached for use as the buriel-transit. To Be Completed by Physician/Medical Examiner.		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in death) Last Part II. Other eignificent conditions of the condition	b c d contributing to deal Hospitel: 1 In In In In In In In In In In In In In	Due to (Due to (Due to (Ath but not reserved in the set of my known is of examinating the set of my kn	or as e consector as a consector as	quence of): quenc	causa gir	26. Plece of De ner: ♠ Nursing I y et rk? Yes 2 □ No	24e. Was performent of the control o	Yes 2 No en eutopsy med? Yes 2 No ne) lence 6 Oth now injury occur Street and Numb m, State)	3 Probabl 24b. Were e evailet comple of deet 1 Ye er (Specify) red per or Rural Ro	y 4 □ Unknow eutopsy findings ble prior to stion of ceuse th? ss 2 □ No bute Number,
this certificate has been signed by the attending physician end al director, page 2 should be detached for use as the buriel-transit. To Be Completed by Physician/Medical Examiner.		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events rasulting in death) Last Part II. Other elgnificent conditions of the cause of the conditions of the cause o	b	Due to (Due to (Due to (Ath but not reserved in the set of my known is of examinating the set of my kn	or as e consector as a consector as	quence of): quenc	causa gr	26. Plece of De ner: ♠ Nursing I y et rk? Yes 2 □ No	24e. Was performent of the control o	Yes 2 No en eutopsy med? Yes 2 No ne) lence 6 Oth now injury occur Street and Numb m, State)	3 Probabl 24b. Were evailed comple of deet 1 Ye er (Specify) red per or Rural Ro anner as stated and due to tha	y 4 1 Unknow eutopsy findings ele prior to stion of ceuse th? es 2 No eute Number, d. cause(s)
this certificate has been signed by the attending physician end at director, page 2 should be detached for use as the buriel-transit. To Be Completed by Physician/Medical Examiner.		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events rasulting in death) Last Part II. Other eignificent conditions of the condition	b	Due to (Due to (Due to (Ath but not reserved in the set of my known is of examinating the set of my kn	or as e consector as a consector as	quence of): quenc	causa gr	26. Plece of Dener: ≰CXNursing larger ft? Yes 2 □ No me, dete end placepinion, death occupinion, death occ	24e. Was performent of the control o	en eutopsymmed? Tes 2 No No No No No No No No No No	3 Probabl 24b. Were evailed comple of deet 1 Ye er (Specify) red anner as stated and due to that	y 4 1 Unknow eutopsy findings ele prior to stion of ceuse th? es 2 No eute Number, d. cause(s)
ts been signed by the attending physician end 2 should be detached for use as the buriel-transit bleted by Physician/Medical Examiner		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in death) Last Part II. Other elgnificent conditions of examiner? 1 Yes 2 No No Manner of Deeth Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 1 Homicide 1 Sylvertifying Physics (Check only one) 29b. Signatura and title cartiful	b	Due to (Due to (Due to (Ath but not reserved in the second of the	or as a consector as	quence of): quenc	causa gr	26. Plece of Dener: ≰CXNursing larger ft? Yes 2 □ No me, dete end placepinion, death occupinion, death occ	24e. Was performent of the control o	en eutopsymmed? Tes 2 No No No No No No No No No No	3 Probabl 24b. Were evailed comple of deet 1 Ye er (Specify) red anner as stated and due to that	y 4 1 thinnover the transfer of the transfer
this certificate has been signed by the attending physician end al director, page 2 should be detached for use as the buriel-transit. To Be Completed by Physician/Medical Examiner.		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events rasulting in death) Last Part II. Other eignificent conditions of the condition	b	Due to (Due to (Due to (Due to (Ath but not reserved) Injury Day Year) of tnjury - At h g, etc. (Special est of my known is stated.	or as a consector as	quence of): quence of): quence of): quence of): quence of): quence of): And and and and and and and and and and a	causa gri	26. Plece of Dener: MXNursing larger ft? Yes 2 \sum No me, dete end place pinlon, death occurrence number	24e. Was performent of the control o	en eutopsymmed? Yes 2 No ne) lence 6 Oth now injury occur Street and Numb m, State) ceuse(s) and madete end plece, 229d. Data signe	3 Probabl 24b. Were evailed comple of deet 1 Ye er (Specify) red anner as stated and due to that d (Month, Day)	y 4 1 Unknown eutopsy findings ble prior to stion of ceuse th? ss 2 □ No oute Number, d. cause(s)

KEPNER

CHRISTINE



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death :16AM **Physiclan** DECEMBER 25 199 Vera Marie Krouse /Medical 4b. City, Town, or Location of Deeth 4a. Facility Name (If not institution, give street end number) 4c. County of Deeth **Examiner** St. Elizabeth Nursing Home Baltimore
| Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. lest birthday) If Under 1 Year Birthplace (State or Foreign Country) **Funeral** 1 M 2 X F 98 Yrs. Director 219-20-7796 Usual Residence of Decedent March 2, 1899 Missouri the Maryland 10a. State 10b. County 10c. City, Town or Location Pages 1 end 2 should be filed within 72 hours after death with the Manylan neat of Health end Mental Hyglene.
Int: If item 27 is marked outber than "natural", or items 23a or 28a-f show my yor other traumatte event, the Medical Expensive mant on political any or other traumatte event, the Medical Expensive mant on political any or other traumatte event, the Medical Expensive mant be notified at 10d. Inside City Limits 1 X Yes 2 □ No Director Baltimore N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Completed by Funeral 2100 Elsinore Avenue 21216 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 14. Raca - American Indian, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give X Year or Dates: 21215-0020 1 Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Homemaker Home Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Elgin Tuttle Marie Sheppard 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Elmore Krouse (Grandson) 3714 Ninth Street Baltimore Md. 21225 20b. Place of Disposition (Name of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. Dec. 29 Balt Kevin E. Ecker McCully-Polyniak Funeral Homes Baltimore, Maryland 21 Signature of uneral Service Licensee 237 E. Patapsco Avenue Balto., Md. 21225

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately approximately Approximate Interval Between Onset end Death **Physician** ASPIRATION PHELMONIA /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Examiner NEUROMUSCULAR 45PHAGIA Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of) physician the burief P.O. Box 68760 Physician/Medicai Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Carcinoma signed to Records. h 24b. Were eutopsy findings evellable prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? page 2 2 D/No Division of Vital To the Hospital or Attending Physicism: within 24 hours efter death.

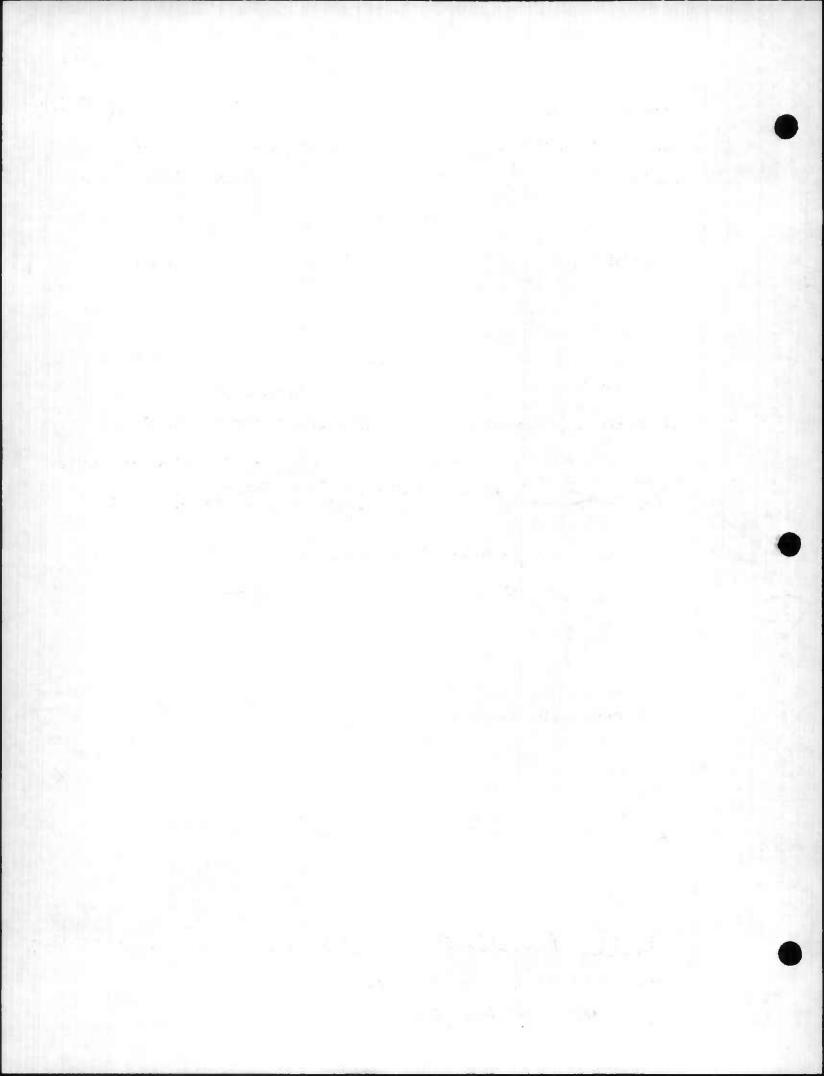
To the Funeral Director: After this certifica completely filled in by the funeral director, to 25. Was case referred to medical Be 26. Place of Deeth (Check only one) exeminer? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 5 Pending investigation 1 DNatural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 | Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) end manner as stated.

Medical Exeminer: On the best of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Missello 30182 DECEMBER 25, 1997 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) WILL, AM RUSSELL 3421 BENSON 21227 ANE BALLIMOREMD 31. Dete filed (Month, Dey, Yeer)

State Registrar

BEC 3 0 1997

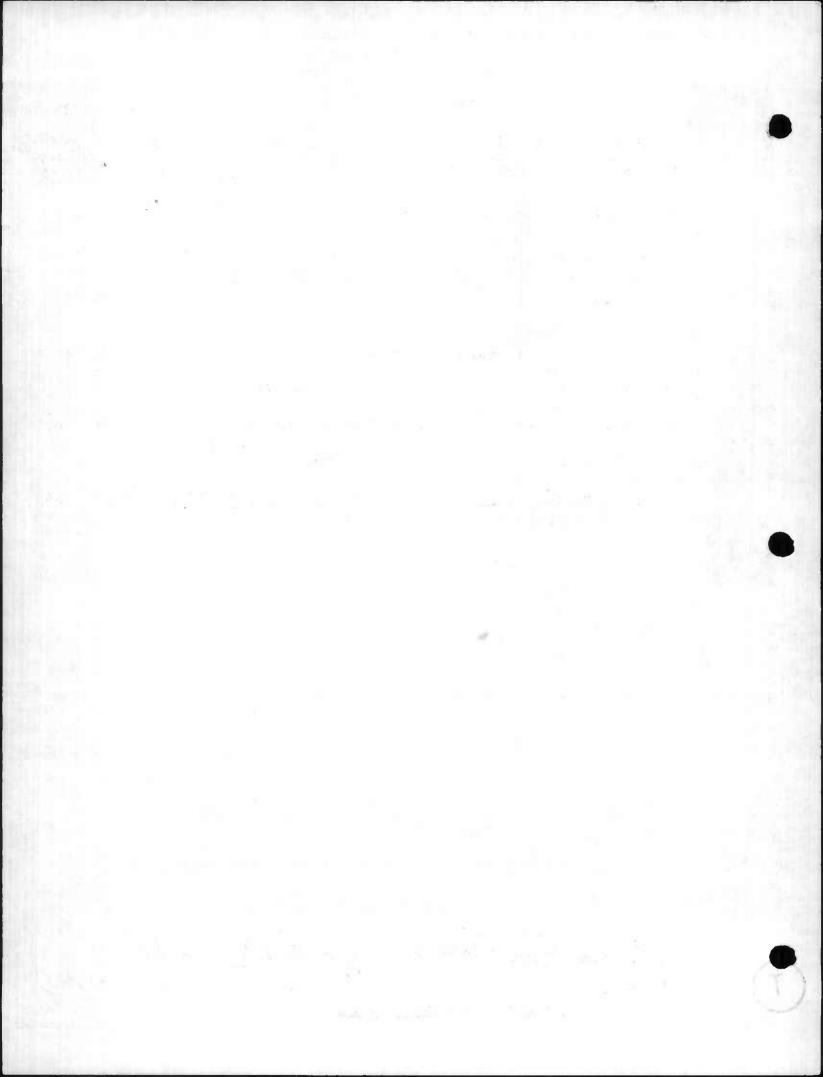
32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene 7 39368

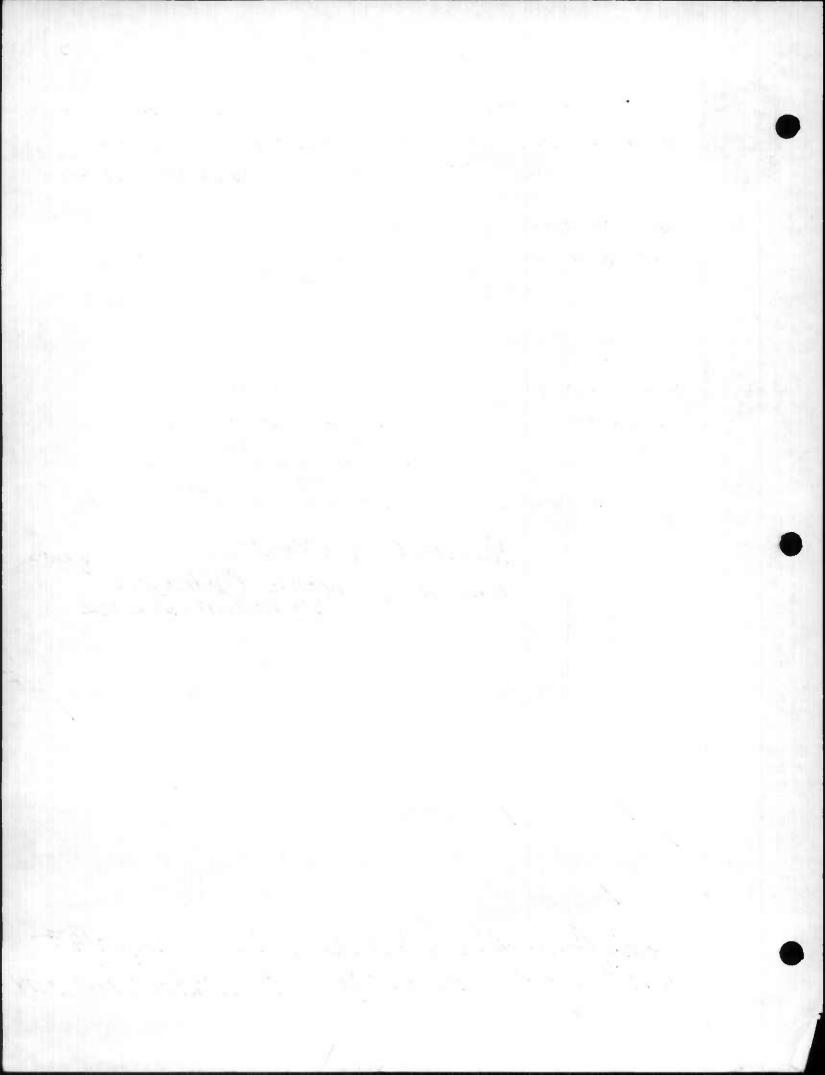
Certificate of Death 889, No. 39368

					(Certifica	ate of	Death		Reg. No.	00	300
Dhysisian		1. Decedent'a Name (First, Middle,			1	-			2. Date of D Month		Yeer	3. Time of De
Physician /Medical	_		Vilma	Lee						28, 19		8:35
Examiner	1	a. Facility Name (If not Institution, g		r)				4b. City, Town,	or Location of Dea	th 4c. Coun	y of Deeth	
		14900 Belle A	mi Drive					Laure			nce (George
Funeral Director		124-16-3991	Sex 7. A	Age (In yrs. I	last birth	Month	er 1 Yeer a Days	if Under 24 H Houra M	in. 8. Dete of B (Month, D Aug 3	rth ey, Year) 1929	9. Birthp Cour Nev	place (State or F ntry) W York
ms 23s or 28s-1 show I must be nothled at	1	Journal Residence of Decedent 10a. Stete 10b. County Md. Princ	e George		, Town	or Location						0d. Inside City I
28a-1 sho notfiled at	3		e dedige		Jaul	CI						1 Wes 2
r items 23s or 28s-f single northed	2 2	Oe. Street and Number 14900 Belle A	mi Drive			10f. 3	Zip Code 207	07		10g. Citizen of USA	Whet Cour	ntry?
or, or he by Fu	2	1. Meritel Status 1 Never Married 2 Married 3 Widowed XXDivorced	12. Was Deceder Armed Forces 1	No.	S.		edent of F becify Cub 2 XNo		in? (Specify Yes or No- Puerto Rican, etc.) 14. Race - A Black, V Specify:			
"naturel", polical Est		15. Decedent's (Specify only highest)	Education		16a. D	ecedent's Us	sual Occup	etion during most of a	undring	16b. Kind of I	Business/Inc	dustry
- 9 5		Elementary/Secondary (0-12)	College (1-40) 4 yea:		1	in DO NOT	use retire	during most or a	varking	U.S.	Gove	ernmen
a other svent, Be C	1	7. Father's Name (First, Middle, La	st)					18. Mother's N	lame (First, Middle	, Meiden Sume	me)	
Menta Brked etic ev	3	Matthew D. Le	e					Carr	ie B. P	ayne		
N Pur		19a. Informant's Name/Reletionship	(Type, Print)		19b. N	Aailing Addre	ss (Street		Rural Route Numi		n, Stete. Zio	Code)
27 is		Jean Gosa /	friend					nt Dri				d. 207
The Head	-	Oa. Method of Disposition	2220110	20b. Pl	ace of D	isposition (A	leme of			20c. Location		
Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any injury or other treumatic event, the Items Date. To Be Comp		XXBurial 2 Cremetion 3 4 Donation 5 Other (Spec		Ivy Hill Cemetery 1997 Laure							Md.	
Departmen Important: eny injury once.		21. Signature of Funeral Service Lic	ensee			Dona 313	and Addre	ss of Fecility On Fund Oott A	eral Ho venue	me, P. Laurel	A.	. 207
nysician		23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplications that cause ly one cause on eech	ed the death line.	. Do no							Approximate Interval Betwee Onset and Dea
Medicai xaminer		mmediate Cause (Final diseese or condition resulting in death)	. cot	Due to (or		MC nsequence of						641
olan and burlai-transit al Examiner		Sequentially list conditions, I any, leading to immediate ause. Enter Underlying Cause (Disease or Injury hat initiated events	b	Due to (or	aa a co	nsequence o	f):					
e as the Medic		resulting in death) Lest										
of by the attendin stached for use Physician/N			V									
ysic ys	P	art II. Other eignificant conditions	contributing to death	but not resu	iting in t	he underiying	cause giv	en in Pert I.	23b. Did	tobacco uae c	ontribute to	the cause of c
80									1	Yee 20 No	3 Prof	bebly 4 Un
should betel	-								24a. War peri	s en autopsy ormed?	av:	ere autopsy find allable prior to mpletion of caus death?
page 2									10	Yes 2 No	1 [Yes 2□ No
certificate rector, pag		5. Was case referred to medical						26. Place of D	eath (Check only	one)		
		examiner? 1 Yes 2 No	Hospital:	ient 2 🗆 E	ER/Outp	atlent 3 1	OOA Oth	00	Home 5 Hes		her (Specifi	v)
	2	7. Manner of Deeth	28a. Dete of in	jury (Carl	28b. Tin		28c. injur			how injury occu		,,
a after death. In Director: After i ed in by the funera Certification:		1 DN Natural 5 Pending 2 Accident investigati 3 Suicide 6 Could not	on be one place of in	28a. Dete of injury (Month, Dey Year) 28b. Time of Injury M 28c. injury et Work? 1 ☐ Yes 2 ☐ No 28e. Plece of injury - At home, farm, street, factory, office					28f. Location	(Street end Num	her or Rura	I Route Number
24 hours after Funeral Directory filled in the dical Certifical		4 ☐ Homicide determine	building, e	etc. (Specify,)				City or To	wn, Stete)		
within 24 hours To the Funeral completely fille Medical C	2	9a. Certifier 1 Certifying F (Check only one) 2 Medical Exi	Physician: To the best aminer: On the basis and manner s	of examinati	riedge, d on and/d	leath occurre or Investigation	d at the tir on, in my o	ne, date end pla pinion, death oc	ce, and due to the curred at the time	cause(s) and n date and place	anner as st , end dua to	ated. the cause(s)
Me Me		9b. Signeture and title of certifier	11/ 5,	/		2	9c. Licens	e number		29d. Date sign		
		Muchaet	House	me	n	- D	02	589	3	29 De	c9-	7
	3	O. Name and address of person who	Completed cause of	death (Item	23a) (T)	pe, Print)	TEDI	CACC	ON COCH	con	BER	MY
State		1. Date filed (Month, Day, Year)	0 1007 32. Regist	trar Signat	ure .	מל				1		



	3	00	
State of Maryland / Department of Health and Mental Hygiene	3	93	0

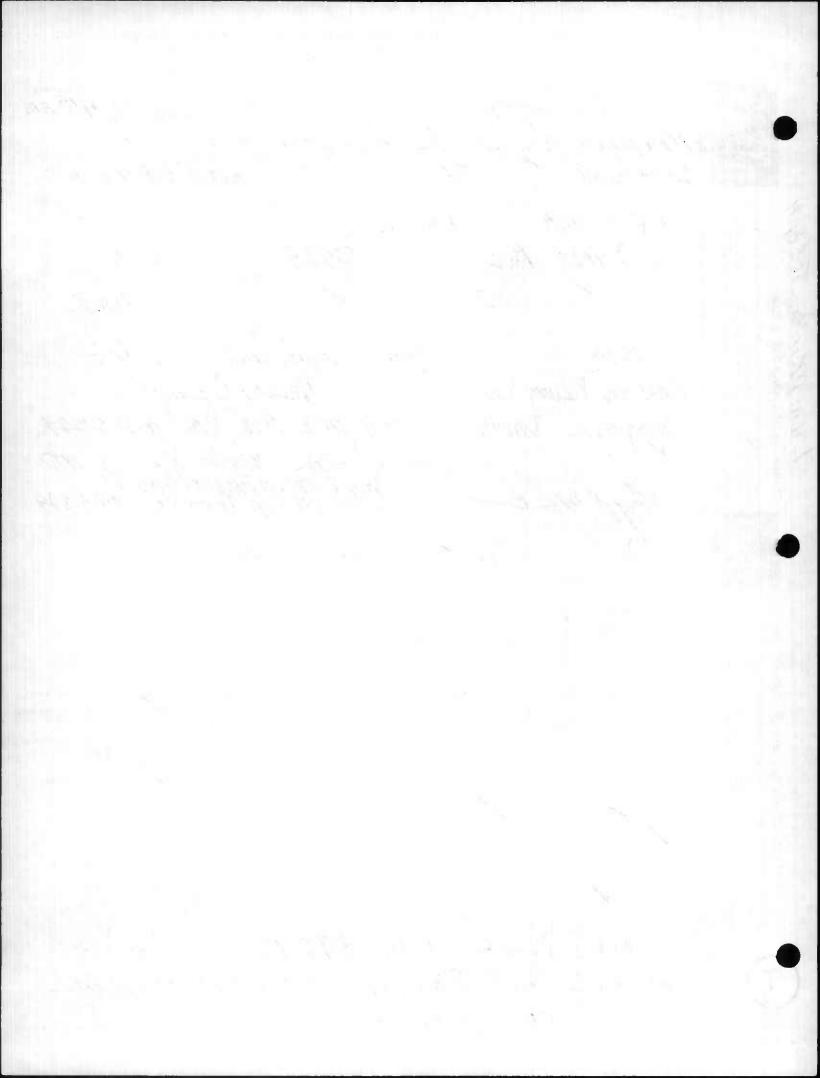
					Certific	ate of	Death	1		Reg. No.		
Dhuniain		1. Decedent's Neme (First, Middle, La	ist)						2. Date of De		Year	3. Time of Death
Physicia /Medica		Edwar	d W. Lamb	ert					Dec.	27, 19		1:47 A.1
Examine	_	4a. Fecility Neme (If not institution, give	re street end number	r)			4b. City, To	own, or Lo	ocation of Deat		of Deeth	
		Anne Arundel Med	ical Cent	er			Annap	olis		Anne	Arur	ide1
Funeral		The second secon	Sex 7. A	nge (In yrs. last bi	Mont	der 1 Year		Min.	8. Date of Bir (Month, De	th ey, Year)	9. Birthe	plece (State or Forei
Director	IIV	191 28 5147 Usual Residence of Decedent	XXVII ZUT	70	Yrs.					, 1927		sylvania
and w		10a. State 10b. County		10c. City, Tov	vn or Location						T	0d. Inside City Limi
the Marylar 28a-f show	To	N 1 1 1 1										1 ☐ Yes & ☐
with the Maryland a or 28a-f show	Director	Maryland Anne Ar 10e. Street and Number	undel	Harwood 10f. Zip Code						10g. Citizen of N	What Cour	ntry?
3a o	0	4776 D. Carmody	Court		2	0776			Unite			•
vurs after deeth with the Maryla all, or itama 23a or 28a-f show Examenation commed and	Funeral	11. Marital Stetus	12. Was Deceden		13. Was De	cedent of	Hispanic Or	rigin? (Sp	ecify Yes or No	- 14. Rac	a - Americ	an Indian,
or Its		1 Never Merried 2 Married	Armed Forces 1 Yes 2 If Yes, Give									etc.
72 hours after natural, or its	l by	3 ☐ Widowed 4 ☐ Divorced	Year or Dates:	45-52	1 1 10	2 X No	Specify.		Specify:			.te
within 72 hours jiena. r than "natural", the way call Exp	Completed	15. Decedent's E (Specify only highest an	ducation ade completed)	16e	Decedent's U	work done	e during mos	st of work	ing	16b. Kind of B	of Business/Industry	
within ena.	dm	Elementary/Secondery (0-12)	College (1-4or	r 5+)	Tife. DO NO	use retin	ed)					
Il Hygiena. other than		17. Father's Name (First, Middle, Last	1		Vice P	resid		or's Name	a /First Middle	Retai		
0 0 0	Be									, Meiden Sumen	10)	
morked	10	Josiah Wilbur La 19a. Informant's Name/Relationship (191	h Mailing Addr	ace /Strac	_		Moser	er, City or Town,	State 7in	Codel
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Mary M. Lambert	Wi							d Md. 20		Code)
Itam 27		20a. Method of Disposition		Took Divers	A Disposition /	Mana ad				20c. Location -		own, State
0 = 5		Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif			ery, cremetory					01 - 1	1 -	W 1
		21. Signature of Funeral Servica Licer		Mary	land Ve		ress of Fecili		У	Cherre	nnam	Maryland
Departr Departr Imports any Inju		NO HO		•					neral H	lome, In	с.	
		yanuel 40	un_		1600	O Ann	apoli	s Rd	. Bowie	Maryla	nd 20	715
		23e. Pert1. Enter the disease, or com shock, or heart failure. List only	plications that cause	ed the death. Do	not enter the n	node of dy	ing, such as	cardiac	or respiratory a	rrest,		Approximate
hysician		oriood, or ricort failure. Electorry	_		1				/			Onset and Death
/Medicai		Immediete Ceuse (Final disease or condition	Ko	spino	tor	16	2014	esi	_			1 000
xaminer		resulting in death)	a	Due to (or as a	consequence	00:			1	/ /		2001
, =	ner	End Stage (ron	ic	Obs	truch	ine	
e ettending physician and do for use as the buriel-transit	Examiner	Sequentially list conditions,	0.	Due to (or es a	consedenca	of):	Dill	mi	nar	En Dis	ou	20
sician and buriel-transit												
ng physician as the buriel	edicai											
0 88	Me		4									
ettendin I for use	an		0						2			
	Physician	Pert tt. Other aignificant conditions of	contributing to death	but not resulting I	In the underlyin	g cause g	iven in Pert	l.	23b. Did	tobacco uee co	ntribute to	the cause of de
ed by the									1 🗆	Yes 2 No	3 Pro	bably 4 Unki
58	þ									DE MERCON.	045 144	an a Assau (India
been si should	etec									an autopsy med?	av	ere eutopsy findin- ailable prior to mpletion of cause
has Je 2	Completed									,	of	death?
cata ha									10	Yes 2 No	10	Yes 2□ No
9 8 6	Be	25. Wes case referred to medical examiner?	Hospital:					e of Deat	(Check only o	one)		
big big	2	1 ☐ Yes 2 ☐ No	Hospital: 1 Inpat			DOA				denca 6 □Oth		v)
h. After t funera	OU	27. Manner of Death 1 ☑ Naturel 5 ☐ Pending	28a. Date of Inj (Month, De	ey Yeer) 28b.	Time of Injury	28c. Inju			28d. Describe	how Injury occur	red	
r death. octor: Affei by the fune	cat	2 Accident investigation 3 Suicide 6 Could not b			М		Yes 2	2.1	201	04		10
after deatl Director: I in by the	Certification:	4 Homicide determined	289. Placa of In building, e	njury - At home, fa otc. (Specify)	arm, street, fac	ory, offica			28f. Location (City or To	Street end Numb wn, Stete)	er or Rure	r Houre Number,
illed illed		One Continue of										
within 24 hours at To the Funeral Di completely filled in	edical	29a. Certifier (Check only one) Certifying Ph	ysician: To the best niner: On the basis of	of examination ar	e, deeth occurr nd/or investigat	ed at the to on, in my	ime, date er opinion, des	nd place, ath occurr	end due to the ed at the time,	cause(s) and me date and pleca,	enner as s	the cause(s)
thin mple	S e	29b. Signature end title of certified.	and manner s	rated.	>							Day What
₹ P 8		a.so. Signature end title of continu	. 0 .15	KV	1/11	1 /IN	ise number	72-	1091	29d. Date signe	10.	7/67
N		Karrefth	enous l	41	nee	Ma	1	151	21/	10	ya	1/7 "
		30. Name and address of person who	completed cause of	duett (Rem 23e)	(Type, Print)	40.31	Vest 1	134	Suin	wa.11/2	Pal	
12/1		V Million		1/	- 0 11	11	n 1	01	114701	1 11/1 / 1/1/1	KCY	
134,		Kali Atten	ovitz-	Big	he !!	MI	D'	he	est	Pile	e 1	10 20
State Registra		31. Date filed (Month, Day, Year) DEC 3 0 1997	DVITZ-	- Bic	he //	H	D'	he	est	Pile.	e h	1020



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 7 3 9 3 7 0

				Certific	ate of Death	Reg	. No.	3370			
Physic /Medi		1. Decedant's Nama (First, Middla, Last, 10989 A Lun	npkins			2. Dete of Death Month December	Day Year 25 49	3. Tima of Daath $415 AA$			
Examir Funeral Director	ner	4e. Fecility Namfa (If not Institution, give: 1992	THERAL 1	s. last birthday) If U Mon	L BALTINAT If Undar 24 Hr		4c. County of Dea	th thplaca (Stata or Foreign nuntry)			
the Maryland 28a-f show	tor	10a. Stata 10b. County	100.0	City, Town or Location	75			10d. Inside City Limits			
ath with the M 23a or 28e-f	Funeral Director	10e. Straat and Number 439 VALE	AVE	10f	Zip Coda 21229	10g	Citizan of What Co	puntry?			
urs after dea at', or Nems	by Fune	11. Marifal Status 1 Nevar Married 2 Married 3 Widowad 4 Divorced	12. Was Decedant Evar in Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Give Yaar or Datas:		ecedant of Hispanic Origin? (specify Cuben, Mexican, Pue s 2 No Specify:	Specify Yes or No- rto Rican, atc.)	14. Race - Ame Bleck, Whit				
d within 72 hours after death with the Maryland within 72 hours after death with the Maryland sleen. Than "neturel", or Heme 23a or 28a-f show the Madical Examiner ment be notified at	Completed	15. Decedant's Edu (Spacify only highast grade Elementary/Secondary (9-12)		16a. Decedant's (Give kind o	Jsual Occupation f work done during most of w Tune retired)	orking 16	b. Kind of Business	/Industry			
be file of othe event	To Be Co	17. Father's Nema (First, Middla, Last)	mp Kins	Horrid	8. Mothar's No	ama (First, Middla, Ma	idan Sumama)	15			
1 and Health em 27 ther tr		19a. Informant's Name/Relationship (Ty.	DAVIS.	19b. Mailing Add	VALE A	UK-1 BAL	Tity of Town, Steta,	21229			
nit. Pagas artment of ortant: If hi Injury or o		1 Burial 2 Cramation 3 R 4 Donation 5 Other (Specify) 21. Signeture of Funeral Service License	lamoval from Stata	NESTAIN	or other place)	12/20/97	Alansvil	In MAN,			
Dep Imp any any		23a. Par 1. Intel the disaasa, or complishood, or laart failura. List only or	cations thet caused tha da	ath. Do not anter tha	moda of dying, such as cardi	ac or raspiratory errast	Bo ET, IN	M. 11229 Approximate Interval Batween			
Physician /Medical Examiner		Immedia Cause (Final disease or condition rasulting in death)	PROST	A1/C	CARCINO	МА		Onset end Death			
Attanding Physicien: The law requires that the death cartificate be axecuted at death. sector: After this cartificate has been signed by the attending physician and by the funeral director, page 2 should be detached for use as the burial-transit	ledical Examiner	Saquantially list conditions, if any, leeding to immadiata ceuse. Enter Undarlying Cause (Diseesa or Injury thet infileled avants									
attending phr for usa as th	an/Med	d.									
that tha dag ed by the at datached fo	Physician/N	Part II. Other significant conditions con	stributing to death but not re	ng causa givan In Part I.	23b. Did toba		to the cause of death robably 4 Unkno				
aw requires that the de is been signed by the i 2 should be datached	Completed by					24a. Was en e performe	d?	Wara autopsy findings available prior to completion of ceuse of deeth?			
or Attanding Physician: Tha law requiras the after death. Birector: After this cartificate has been signed in by the funeral director, page 2 should be d	Be Com	25. Was cese refarred to medical			26. Placa of De	1 ☐ Yas	2 DNo	1 ☐ Yas 2 ☐ No			
nding Physician: th. : Aftar this cartific s funeral diractor,	2	examiner? 1 Yes 2 No 27. Manny of Death 1 Netural 5 Panding 2 Accident investigation	lospital: 1 Inpatiant 2 28a. Date of Injury (Month, Day Yaar)	ER/Outpatient 3 28b. Tima of Injury M	Othar: 4 Nursing 28c. Injury at Work? 1 Yas 2 No	Homa 5 ☐ Residence 28d. Dascribe how		ocify)			
spital or Attandil nours after death. neral Director: A filled in by the fu	Certification:	3 Suicide 8 Could not be detarmined	28e. Place of Injury - At building, etc. (Space	homa, farm, streat, facility)	otory, office	28f. Location (Stree City or Town, S	at and Number or R Stata)	ural Routa Number,			
To the Hospital or A within 24 hours after To the Funeral Dire complately filled in b	edical	29a. Cartifiar (Check only one) 1	lician: To the best of my kiner: On the basis of examinend mannar stated.	nowledge, death occur netion end/or invastige	red at tha tima, data and plac tion, in my opinion, deeth occ	ce, and due to the ceus curred at tha tima, data	sa(s) and mannar a and place, and due	s statad. e to the cause(*)			
To th Within To th	Me	29b. Signatura and title of certifiar	bone.	M.A.	29c. Licansa number 892 90	29d	Dete signed (Mont	Day, Year)			
(1		30. Name and address of person who co	mplated cause of death (It	em 23e) (Type, Print)	LAND GE	riero!	Hosp	101			
Sta Registr		31. Data filed (Month, Dey, Yaar) DFC 3 0 1	32. Registrar's Sig	nature	1.00						

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene -

				Ce	ertificate of	Death	Reg. N	0.5	39371
Dhualaia		1. Decedent's Neme (First, Middle,	Last)				te of Deeth	ay	3. Time of Death
Physicia /Medic		JAMES R	OBERT	LYNAGH					97 11:30 P
Examine	er	4a. Fecility Name (If not institution, g				4b. City, Town, or Location	of Deeth 4	c. County o	
		Saint Joseph			M I Indeed Voc	Towson			altimore
Funerai Director		5. Social Security Number 6 181-01-9463 Usuel Residence of Decedent	Sex 18 M 2 F 7. Age (In y	rs. last birthday 9 Yrs.	Months Deys	r If Under 24 Hrs. 8. De (M) G Hours Min. Oct	te of Birth onth, Dey, Year	918	Birthplace (State or Foreig Country) Pa
anyland show sd.at	ır	10a. State 10b. County	10c.	City, Town or L	Location				10d. Inside City Limit
the Maryla 28a-f sho notified at	octo	Md. Balti	more	Towso					1 Yes 2 N
th with the 23s or 2 section 1	Funeral Director	10e. Street end Number 813 Shelley Rd.			10f. Zip Code 2128	36	10g. C	itizen of W USA	het Country?
ors a	by	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forces? 1 ☑ Yes 2 □ No If Yes, Give Yeer or Dates: ₩₩—		. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☑ No	Hispanic Origin? (Specify Y ben, Mexican, Puerto Rican, Specify:	es or No- etc.)		- American Indian, , White, etc. White
72 he mattur fisal	eted	15. Decedent's (Specify only highest of		16e. Dec	edent's Usuel Occu	petion	16b. I	Kind of Bus	siness/Industry
within the Man	Completed	Elementary/Secondery (0-12)	College (1-4or 5+)		DO NOT use retir	during most of working ed)	Ra	dio/m	elevision
Hygi dher	S	17. Fether's Neme (First, Middle, La	st)	Ailio	uncer	18. Mother's Name (First			
fortal bearing to several	To Be	William		Lynagh		Anna			Carr
N De Marie	-	19e. Informent's Neme/Relationship			ling Address (Stree	t end Number or Rurel Rout	e Number, City	or Town, S	Stete, Zip Code)
27 is		Mrs. Regina A. L	ynagh/wife	813	Shelley 1	Rd. Towson, M	d. 2128	6	
Pages 1 a ent of He mt: If Nem ry or othe		20a. Method of Disposition 1 XBuriel 2 Cremetion 3 4 Donetion 5 Other (Special Contents)	Removel from State	cemetery, cre	position (Neme of emetory or other pl				Cify or Town, State
omit. Pa Separtmen mportant: iny injury ince.		21. Signature of Funeral Service Lice		2	ne Cemete 22. Name end Addi Ruck Towso				, Pa.
202 60		et obel 12	W .	1	050 York	Rd. Towson,	Md. 212	04	
		23e. Pert1. Enter the diseese, or co shock, or heert feilure. List on	mplicetions thet ceused the d ly one ceuse on each line.	eeth. Do not ei	nter the mode of dy	ing, such es cerdiec or resp	retory errest,		Approximete Intervel Between
Physician /Medical		Immediate Ceuse (Finel							Onset and Deeth
Examiner		disease or condition resulting in deeth)	CARDIOGEN	AIC SH	UCK				44 HOUR
	ē			o (or es e conse					
uted ansit	Examiner		D. —		AL INFA	RCTION			44 HOUR
ial-tra	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury		o (or es e conse					
requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the burial-transit	Physician/Medical	Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest	c. CORONARY Due to	ARTER o (or as a conse		SE			YEARS
the attendii	ysiciar	Part II. Other significent conditions	iven In Part I. 2	3b. Did tobacc	o use conf	tribute to the cause of death			
igned by the a		VAVULAR HEA	ART DISEASE				1 🗆 Yes	2□ No	3 ☐ Probably 4 ☑ Unknow
law requires nas been sign a 2 should be	Completed by					2-	4e. Wes en eut- performed?	opsy	24b. Were eutopsy findings eveileble prior to completion of cause of deeth?
The law ate has page 2	E O						1 ☐ Yes	2 No	1 ☐ Yes 2 ☐ No
certificate rector, pag	Be	25. Wes cese referred to medical				26. Piece of Death (Che	ck only one)		
00	2	exeminer? 1 ☐ Yes 2 /∆ No	Hospitel: 1 Inpatient 2	ER/Outpatie	ent 3 DOA	ther: 4 Nursing Home 5		8 Othe	r (Specify)
After fune		27. Menner of Deeth 1. Naturel 5 Pending 2 Accident Investigati	28e. Dete of Injury (Month, Day Year	28b. Time Injury	W	ury et 28d. D ork? Tyes 2 No	escribe how inj	ury occurre	d
or Atterded	Certification:	3 Suicide 6 Could not determine		t home, farm, s	treet, fectory, office		cation (Street e ty or Town, Sta		r or Rurel Route Number,
To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edical C		thysicien: To the best of my kaminer: On the bests of exem and manner stated.						
o the	Z	29b. Signeture end title of certifier	and mainter stated.	w	29c. Licer	se number	29d. D	ate signed	(Month, Dey, Yeer)
- 2 - 0		Richard	L. LINARIO	cum	D 31	826	12	- 20	-97
T)		30. Neme end eddress of person wh				n rought t	ADDVI D	NITY CO	1 2014
State	е	RICHARD L IN 31. Dete filed (Month, Dey, Year)	Details Stelles Stelles	oresture .		D TOWSON, I	HKYLA	מאן	1 < 6.4
Registra	ır	DEC 3 0 1997	guia varidoon	Madage					

124 DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** Ida Elizabeth December 23, 1997 6:35 P.M. Lovejoy /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner Baltimore City Overlea Gardens Nursing Home If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 10 M 20 F Days Yrs. 88 Nov. 21,1909 Director 218-22-6364 Pennsylvania Usual Residence of Deceden 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 No N/A Maryland Baltimore Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5837 Belair Road 21206 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No It Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 6 altimore, Maryland 21215-0020 1 Yes 2 XNo Specify: þ 3 Nidowed 4 Divorced African American Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 11 th. Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be should be and Mental Gibbs Louise Maria James nmn 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Health Nem 27 W. Saratoga St., Baltimore, MD Elizabeth Mae Tate/ Daughter 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, Stete 20a. Method of Disposition Pages nent of P 1 Burial 2 X Cremation 3 Removal from State b 4 ☐ Donation 5 ☐ Other (Specify) Balto./Wash. Crematory 12/27/1997 Laurel, John C. Miller, Inc. 21. Signature of Funeral Service Licensee 6415 Belair Road, Baltimore, Maryland 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of): Examiner physician end the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequence ot) certificate be exe P.O. Box 68760. Physiclan/Medical that initieted events resulting in death) Last Due to (or as a consequence of) 55 950 signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 3 □ Probably 4 ₺ Unknown 1 Yes 2 No þ Division of Vital Records, 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of deeth? 2 No 060€ Jacewas 1 Yes 25. Was cese referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No death. investigation 2 Accident after death 6 Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours 29a. Certifier 1 Certifying Physician: To the best ot my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edical completely (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the cause(s) and manner stated. To the I within 2 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certitier 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) NOSEPH D'ANTONIO OSLER DR. 7401 TOWSON, Md.

DHMH 16 Rev 6/95

State

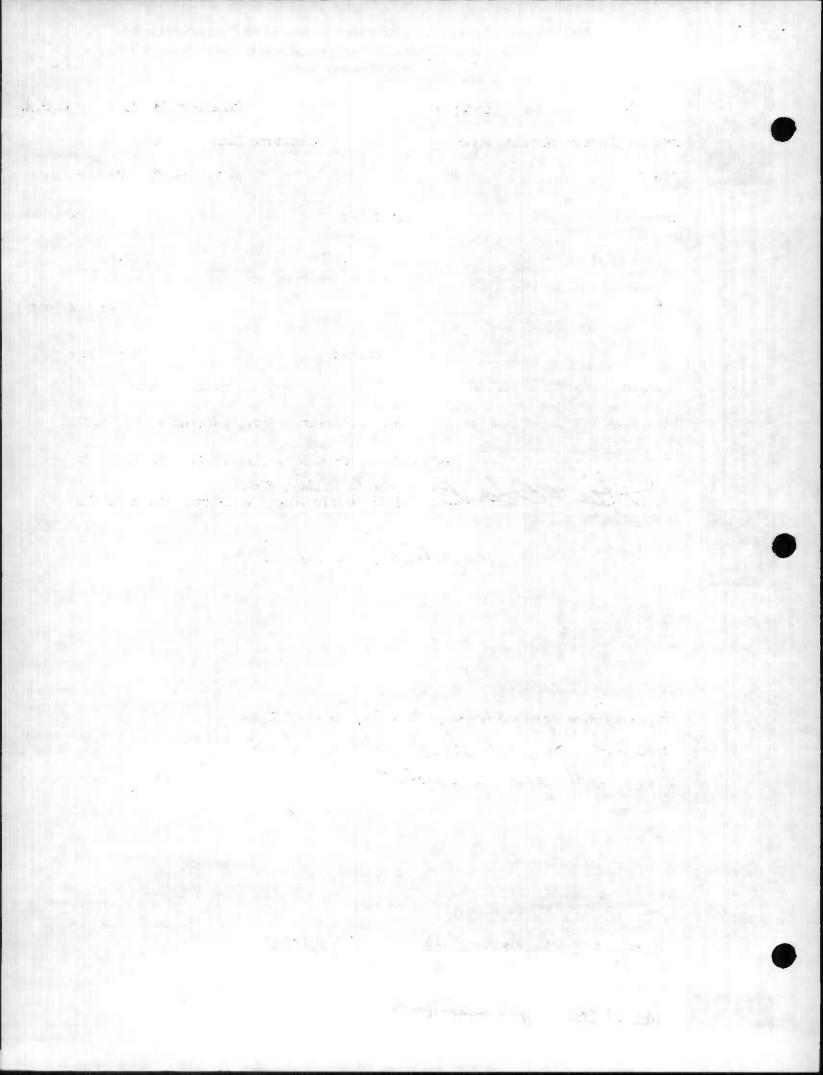
Registrar

31. Date tiled (Month, Day, Year)

DEC 3 0 1997

32. Registrar's Signature

he pandson jandale

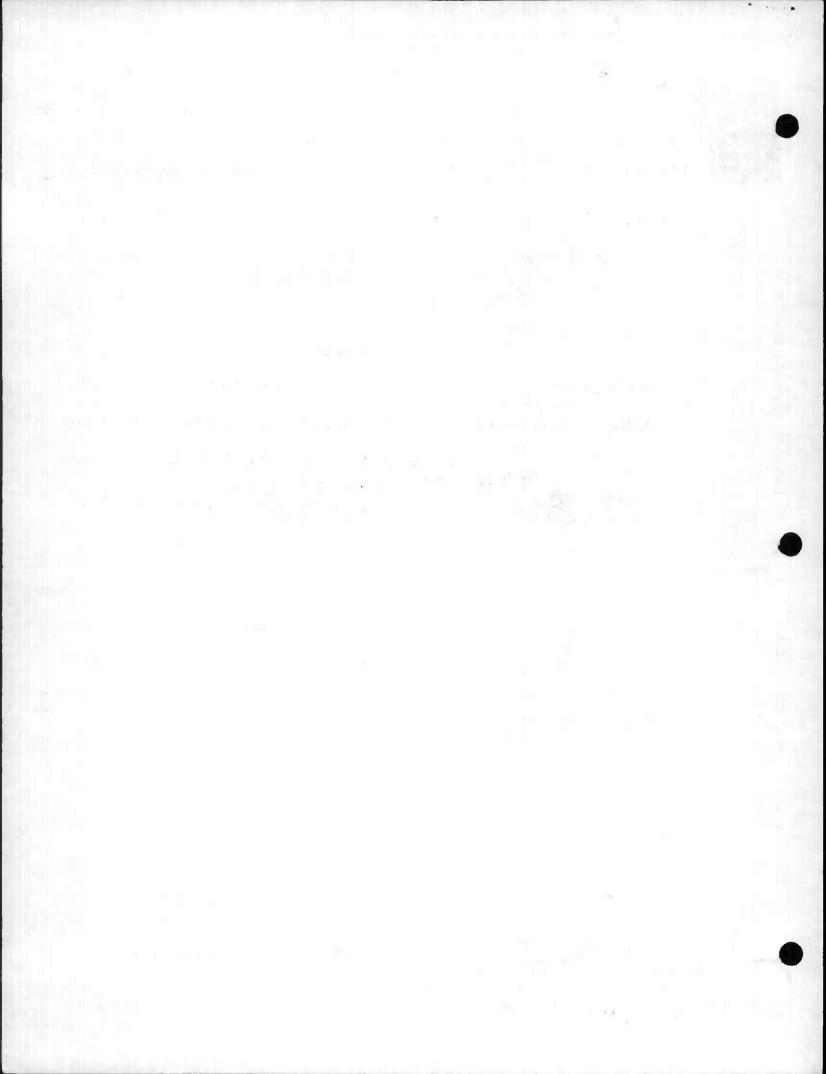


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 3 9 3 7 3

Physician /Medical					Cert	ificate of	Death		Reg. No.	
	_	. Decedent's Neme (First, Middle, Li	1	1	VICTOR S			2. Date of De		3. Time of D
	_	Robert	Leona	ard				Decem	ber 24	1997 14:
Examiner		e. Fecility Neme (If not institution, gi	ve street end number)			4b. City, Town, or			
	ı	Johns Hopkins	Bayview	Med	ical Cer	nter	Baltin	nove		N/A
Funerai				ge (In yrs.	last birthdey)	If Under 1 Year Months Devs	If Under 24 Hrs Hours Min.		th V Year)	9. Birthplece (Stete or a
Director		199-09-1593	1 X M 2□ F	7 !	9 Yrs.	WOTHING Days	Tiours Willi	July 10	, 1918	Pennsylvani
>	-	Jsuel Residence of Decedent 0a. Stete 10b. County		10.00	*					
r 28a-f show instiffed at					y, Town or Loca					10d. Inside City
Serie of the series	3 1	Maryland N/A		В	altimor	e				1 X Yes 2
or 28a-fs be notified	1 1	0e. Street end Number				10f. Zip Code			10g. Citizen of V	Whet Country?
		5002 Eugene A				2120	06		Unit	ted States
	1	1. Meritel Status	12. Wes Decedent Armed Forces	?		es Decedent of H es, specify Cube	lispenic Origin? (S en, Mexican, Puer	specify Yes or No to Rican, etc.)		e - American Indien, ck, White, etc.
then "neturel", or its		1 Never Married 2 Married	1 Yes 2 ☐ If Yes, Give	No	. 10	Yes 2 No	Specify:		Specify	
ural' d b		3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes:	WW .						MILLE
ygiene. Ar then "netur. It, the Medical. Completed		15. Decedent's E (Specify only highest gr			(Give kit	nt's Usuei Occup nd of work done	during most of wo	rking	16b. Kind of Bu	usinass/Industry
iene. The M		Elementery/Secondary (0-12)	College (1-4or	5+)		NOT use retired Machinis	,		Shin	building
		7. Fether's Neme (First, Middle, Las	4)			Macilinis		ne (First, Middle,		
= 0 5 1 4	5	Joseph Leonar						elle (uni		na <i>)</i>
marked matic ev										
hand Is me		9a. Informent's Neme/Raletionship					end Number or Ru			
f Heelth Item 27 other tr		Mrs. Catherine M.	Leonard		e 50 Piece of Disposit		ne Avenue		imore, M	
2 = 0	2	1 ☐ Burial 2 🂢 Cremetion 3 [Removel from State	-		tory or other plea		Dete		City or Town, Stete
8 # >		4 ☐ Donetion 5 ☐ Other (Speci		Hi1	1top Se	rvice Co	orp.	12/26/97	Towsor	n, Maryland
Depertment Important any Injure 20028.		21. Signature of Funerel Service Lice Much 1 23a. Pert1. Entar tha diseese, shock, or heert feilure. List	De_		5	305 Har	J. Ruck, ford Roang, such es cardie	d Balti	more, Morest	
hysician		shock, or heart feilure. List any	Tine ceuse on each	line.						Approximete Interval Betwee Onset and De
Medical		mmediate Cause (Finel	110	0.0.1.10	0000	homes	cular a	asidant		1101-
xaminer		diseese or condition esulting in death)	e				wor u	conect		48 ha
e e			6.		r es e conseque					1
in end fel-trensit Examiner			b		tension					yea
Exe	i	Sequentially list conditions, eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Con			0316	ممامم امم	.16,		48 hou
		Cause (Diseese or injury het initiated events			tensive		ephalopa	crny		78 NOU
ng physicies es the bu	1	esuiting In death) Lest		•			20 16.	1		48 how
attending p for use es cian/Mex			d. Un	LOXIC	LNIC	ephalop	patny			70 nou
affor Cia	-	and the Oakhara almost the same distance of			Int 1 at	1 1				
ed by the attend deteched for us	, [art tt. Other algnificant conditions	. 4.							ntribute to the cause of
y P		coronary a	rtery di	slase	e, al	cohol	abuse_	10	Yaa 2 000	3 Probably 4 U
should be determined to should be determined by Please Branch Bra								24e. Wes	an autopsy	24b. Were autopsy fine
es beer 2 shou								perfo	rmed?	aveilable prior to complation of cau
0 K										of daeth?
mp hes								101	res 2 No	1 ☐ Yes 2 ☐ N
a a o	2	5. Was case referred to medical exeminer?	Hamital: .			l Out		eth (Check only o	ne)	
Be Be		1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpati		ER/Outpetient	3□ DOA Oth	4 LI Nursing P	fome 5 Resid		
his certifical director		- M 10 H	28a. Data of Inju	ey Year)	28b. Time of Injury	28c. Injur		28d. Describe h	now Injury occurr	red
his certifical director		7. Mannar of Death 1 ☑Neturei 5 ☐ Pending					Yes 2□No			
his certifical director		1 ☑Neturei 5 ☐ Pending 2 ☐ Accident investigation	on							
his certifical director		1 ☑Neturei 5 ☐ Pending	on	jury - At ho tc. (Specif	ome, ferm, stree	t, fectory, offica		City or Tox	Street end Numb vn, Stete)	per or Rural Route Number
his certifical director	2	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	on	jury - At ho tc. (Specif	ome, ferm, stree y)	t, fectory, offica		City or Tow	Street end Numb vn, Stete)	per or Rural Route Numbe
his certifical director	2	1 Meturel 2 Accident 3 Suicide 4 Homicide 12 Certifying Professional Control of the Control of	28a. Place of Inbuilding, e	of my kno	wledge, deeth o	ccurred et the tin	ne, dete end plece	City or Tow	vn, Stete)	anner as steted.
his certifical director	2	1 Meturel 2 Accident 3 Suicide 4 Homicide 12 Certifying Proceed only one)	28a. Place of Inbuilding, e	of my kno	wledge, deeth o	ccurred et the tin	plnion, daeth occu	City or Tow s, end due to the arred et the time,	m, Stete) cause(s) end ma	anner as steted. and due to the ceuse(s)
his certifical director	2	1 Meturel 2 Accident 3 Suicide 4 Homicide 12 Certifying Professional Control of the Control of	28a. Place of Inbuilding, e	of my kno	wledge, deeth o	ccurred et the tin stigation, in my o	pinion, daeth occu e number	city or Tow	cause(s) end ma dete end piece, a 29d. Date signed	anner as steted. and due to the ceuse(s) d (Month, Dey, Year)
his certifical director	2	1 Meturel 2 Accident 3 Suicide 4 Homicide 12 Certifying Proceed only one)	28a. Place of Inbuilding, e	of my kno	wledge, deeth o	ccurred et the tin	pinion, daeth occu e number	city or Tow	cause(s) end ma dete end piece, a 29d. Date signed	anner as steted. and due to the ceuse(s) d (Month, Dey, Year)
within 24 hours efter death. To the Funeral Director: After this certific gompletely filled in by the funeral director. Medical Certification: To Be	2	1 Meturel 2 Accident 3 Suicide 4 Homicide 12 Certifying Proceed only one)	28a. Place of In building, e nyalclan: To the best miner: On the basis c and menner st	of my kno of examine teted.	wledge, deeth o tion end/or inves	courred et the timestigation, in my of 29c. License	pinion, daeth occu e number	city or Tow	cause(s) end madete end piece, cause(s). 29d. Date signed.	anner as steted. and due to the ceuse(s)

5+1 DHMH 16 Rev 6/95



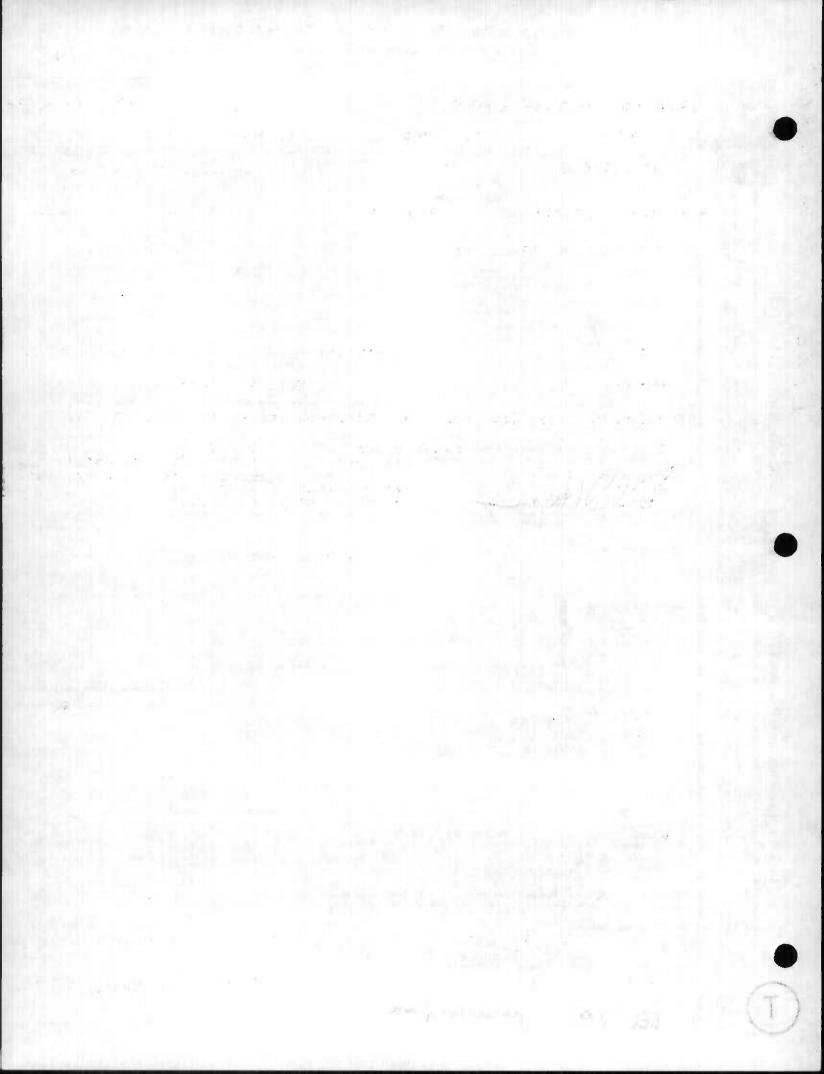
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 1:15 Am WILLIAM, MORRIS 23 199 LAKE December ' /Medical 4b. City. Town, or Location of Death 4a Facility Nama (If not institution, give street and number) 4c. County of Death Examiner St. Elizabeth's Nursing Home N/A Baltimore If Undar 1 Year | If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year)
Jan. 11,1912

9. Birthplace (State or Foreign Country)
Georgia 7. Age (In yrs. last birthday) **Funeral** 1**∑**M 2□ F 212-05-2794 85 Yrs. **Director** Usual Residence of Decedant 10c. City, Town or Location 10d. Inside City Limits r than "naturel", or items 23e or 28a-f ehow the Medical Examiner must be notified at Maryland Baltimore Arbutus 1 ☐ Yas 2 No Director 10f. Zip Coda 10g, Citizen of What Country? 10e. Street and Number 5002 Westland Blvd. Apt. F 21227 United states Funeral 13. Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerlo Rican, etc.) 14. Rece - American Indien Black, Whita, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 Naver Married 2 Married 1 ☐ Yes 2 📉 No If Yas, Give 1 ☐ Yas 2 No Specify: Specify: White p 3 Widowed 4 Divorced Yaar or Datas Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed wit Depertment of Heelih and Mental hyglene Important: If item 27 is marked other tha any Injury or other traumatic event, tra pnce. 8 Supervisor Gas & Electric Co. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Clement E. Lake Nellie Mynard 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) William M. Lake, Jr. 5601 Ringwood Drive Arbutus, MD 21227 Son Baltimore, Peges 1 20b. Place of Disposition (Name of 20c. Location - City or Town, State 20e. Method of Disposition Meadowridge Memorial Park 1 X Burial 2 Cremation 3 Ramoval from State 12/27 4 ☐ Donation 5 ☐ Other (Specify) Dorsey, Maryland 1997 22. Name end Address of Fecility Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road Arbutus, Maryland 21227 23a. Part1. Entar the diseasa, or comprications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrast, shock, or heart failura. List only on cause on each line. Approximata Intervel Batween Onsat and Death **Physician** /Medical Immediate Cause (Final Atheroscherotic Cardiovascular Discase disaasa or condition resulting in death) months Examiner Examiner physicien end s the burial-trans Sequentially list conditions, if any, laading to immediata ceusa. Entar Undarlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): edical Due to (or as a consequence of): lan/Me Physici 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown been signed by should be detec sectionson þ 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to Completed completion of cause of death? 388 1 ☐ Yas 2/1 No Division of Vital 25. Was case referred to medical axaminer? Be 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No To funeral 28d. Describe how injury occurred 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) Certification: 5 Pending investigation 1 Natural or Attending efter death. Director: After 1 Yes 2 No 2 Accidant 6 Could not be datermined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours edical 29a, Certifian Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and due to the ceuse(s) and manner as stated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. (Check only one) To the To the F 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title D32158 12 23 97 30. Name and address of period who completed ceuse of death (Item 23a) (Type, Print) M.D. 821 N. Eutaw Street, suite 467 Baltimore, MB 21201 Jyotin Parikh, 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State

which Davidson- 43

15

Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death Month Shirley Murray 11:42A December 25 1997 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death 10 WSOn 5. Social Security Number 6. Sex 9. Birthplace (State or Foreign 7. Age (In yrs. lest birthday) 1 M 2 D Days 213-52-1783 Balto, md. Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 No 2 No Daltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 21218 USA 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. 1 Navar Married 2 Married 1 Yes 2 No 3 Widowed 4 Divorced Black 15. Decadent's Education (Specify only highast grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12th arade College (1-4or 5+) 12th grade 17. Father's Name (First, Middle, Last) NA Teacher 18. Mother's Neme (First, Middle, Melden Surneme) George D. Murray 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3421 Balto, Md. 2120 Date 20c. Location - City or Town, State Ollie Murray James - Sister Tulsa Road 20b. Place of Disposition (Neme of cemetery, crametory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Crematury 12-31-97 Catonsville Md 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility William C. March Funeral Home - West Inc. 4300 Wabash Avenue Balto, Md 21. Signature of Funeral Sarvice Licansee Balto, Md 21215 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betw Immediate Cause (Final disease or condition rasulting in death) Motorstalic cancer Beast cancer Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest cancer Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Tyes 24 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Cilchrist Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Wother (Specify) 1 Yas 2 No Hospico 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how Injury occurred 28c. Injury at Work? 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29c. License number

D52197

29d. Date signed (Month, Dey, Year)

Examiner Examine physician and the burial-transit Box 68760, the P.O. signed I Records, Division of Vital Attending Physician: funaral To the Hospital or Attendir within 24 hours after death.
To the Funeral Director: Al completely filled in by the fu death. Medical

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Funeral

Director

must be notified

"natural", or Items 23a

nportant: If Item 27 is

Physician

/Medical

6

Physician/Medicai Completed by Be To Certification:

State Registrar 31. Date filed (Month, Dey, Year) DEC 3 0 1997

29a. Certifier

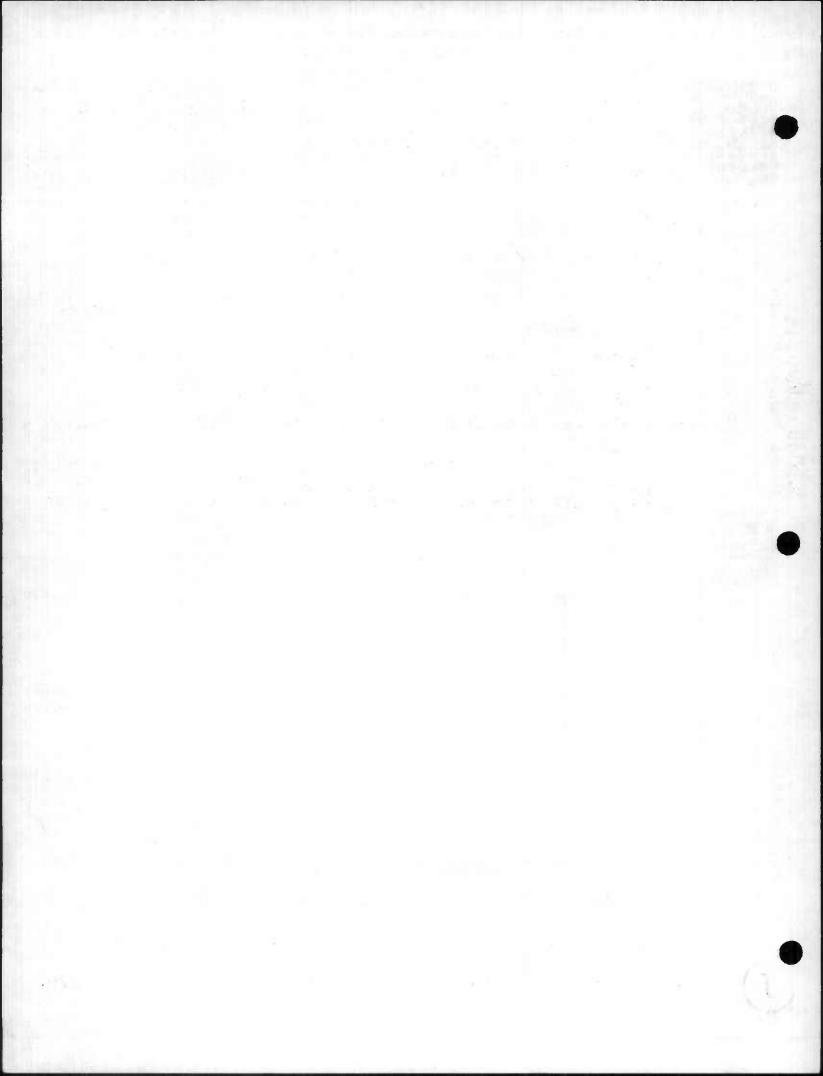
(Check only one)

30. Name and address of person who completed cause of death (frem 23a) (Type, Print) REKHA MOTAGE GBM (6701 N,

M. D.

6701 N. CHARLES ST. BALTIMORE MD 21204 82, Registrar's Signature who Devedon Randall

DHMH 16 Rav 6/95



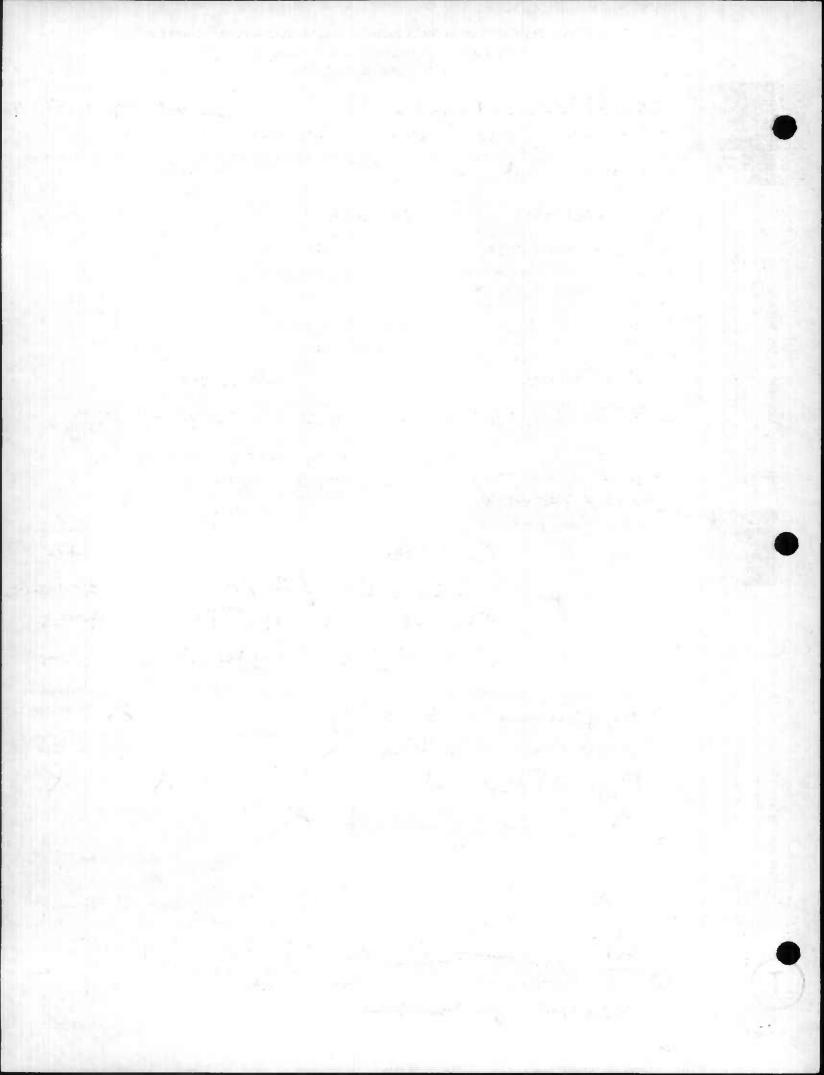
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Tima of Death 2. Data of Death Month Yaa **Physician** aThlean J. 11:55 PM -8 97 /Medicai 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner J.H.H. BAYVIEW MEDICAL CENTER BALTIMORE CITY N/A If Undar 1 Yaar | If Undar 24 Hrs. | Months Days Hours Min. 5 Social Security Number Birthplaca (Stata or Foreign Country)
 MD 6. Sex 7. Aga (In yrs. last birthday) **Funeral** 1□M 20 F 85 216-34-8457 Yes Director Usual Rasidance of Dacadant the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at MD. BALTIMORE BALTIMORE Director 1 Tyas 2 KNo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1608 EVERGREEN DRIVE 21224 U.S.A. Funeral death 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hyglene. Important: If Item 27 is marked other than "natural," or item any injury or other traumatic event, the Medical Examines onto. 1 ☐ Navar Married 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: WHITE à 3 Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) HOMEMAKER HOME 17. Fathar's Nama (First, Middla, Last)
GUSTAV RABENOW 18. Mothar's Nama (First, Middla, Maidan Sumama) Be MARY GOODMAN 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MOLLY VARELLA / DAUGHTER 6409 DANVILLE AVE. BALTO., MD. 21222 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a, Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata MORELAND MEM. PK. 1/2/98 BALTO. , MD. 4 ☐ Donation 5 ☐ Othar (Specify) 2KACZOROWSKIIIIVFUNERAL HOME 1201 DUNDALK AVE. BALTO. , MD. 21222 alsonousk or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** /Medicai Immediate Causa (Final 2hrx disaasa or condition rasulting in daath) Examiner Dua to (or as a consequanca of): Examiner physicien end the buriel-transit Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Causa (Disease or Injury thet Initiated avants rasulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical Dua to (or as a consequance of): esn P.O. signed by the e Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3⊠Probably 4□ Unknown Records. ò 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to Completed complation of causa of death? 1 ☐ Yas 28 No Division of Vital director. 25. Was casa rafa/red to medical axaminar? 26. Placa of Death (Check only ona) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 31 No Othar: Nursing Homa 5 Rasidence 6 Othar (Specify) this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 1 Naturel 5 Panding of or Attending effector: Aft 1 ☐ Yas 2 ☐ No Invastigation 2 Accident 6 ☐ Could not ba determined 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 4 - Homicida filled in 24 hours e Funeral E Certifying Physician: To tha best of my knowladga, daath occurred et the tima, deta and placa, and dua to tha causa(s) and mannar as steted.

2 Medical Examiner: On tha basis of examinetion and/or invastigation, in my opinion, deeth occurred et the time, date end place, and dua to tha cause(s) and mannar stated. 29a. Cartifiar Medical (Check only one) within 2.
To the F 29b. Signature end titla of cartifian 29d. Data signed (Month, Day, Year) Pay ed cause of death (item 23a) (Type, Print) 30. Name end address of person who Hophuns 4,00 Cinck nou Kar 31. Data filed (Month, Day, Yaar) State

DHMH 16 Rav 6/95

Registrar

DEC 3 0 1997



State of Maryland / Department of Health and Mental Hygiene

	1. Decedent's Name (First, Middle, Last)	2. Date of D	Reg. No. "	3. Time of Death
cian	JESSIE LEE MORTIS SR	Month	Day Ye	sar 5 10 AH
lical iner		Town, or Location of Dea		
iner		ALTO		N/A
il r		ar 24 Hrs. 8. Date of Bi	rth ay, Year) 9.	Birthplaca (Stata or Foreign Country) GA
	Usuai Residence of Decedent	111111111111111111111111111111111111111	1320	GA
٥	10a. Stata 10b. County 10c. City, Town or Location			10d. Inside City Limits 1 □XYas 2 □ No
Director	MD N/A BALTO 10e. Street and Number 10f. Zip Code		10g. Citizen of Wha	t Country?
	4106 RAYMOND AVE 21213		U.S.A	
by Funeral	11. Marital Status 1 □ Never Married 2 □ X Married 3 □ Widowed 4 □ Divorced 12. Was Decedent Evar in U,S. Armed Forcas? 1 □ Yes 2 ☑ No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispanic C If Yes, specify Cuban, Mexic 1 □ Yes, Specify		o- 14. Race - / Black, V Specify[8]	Amarican Indian, White, etc. LACK
Completed	15. Decedent's Education (Specify only highest grada complated) Elementary/Secondary (0-12) Collega (1-4or 5+)	ost of working	16b. Kind of Busine	ess/Industry
	17. Fathar's Name (First, Middle, Last) LABORER 18. Mot	ther's Name (First, Middle	COPPER	R CO
To Be	WILLIE MORTIS		JNKNOWN	
	19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Num	nber or Rural Route Numb	ber, City or Town, Sta	te, Zip Coda)
	INEZ MORTIS 4106 RAYMON AVI			
	20a. Method of Disposition CDSurial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other placa) BALTIMORE CEM	JAN 5	20c. Location - City BALTO	
	21. Signatura of Fun ral Service Licensee 22. Name and Address of Fact 1129 N. CARO	Ellity BETTS FU	JNERAL HO	OME
cian/Medicai Examiner	23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such a shock, or haart failure. List only one cause on each line. Immediate Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated evants resulting in death) Last Dua to (or as a consequence of): Due to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of):	1/41C		Interval Between Onset and Death 2 hows 6 years
Physician/	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Par			bute to the cause of death? Probably 4 Unknown
Completed by	Mutti-inforct demontin		s an autopsy ormed?	4b. Ware autopsy findings availabla prior to completion of cause of death?
Som		10	Yes 2 No	1 ☐ Yes 2 No
Be	25. Was case referred to medical examinar?	ce of Death (Check only	ona)	
To	Hospital: 1 Inpatient 2 FR/Outpatient 3 DOA Other: 4 In	Nursing Home 5 ☐ Res		Specify)
	27. Manner of Death 1 S Natural 5 Pending (Month, Day Year) 28a. Date of tnjury (28b. Time of Injury at Work? 2 Accident Newstigation		how injury occurred	
Certification:	3 ☐ Suicide 4 ☐ Homicide Could not be determined 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	28f. Location City or To	(Street and Number of twn, State)	or Rural Route Number,
edical	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, data at the control of the last of examination and/or invastigation, in my opinion, day mannen stated.	and place, and due to the aath occurrad at the time	cause(s) and manne , data and place, and	er as stated. due to the cause(s)
Me	29b. Signature and titla of periitier 29c. License number 196.		29d. Date signed (N	
tate	30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print) Dr. Gay Bricfel JHBMC 4940 E 31. Date filed (Month, Day 1792) 3 0 199 72. Registrary Spinature and Section 1990 1990 1990 1990 1990 1990 1990 199	asten we		

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death MAULTS B' Month **Physician** LENNON 2:40 Pm Dec /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c County of Death Examiner BALTIMORE SAMARITAN HOSPITAL GOOD BALTIMORES 8. Date of Birth (Month, Dey, Year) SEPT, 11, 1925 5. Social Security Number 7. Aga (In yrs. lest birthday) If Undar 1 Yaar 6. Sex Birthplace (Steta or Foraign Country) **Funeral** 2 46-20-8127 Months Days 1 M 2 □ F Director Usual Residence of Dacedent death with the Maryland 10a State 10b. County Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examiner must be notified at 10c. City. Town or Location 10d. Insida City Limits MD N/A BALTO Director 1 X Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3B NATIDA CT 21236 U.S.A. Funerai Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 11 Marital Status 12. Was Decedent Evar In U.S. Armed Forces?

**Mes 2 | No If Yes, Give Year or Datas: filed within 72 hours after 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes XXNo Specify: Specify: BLACK 2 3 Widowed 4 Divorced Completed 15. Decedent's Education 16a, Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Nem 27 Is marked other than any Injury or other traumatic event. In Me Elementary/Secondary (0-12) College (1-4or 5+) SHIPYARD WORKER STEEL CO 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be LENORD MAULTSBY ESTEL UNKNOWN 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JOYCE MAULTSBY 3 B NATIDA CT BALTO, MD 21239 cametery, cremetory or other place)

GARRISON FOEST VA CEM 1997 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State OWINGS MILLS, 4 Donation 5 Other (Specify) 21. Signature of Puneral Service Licensaa 22. Name and Address of Facility BETTS FUNERAL HOME 1129 N CAROLINE ST BALTO, MD 21213 23a. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one causa on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final PULMONARY EMBOLISM diseasa or condition resulting in death) Examiner VENOUS THROMBOSIS. DEED Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in death) Last COLON STATUS CARCINIMA of Due to (or as a consequence of): Box 6876 Physician/Medical physic the use as hemicolociomy + CysTEC attending P.O. 1 signed by the a Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by page 2 should b 24b. Were autopsy findings available prior to completion of ceusa of death? Completed 24a. Was an autopsy performed? this certificate 1 Yes 1 Yes 2 No 25. Was cese referred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 27. Manner of Death To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Numbar, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 THomicide 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. Medical 29a. Certifier 29b. Signature and title of certified 29c. License numbar 29d. Date signed (Month, Day, Year) mas

21737

Fospital Lock Koven.

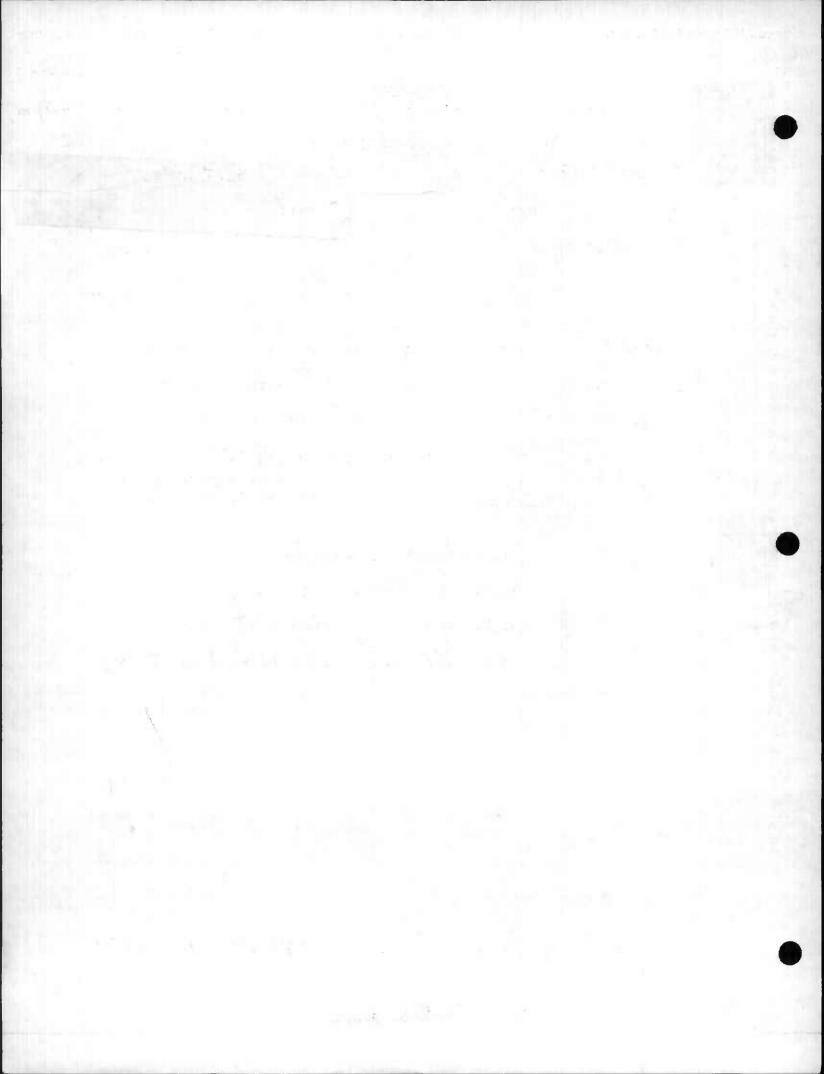
State Registrar 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

31. Date filed (Month, Dey, Year)
DEC 3 0 1997

Noud

32. Registrar's signature

7 Julia Davidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Year William MCCLELLAN December 24, 1997 11:15 P.M. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Franklin Square Hospital Center Rosedale Baltimore If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) Months Deys 1 MM 2□ F 466-01-4232 Yrs. 81 Feb. 3, 1916 Georgia Usuel Residence of Decedent 10c. City, Town or Location
Glen Burnie 10b. County 10d. Inside City Limits Maryland Anne Arundel 1 Yes 20 No 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 327 Gloucester Drive 21067 U.S.A. 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Rece - American Indien, Bleck, White, etc. 1 X Yes 2 □ No If Yes, Give Yeer or Detes:1941-61 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3X Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Military Officer Military 4 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Chandler Y. McClellan Addie Padgett 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Suzanne Otto (DAUGHTER) 340 Sassafras Road Essex, Md. 21221 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1/7/1998 1 █ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Arlington National Cemetery Arlington, Virginia 4 Donation 5 Other (Specify) 22. Name end Address of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 11 Enter the disease, or complications het caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ock, or heart feilure. List only one cause on each line. Myocardial Infarction 10 minutes Due to (or es e consequence of) Due to (or es e consequence of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveileble prior to completion of ceuse of death? 24e. Wes an autopsy performed? 1 ☐ Yes 2 ☐ No 28. Place of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 28d. Describe how injury occurred 1 Yes 2 No

Physician /Medical Examiner

permit. Pages 1 and 2 st Department of Health end Important: If item 27 Is in any Injury or other traun

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

Funeral

Director

the Maryland

d 2 should be filled within 72 hours efter death with the Marylan had Mentel Hygiene.
7 Is marked other than "netural", or items 23s or 28s-f show traumatic event, the Mescal Experiment must be notified as

Baltimore, Maryland 21215-0020

Examiner Physician/Medical by Completed Be To

attending physician and for use es the bunal-transit Box 68760. certificate be signed by the a peen s this Jurs effer death. funeral Certification: Medical

P.O. Records, Division of Vital To the Hospital within 24 hours e To the Funeral I completely filled

State Registrar

Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in deeth) Lest Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 25. Wes cese referred to medicel exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Natural 5 Pending investigation 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end piece, end due to the ceuse(s) end manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

30. Name end address of person who completed cause of death (Item 23a) (Type, Print) Serena Klugh MD

9000 Franklin Square Drive Baltimore, Maryland 21237

17-24-97

2340

31. Dete filed (Month, Day, Year) DEU 3 0 199/ 32. Registrer's Signature June Davidson Randolle

7:25

State of Maryland / Department of Health and Mental Hygiene 7 39380

					001	tificate of	Death		Reg. No.		300	
Physici	an	1. Decedent's Name (First, Middle, Last)							eath Day	Year	3. Time of Death	
/Medi									Month BER Day 1997 2:55			
Examir	ner	4e. Fecility Neme (If not institution, s Saint Joseph		ter 4b. City, Town, or L						more		
uneral rector		213-30-0527	. Sex 7. / 1 □ M 2 ☒ F	Age (In yrs. last 88	birthday) Yrs.	if Under 1 Yea Months Deys		lin. (Month, D	8. Date of Birth (Month, Day, Year) 9. Birthplece (State Country) August 30,1909 Maryland			
} §		Usuat Residence of Decedent 10e. State 10b. County		10c. City, T	own or Lo	cation				100	d. Inside City Limits	
f sho	ě	Maryland Balt:	imore	100	wson					100	1 ☐ Yes 2 ☑ No	
289	ect	10e. Street and Number	LINOTE	10	WSOII	10f. Zip Code			10g. Citizen of	What Countr	24	
38 or	Funeral Director	8710 Emge Road					21234		_	J.S.A.	,.	
Items 2	ner	11. Marital Status	12. Was Deceder Armed Forces	t Ever in U,S.	13. V	Vas Decedent of	Hispanic Origin?	(Specify Yes or N erto Rican, etc.)	o- 14. Red	e - Americe		
Exam	by	1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☒ Divorced		No		Yes 2 No		Specify	ck, White, et	hite		
Medical	Completed	15. Decedent's (Specify only highest)	Education	1	6a. Deced	ent's Usual Occu	ipation	working	16b. Kind of B	usiness/Indu	istry	
then for	npl	Elementary/Secondary (0-12)	College (1-4o	r 5+)	life. L	OO NOT use retir	during most of sed)	g				
100	S	9	0		Waitress				Restaurant			
p à	Be	17. Father's Name (First, Middle, La					18. Mother's Name (First, Middle					
markad imatic e	P	Liborio Capraro								la Dipietronto		
7 is me traume		19a. Informant's Name/Relationship							nber, City or Town, State, Z		Code)	
Item 27 is marks other traumatic		Gloria M. Krebs/c	laughter	20h Place	of Dispos	sition (Name of		Date Date	imore, MD 212:		City or Town, State	
important: If its any injury or o		1 ☐ Burial 2 ☐ Cremation 3 4 ☒ Donation 5 ☐ Other (Spe		ceme	netery, crematory or other place)			Date	200. Location	Only of Tow	ii, State	
any in		21. Signuture of Funeral Service Licensee Ronald S. Wade Director State Anatomy Board, 655 W. Baltin Baltimore, MD 21201										
sician		23a Part Lenter the disease, or constitution of the constitution o	mplications that ceusely one cause on each	ed the deeth. Dine.	Do not ente	er the mode of dy	ring, such es cero		arrest,		Approximate ntervat Between Onset end Death	
edical		Immediate Ceuse (Finai	PNEUM	IONIA						12-24		
miner		disease or condition resulting in death)	a	a. Due to (or as a consequence of):								
.=	ner		RENAL FAILURE									
physician and s the bunal-transit	Examiner											
attending physici d for usa as the bu	Medicai	Cause (Disease or Injury that initiated events resulting in death) Last	с.	Due to (or es	e consequ	uence of):						
the attend hed for us	Physician/	Part II. Other significant conditions	contributing to death	but not resultin	g in the ur	iderlying ceuse g	iven in Part I.	23b. Did	tobacco usa contributs to the cause of death			
ed by detac	by Phy	DEMENTIA						1	Yes 2 No	3 Probe	ably 4 ☐ Unknow	
been signi should be	Completed t								s an autopsy ormed?	com	e eutopsy findings lable prior to pletion of cause eath?	
2 shoul								1□	Yes No	10	Yes 2 No	
ata has been page 2 shoul	Com		25. Was cese referred to medicel 26. Place of De									
ata has been page 2 shoul	Be Com						Maria -					
is certificata has been director, page 2 shoul		examiner? 1 Yes 2 No	Hospital: 1 Inpa		Outpatien	3LI DOA		g Home 5 ☐ Res	idence 6 □Oth	er (Specify)		
After this certificata has been funeral director, page 2 shoul	To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Naturat 5 Pending 2 Accident investigat	28a. Date of In (Month, D	jury 281	Outpatieni b. Time of tnjury	28c. Inju	4 LI Nursin		idence 6 □Oth how Injury occur	1-1-11		
Director: After this certificata has been in by the funeral director, page 2 shoui	To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Atlantat 5 Pending	28a. Date of In (Month, D	jury la y Year) 28	b. Time of tnjury	28c. Inju	ury at ork?	28d. Describe		red	Route Number,	
Director: After this certificata has been in by the funeral director, page 2 shoui	Certification: To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Naturat 5 Pending investigat 2 Accident investigat 3 Suicide 6 Could not determine 4 Homicide 29a. Certifier 1 Certifying I	28a. Date of In (Month, D	jury 281 njury - At home etc. (Specify)	b. Time of tnjury , farm, stre	28c. Inju W 1 [eet, fectory, office occurred et the text of the t	at ork? Yes 2 No	28d. Describe 28f. Location City or To	(Street and Number, State)	per or Rural i	ted.	
Director: After this certificata has been in by the funeral director, page 2 shoui	To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Neturat 5 Pending investigat 2 Accident investigat 3 Suicide 6 Could not determine 29a. Certifier (Check only) 20 Medical Ex	28a. Date of In (Month, D) 28e. Place of It building, 6	jury 281 njury - At home etc. (Specify)	b. Time of tnjury , farm, stre	28c. Inju W M 1 pet, fectory, office occurred et the restigation, in my	at ork? Yes 2 No	28d. Describe 28f. Location City or To	(Street and Number, State)	per or Rura/ in anner as stall and due to the	ted. the ceuse(s)	
After this certificata has been funeral director, page 2 shoul	edical Certification: To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Naturat 5 Pending investigat 2 Accident investigat 3 Suicide 6 Could not determine 4 Homicide 29a. Certifier (Check only one) 1 Certifying I Medical Ex	28a. Date of In (Month, D) 28e. Place of It building, 6	jury 281 njury - At home etc. (Specify)	b. Time of tnjury , farm, stre	28c. Inju W M 1[eet, fectory, office occurred et the testigation, in my 29c. Licer	ary at ork? Yes 2 □ No ime, date and pto opinion, death or	28d. Describe 28f. Location City or To	how Injury occur (Street and Numburn, State) ceuse(s) and madate and place,	per or Rura/ in anner as stall and due to the	ted. the ceuse(s)	
Director: After this certificata has been in by the funeral director, page 2 shoui	edical Certification: To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Naturat 5 Pending investigat 2 Accident 6 Could not determine 29a. Certifier (Check only one) 29b. Signeture and title of certifier	28a. Date of In (Month, D) 28a. Place of It building, 6 28b. Place of It building, 6 28b. Physician: To the besignment of the basis and mapping a	jury 281 ay Year) 281 nijury - At home atc. (Specify) t of my knowled of examination that ad.	b. Time of tnjury , farm, stre dge, death and/or inv	28c. Injuny M 1[Det, fectory, office occurred et the testigation, in my 29c. Licer D 26	at vat ork? Yes 2 □ No ime, date and pto opinion, death or or opinion, death or o	28d. Describe 28f. Location City or To	how Injury occur (Street and Numburn, State) ceuse(s) and madate and place,	per or Rura/ in anner as stall and due to the	ted. the ceuse(s)	
Director: After this certificata has been in by the funeral director, page 2 shoui	edical Certification: To Be	examiner? 1 Yes 2 No 27. Manner of Death 1 Neturat 5 Pending investigat 2 Accident 6 Could not determine 29a. Certifier (Check only one) 29b. Signeture and title of certifier 30. Name and address of person who	28a. Date of In (Month, D) 28a. Place of In building, e Physician: To the besigniner: On the basis and manner is	jury 281 ay Year) 281 nijury - At home atc. (Specify) t of my knowled of examination that ad.	b. Time of trijury , farm, stre dge, death and/or Inv	28c. Injuny M 1[Det, fectory, office occurred et the t estigation, in my 29c. Licer D 21	at vat ork? Yes 2 □ No ime, date and pto opinion, death or one of the course of the	28d. Describe 28f. Location City or To	how Injury occur (Street and Numburn, State) ceuse(s) and madate and place,	per or Rural I	ted. he ceuse(s)	

DHMH 16 Rev 6/95

113 3 337

11-3-45

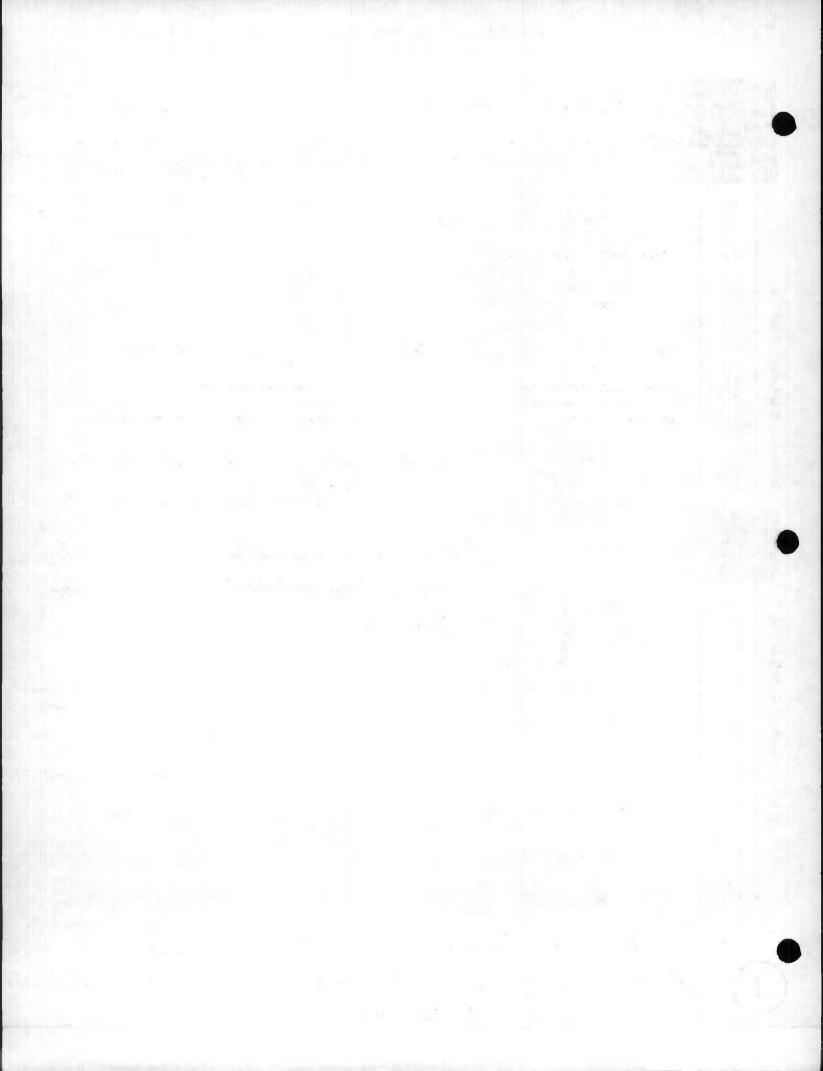
State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** MILLEL Month 031 UBREY December 26 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Laurel Regional Hospital Prince George Laurel If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)

Jun 3, 1926 5. Social Security Number 9. Birthplace (State or Foreign Country) West Virginia 7. Age (In yrs. last birthday) **Funerai** 183 M 2□ F 235-36-7806 Yrs. Director 71 Usual Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at 10d. Inside City Limits Director 1 TYes 2 X No Howard Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9902 Washington Boulevard 20723 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No if Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 72 hours after 1 Never Married 2 Merried 21215-0020 1 ☐ Yes 2 🔀 No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12)
Grade 8 College (1-4or 5+) Dealer Antiques other Baltimore, Maryland 17. Fethar's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Meldan Sumeme) Be Pages 1 and 2 should be sent of Health and Mentel out: If item 27 is marked or Aubrey Carlton Miller Mary Elizabeth 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) David Miller/son 83 S. Paula Street, Laurel, Maryland 20724 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State permit. Page Department of Important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Ivy Hill Cemetery 12/29 Laurel, Maryland 21. Signatury of Funerel Service Licenses 22. Nema end Address of Fecility Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23e. Pent1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feit in List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immedieta Ceuse (Finel disease or condition rasulting in daeth) Examiner Physician/Medical Examiner certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaese or Injury that initiated events resulting in deeth) Last bunel-tren physician s the burie 68760. u Due to (or es a consequence of): for use es 98 Box P.O. Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco uss contribute to the causs of death? signed by t 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Wiknown Aq Records, Completed 24b. Were autopsy findings evellable prior to completion of cause of deeth? 24e. Wes an eutopsy performed? page 2 certificate 1 Yes 2 No 1 Yes 2 No Vital Be 25. Wes case refarred to medical exeminer? 28. Pleca of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA of As efter decreased Director: After to the funeral of this 27. Menner of Death 28a. Deta of Injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. Injury et Work? Attending Division 5 Pending Investigation 1 Neturel 1 Yas 2 No 2 Accidant 6 Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 6 To the Hospital c within 24 hours el To the Funeral D completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated. 29e. Certifier edical (Check only 29b. Signeture and title of certifier 29c. License number 29d. Deie signed (Month, Day, Year) pleted ceuse of daeth (Itam 23e) (Type, heavy lone Loure / Uld now 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signeture State DEC 3 0 199 Registrar

341

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** DECEMBER 17, 1997 Jack W. Marchyshyn 11:55 AM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Prince George's Lanham Doctors' Community Hospital If Under 1 Yeer If Under 24 Hrs.

Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Yeer) 9. Birthplace (State or Foreign Country) **Funeral** XXM 2□F 58 578 50 4960 Yrs. Director July 5, 1939 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits XXYes 2 □ No Director Maryland Prince George's Lanham 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20706 United States 9313 Wyatt Drive Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Merried ※ Married 1 Yes 2 No If Yes, Give X Year or Dates: 1□ Yes 2□No by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Electrician Electrical 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Mildred Welty Mike Marchyshyn 2 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2.
Department of Health a Important: If New 27 is any Injury or other tra-9313 Wyatt Drive Lanham Maryland 20706 Wife Dianne L. Marchyshyn 20b. Piece of Disposition (Name of cametery, cremetory or other piece) Dec. 20, Dete 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Lakemont Memorial Gardens Davidsonville Maryland 21. Signature of Funeral Service Licensee 22. Neme end Address of Facility Robert E. Evans Funeral Home, Inc. 23a. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest,

Approximately 16000 Annapolis Rd. Bowie Maryland 20715

Approximately 16000 Annapolis Rd. Bowie Maryland 20715

Approximately 16000 Annapolis Rd. Bowie Maryland 20715 **Physician** Orebro vanuelar accident /Medical Immediete Cause (Final disease or condition resulting in death) Examiner Due to (or as e consequence of): Examiner Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury thet Initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medicai Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown betes Melliters by 24b. Were eutopsy findings available prior to completion of ceuse of death? Completed 24e. Was an eutopsy performed? 1□ Yes 2ENo 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical Be 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 SNaturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours of To the Funeral D completely filled i 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and menner es stated. Medicai (Check only one) 2 Medical Examiner: On the basis of examination and/or Investigation, In my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) were to our 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

D. S ran te, or 115 center very greenholt, or 20770

31. Dete filed (Month, Dey, Year)

32- Registrar's Signature State

Registrar

DEC 3 0 1997

32-Registrar's Signature

25a-f show

itsens 23a or

Montal

Pages 1 and 2 s ment of Health an

The law requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records.

or Attending Physician:

physician s the buriel

signed by t

certificata

this funeral

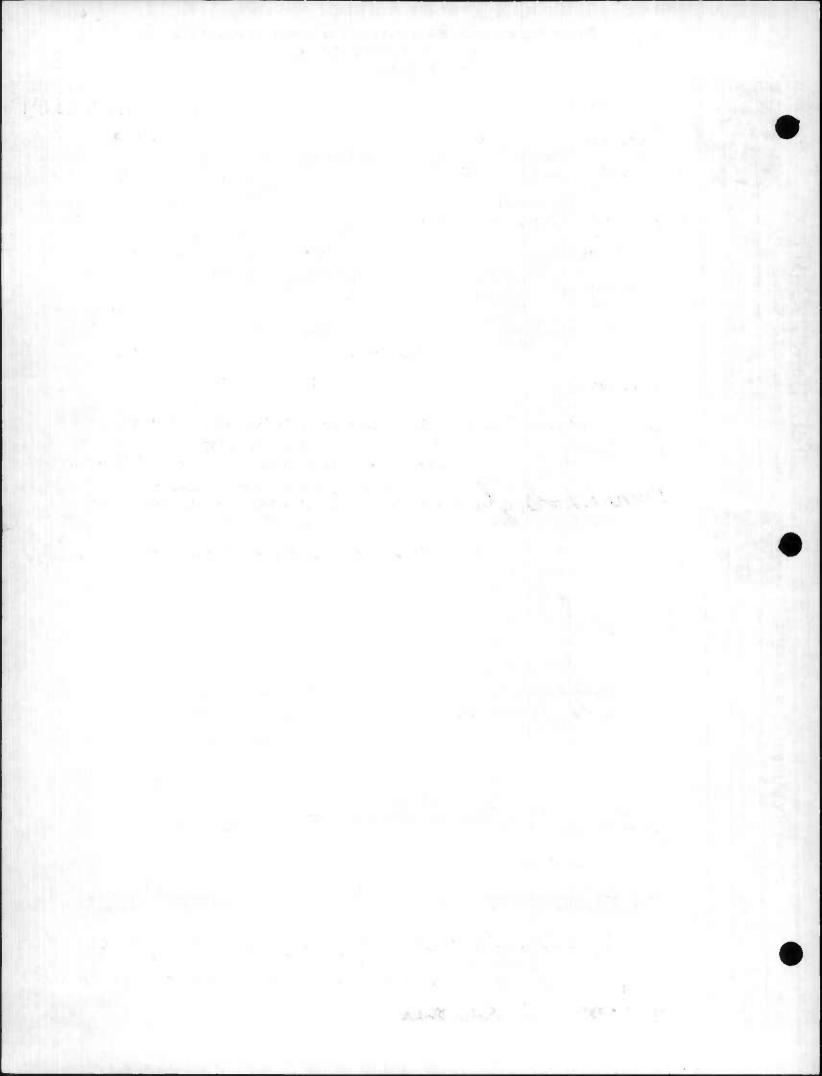
After

death.

eftar death Director:

is marked

idical Examiner must be notified at



State of Maryland / Department of Health and Mental Hygiene 39383 Certificate of Death Reg. No. 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Tima of Death DECEMBER 29 Physician MARY FINNERTY MCKENNA 8:00 AM 1997 /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner TOWSON BALTIMORE GREATER BALTIMORE MEDICAL CENTER If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth 9. Birthplaca (Stata or Foraign **Funeral** Days Vest Hours 1 M 2 F OCTOBER 19 1903 MARY LAND Yrs. 94 **Director** 216-07-7380 Usual Rasidance of Dacedant the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits worde Hygiene. other than "natural", or items 23e or 28e-f ehow ent, the Medical Examine: must be notified at 1 Yas 2 No Director MARYLAND BALTIMORE TIMONIUM 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Code with UNITED STATES 2300 DULANEY VALLEY ROAD 21093 death v Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva 14. Race - Amarican Indian, Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 11 Marital Status Black, Whita, atc. filed within 72 hours after 1 Navar Married 2 Married 1 Yas 2 No Baltimore, Maryland 21215-0020 Specify: Specify. þ 3 Widowed 4 □ Divorced WHITE Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) PHARMACEUTICAL SECRETARY . Pages 1 and 2 should be filled w ment of Health and Mental Hygien lant: If item 27 is marked other th jury or other traumatic event, the 12 18. Mothar's Neme (First, Middle, Meiden Surname) 17. Fathar's Nema (First, Middla, Last) Be MICHAEL JOSEPH FINNERTY MARY JOSEPH TANGNEY P 19a. Informent's Name/Ratationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) JOSEPH G. FINNERTY, JR./NEPHEW 5703 GREENLEAF ROAD BALTIMORE, MD 21210 20b. Place of Disposition (Nama of 20c Location - City or Town, Stata Data 20a. Mathod of Disposition cematary, cramatory or other place) 1 ■ Burial 2 □ Cramation 3 □ Ramoval from Stata permit. Page Department of Important: If any Injury or page. BALTIMORE. MARYLAND 4 Donation 5 Other (Specify) NEW CATHEDRAL CEMETERY 12-31-97 22. Nama and Address of Facility
MITCHELL-WIEDEFELD HOME 21. Signature Tunaral Sarvice Licansaa 6500 YORK ROAD BALTIMORE, MARYLAND 21212 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Daath **Physician** /Medical Immediata Causa (Final GI black disaasa or condition rasulting in deeth) Examiner Dua to (or as a consequance of): Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760 8 Physician/Medical Dua to (or as a consequence of) that the death certificate attending p signed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ law requires 24b. Ware autopsy findings available prior to 24a. Was an autopsy Completed complation of ceusa of deeth? After this cartificate has funeral director, page 2 The 1 Yes 2 No 1 □ Vas 2 □ No Attending Physician: Be 25. Wes case referred to medical axaminar? 26. Pleca of Death (Check only ona) Hospital: 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No Certification: To 28a. Deta of Injury (Month, Day Year) 28c. Injury et Work? 27. Mengrar of Death 28b. Tima of 28d. Describe how injury occurred 1 Natural 5 Panding invastigation death. 1 Yas 2 No 2 ☐ Accidant rector: A 6 Could not be 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) Direc I in by 4 Homicide n 24 hou. The Funeral Direction of the filled in ò Hospital 29a, Cartifiar 1 Cartifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and dua to tha ceusa(s) end mannar as stated. Medical To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the ceuse(s) and manner stated. 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) M 30 132547 30. Nama and addrass of person who completed ceusa of deeth (Item 23a) (Type, Print) MARK R. STROMBERG, M.D. 7505 OSLER DRIVE SUITE 410 TOWSON, MD

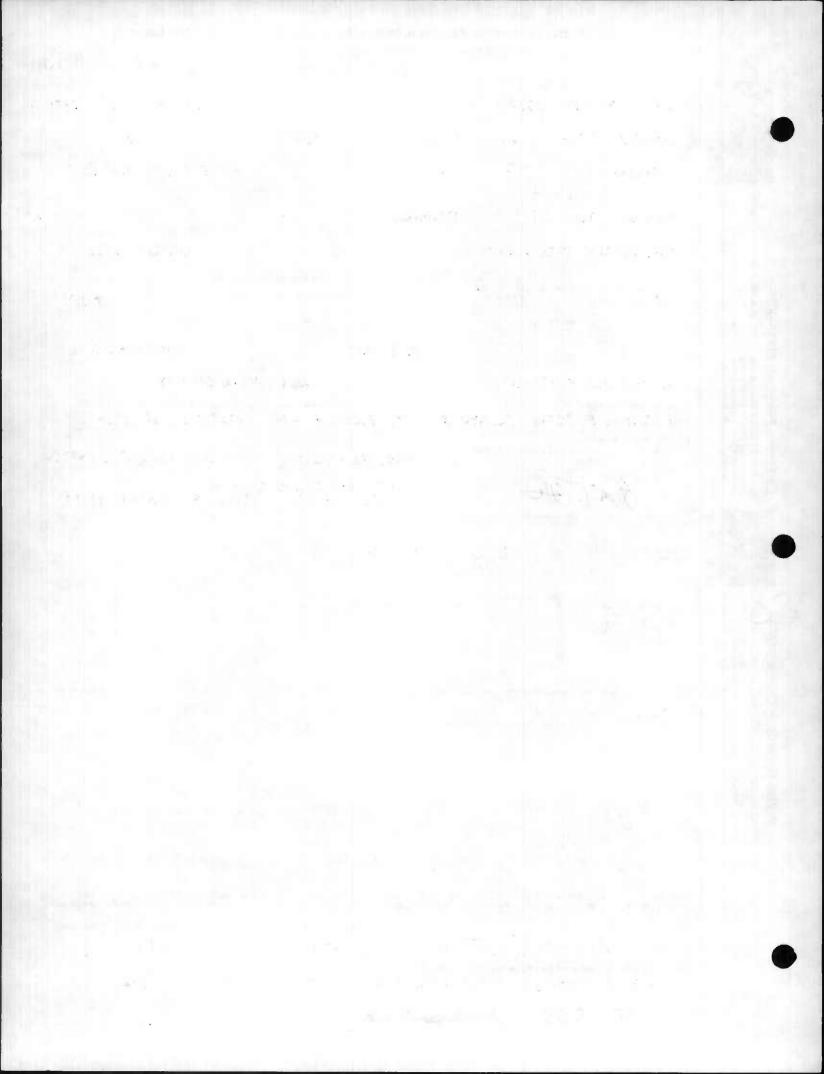
State Registrar 31. Data filad (Month, Day, Yeer)

DEC 3 0 1997

32. Registrar's Signatura

Aha Davidson-Randall

DHMH 16 Rev 6/95



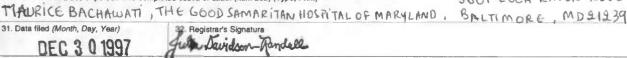
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent'a Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** JAMES METZBOWER 1:20 pm DEC 97 FPP1 /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** HOSPITAL OF MARYLAND THE GOOD SAMARITAN BALTIMORE H Under 1 Year If Under 24 Hrs. Months Days Hours Min. Min. March 28,1926 9. Birthplaca (State (Month, Day, Year))

March 28,1926 Mary Land 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 6. Sax **Funeral** Birthplaca (Stata or Foreign Country) **™** 2□ F 216-20-0870 71 Director Usual Rasidance of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Examiner must be notified at Maryland Baltimore Timonium 1 Yas XXNo Director the 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ŏ 242 E. Timonium Rd. 21093 238 U.S.A. death Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? PEXas 2 □ No WW 11 If Yas, Giva Yaar or Datas: Korea items! Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarlcen Indian, Black, Whita, atc. 11. Marital Status 72 hours after 1 Navar Married Married Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yas 20 No Specify: Specify: White by 3 □ Widowad 4 □ Divorced Completed the Medical 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratirad) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry 1 and 2 should be filed within 'Heelth and Mental Hygiene. Elamantary/Sacondary (0-12) Collaga (1-4or 5+) 4 yrs. Accountant Petroleum traumatic event, 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Surnama) Be John Edward Metzbower Rose 2 Anderson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) permit. Pages 1 end 2 s
Department of Heelth an
Important: If item 27 is a
any injury or other trau Mrs. Margaret Metzbower Wife 242 E. Timonium Rd. Timonium, Maryland 21093 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) Data 20c. Location - City or Town, Stata XX Burlal 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Dulaney Valley Mem. Gdns. 12/30/97 Timonium, Maryland 21. Signatura of Funaral Sarvica Licensee 22. Nama and Address of Facility Mitchell-Wiedefeld Home Inc. trados 6500 York Rd. 21212 cations that car 23a. Part1. Enter the disease, or com shock, or heart failure. List only Approximata Intarval Batween Onsat and Daath ed tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Physician** /Medical Immediata Cause (Final SEPSIS disaasa or condition rasulting in daath) 2 weeks **Examiner** Dua to (or as a consequence of): Examiner HODGKIN'S DISEASE 10 years Sequentially list conditions, if any, taading to immediata ceusa. Entar Underlying Causa (Disaasa or injury that initiated avants resulting in death) Last Dua to (or as a consequence of): 68760 Physician/Medical the Dua to (or as a consaquance of): 80 Box (USB The law requires that the death Por P.O. ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown pe det Records, Completed by 24b. Wara autopsy findings availabla prior to complation of ceusa of death? 24a. Was an autopsy performed? 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital rapital or Attanding Physician: The hours efter death.
Inexal Director: After this certificate if filled in by the funeral director, pa 25. Was cese referred to madical examinar? Be 26. Place of Death (Check only ona) Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) To 1 Yas 2 No 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Naturat 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcida Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, straet, factory, office building, atc. (Spacify) 4 Homloida To the Hospital
within 24 hours a
To the Funeral C Medical 29a. Certifian 1 🗵 Cartifying Phyaician: To tha best of my knowladga, daath occurred at the tima, data and place, and dua to tha causa(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) 29c. Licansa number

State Registrar 31. Data filed (Month, Day, Year) DEC 3 0 1997

Maurice Barhawati

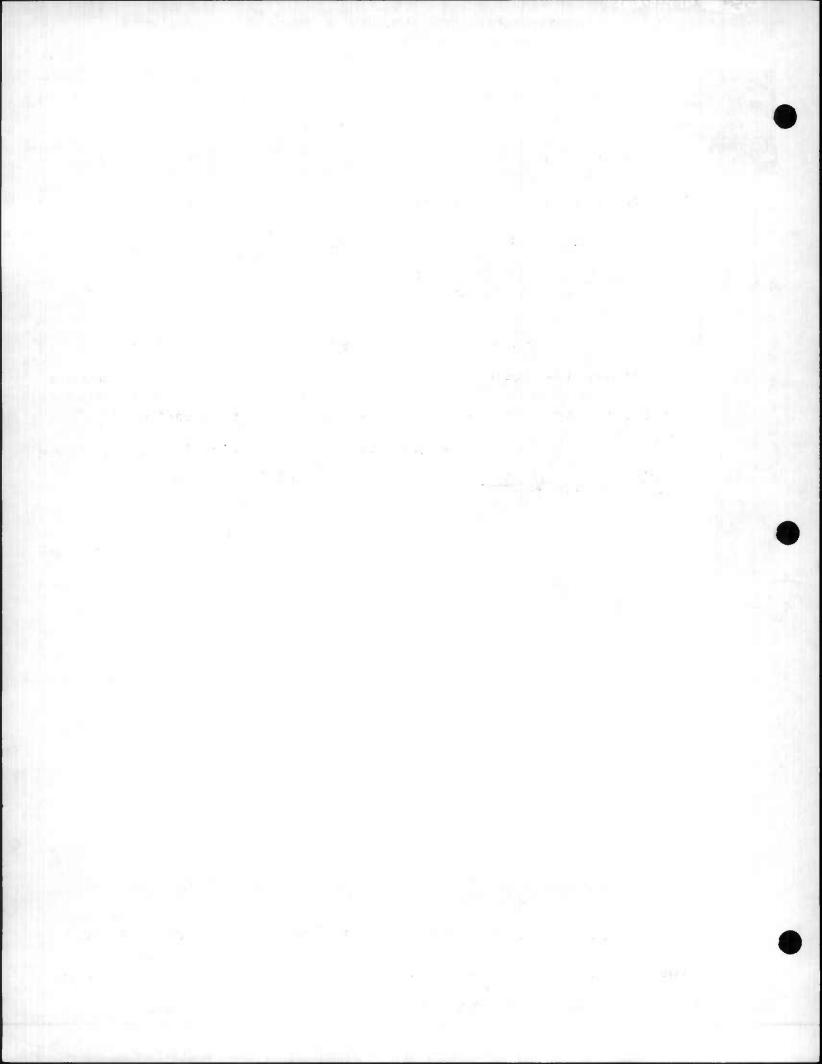
30. Name and addrass of person who completed ceusa of daath (ttam 23a) (Type, Print)



DEC 27 1997

5601 LOCH RAVEN BLVD

DHMH 16 Bay 6/95

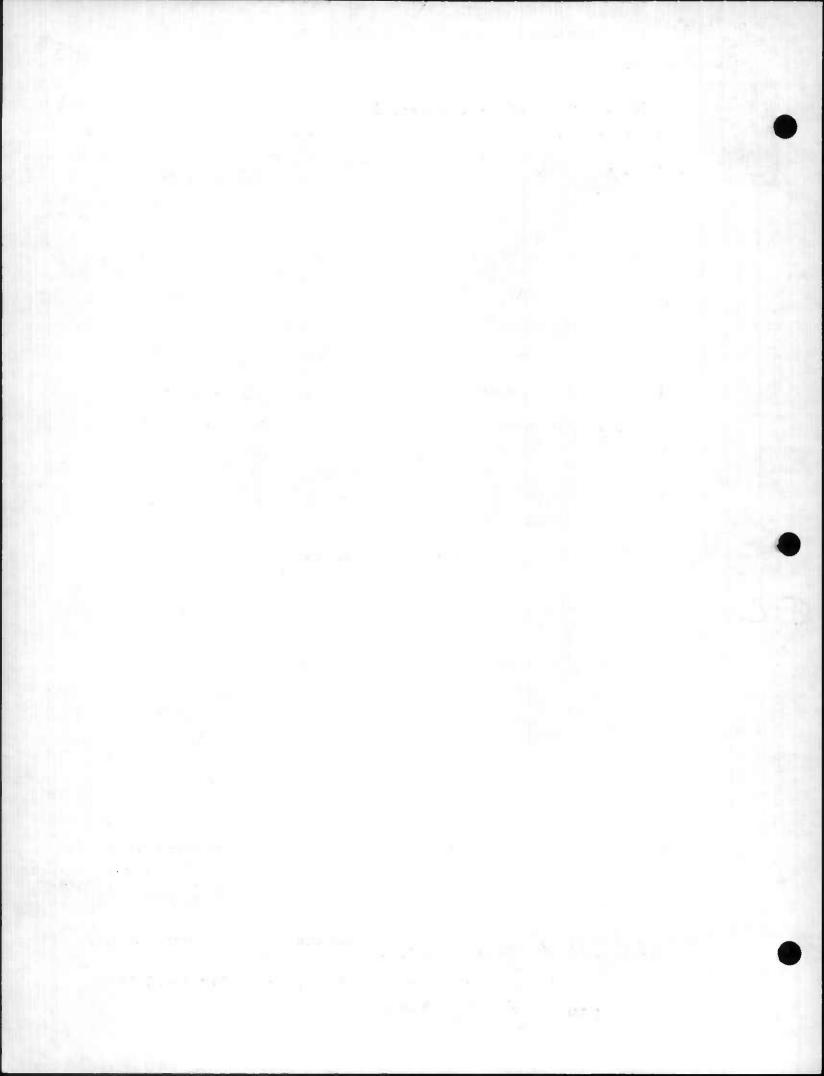


State of Maryland / Department of Health and Mental Hygien § 7 39385

WILL	IAM	V.	McNAM	FF

WILLIAM V.	MCNAMEE
------------	---------

WILLIA	J M	/. McNAMEE	Certificate of	Death	F	leg. No.	00		
		Decedent's Neme (First, Middle, Last)			2. Dete of Dee	th	V	3. Time of	Deeth
Physic /Med		WILLIAM V. MCI	JAMEE		DEC.	4, Dey 1997	Yeer	1828	PM
Exam		4a. Fecility Neme (If not institution, give street end number) UNION HOSPITAL		4b. City, Town, or Lo ELKTON	ocation of Deeth	4c. County CECIL			
Funera Director		5. Sociel Security Number 026-12-7473 036 036 036 036 037 047 058 058 058 058 058 058 058 05	lest birthdey) If Under 1 Yeer Months Deys		8. Dete of Birth (Month, Dey July 2	Year)		ece (State or ry) ESTEL	
/land	Н		ty, Town or Locetion				10	d. Inside Cit	ty Limits
Man Fred	tor	FL. MARION J	SILVER SPRIN	65				1 Yes	2□No
or 28	Director		SILUER SPRIN 101. Zip Code			0g. Citlzen of W	/het Count	ry?	-
23e		5431 N.E. 35TH ST.		2688			· 5 · A	! -	
er des	Funeral	11. Maritel Status 12. Was Decedent Ever in U Armed Forces?	I,S. 13. Wes Decedent of If Yes, specify Cut	Hispanic Origin? (Spe ben, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Rece Blec	- America k, White, e		
72 hours after death with the Maryland natural", or frems 23s or 28s-f show	by F	1 Never Merried 2 Married 1 Yes 2 No Hos, Give 3 Widowed 4 Divorced Yeer or Detes:	1 ☐ Yes 2 🕱 No	Specify:		Specify.	11111	in	
d within 72 hours algiene.		15. Decedent's Education	16a. Decedent's Usual Occu	upation		16b. Kind of Bu	siness/Indi	ustry	_
	Completed	(Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+)	(Give kind of work done life. DO NOT use retire	a during most of works ed)	ing			,	
W 5, 0 "1	Com	12 4	Copy EDi	TOR		NEW	SPAPA	ek.	
be file d oth	Be	17. Fether's Neme (First, Middle, Last)		18. Mother's Neme			e)		
Mer Mer	2	WILLIAM H. MCNAMEE			m. LA				
d 2 sh h and h sm r ls m traum		19e. Informent's Name/Reletionship (Type, Print)	19b. Mailing Address (Stree					Code)	
s 1 and free free free free free free free fre		MICHALL O. MCNAMER 20e. Method of Disposition 20b. F	37 SAXON RD Plece of Disposition (Name of cametery, cremetory or other place)			20c. Locetion -		vn. Stete	
Page ent o nt: If		Dullel 2 Distribution 3 Distribution State	· JOHN'S CEM.	DE	1997	WORCE	ESTER		
permit. Pa Departmen Important: any injury once.		21. Signeture of Funerel Service Licensee	SKARDA	ress of Fecility	829 HL	D50N 5	57		
		23a. Pert1. Enter the disease or complications that caused the deet shock, or heert failure. List only one cause on each line.	h. Do not enter the mode of dy	Ing, such es cardiac	or respiretory en	est,		Approximete Interval Betv	3
Physician								Onset end D	
/Medicai Examiner	н	Immediate Ceuse (Finel disease or condition resulting in death) a. Mu	Itiple Inju	inies					
	100	Due to (c	or es e consequence of):				1		
\$ E	min	b							
0	Examine	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury				1			
Whician was been	edicai	thet willeted events						-	
certificat nding phy	2	resulting In death) Lest							
differ and	Physician/	Pert II. Other eignificent conditions contributing to death but not resi	without to the underlying severe	inan la Cart I	22h Dida	obacco use con	telbute to	the sauce of	d decable
d by the	hys	Of the Other digital containing to death but not less	arting in the underlying cease g	iven in Felt I.				ably 4 1	
	by F					•			
requir been a	Completed				24a. Wes a perfor	n autopsy med?	ave	re autopsy fi ileble prior to apletion of ca	0
5 m m c	mpi							eath?	
it. The licets h					120 Y	es 2 No	12	Yes 2□1	No
alciac	o Be	25. Wes case referred to medical examiner? NOX'es 2 □ No Hospitel: 1 □ Inpatient XM		ther:			40 44		-
Phy are	n: To	1	28b. Time of 28c. Inju	4 LI Nursing no	me 5 Hesia 28d. Describe h	_			
nding III). It Aber e tune	Certification:	1 Netural 5 Pending (Month, Dey Year) 2 Accident investigation 13-3-97		ork? ☐ Yes 2,DYNo	Autow	obile	accio	lent	
or Attendi after death Director: A I in by the h	tific	COULD BE COULD BOX BOX	ome, farm, street, fectory, office	3	28f. Location (S City or Tow	treet end Number State) 0 +	or or Rurel	Route Numl	ber,
ours after ours after filled in	Cer		reet		cecil	county,	Me	inyla	101
Hospital 24 hours Funeral tely filled	edicai	29a. Certifier (Check only) Certifying Physician: To the best of my kno- Check only Medical Examiner: On the basis of exemine	wledge, deeth occurred at the ti	tme, date end placa, opinion, deeth occurr	end due to the o	euse(s) end mai	nner as ste	eted.	
2525	Med	one) end menner stated. 29b. Signature end title of certifier		nse number		9d. Dete signed			
To To Too		1 - 11 1 11		M.E			. 199	-	
(1)		30. Neme end eddress of person who completed cause of death (tten	MO Print						
10			.11 Penn Street	. Baltimo	re, Mary	land 21	201		
St	ate				,				
Regist		DEC 3 0 1997 Julia Davidson	- Jandell						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 31 per VR G-754 12/30/97 dh 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth Day Month Year Mondie, Jr. George C. December 25,1997 unk. 4a. Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death John Hopkins Bayview Medical Ctr. **Baltimore** n/a 7. Age (In yrs. lest birthday) If Under Months If Under 1 Year | If Under 24 Hrs. Months Days Hours Min. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Yeer) Days 1MM 2□ F 78 Yrs. 227-12-9775 Feb. 13, 1919 VA Usual Rasidance of Dacedent 10h County 10c. City, Town or Location 10d. inside City Limits MD **Baltimore** Dunda1k 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 124 Chestnut St. 21222 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Yas 2 No If Yes, Give Year or Dates: WWII 1 Never Married 20 Married 1 Yes 2 No Specify Specify: 3 ☐ Widowed 4 ☐ Divorced R1ack 18a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Sacondary (0-12) Collaga (1-4or 5+) 12th Self employed Cleaners 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surneme) George C. Mondie, Sr. Sallie Nelson 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 124 Chestnut St. Balto., MD Alice Mondie/wife 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State XXBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Crownsville VA 12/30 Crownsville, MD dure of Funeral Service Licenses 22. Name and Address of Fecility James A. Morton & Sons Funeral Home 1701 Laurens St. Balto., MD 23a. Part. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, or heart failura. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Myocard disease or condition rasulting in death) Dua to (or as a consequence of): Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death?

Physician /Medical Examiner

that the death certificate be axecuted

Box 68760

P.O. |

Records,

Division of Vital

Physician

/Medical

Examiner

10a State

Funeral

Director

28a-f show

ò Items 23a

"natural", or

be filed within 72 hours Hygiena.
d other than "natura

Pages 1 and 2 should be fill ment of Health and Mental H lant; if Nem 27 is marked oth

important: if lem 27 is a any injury or other traum

Examiner must be nutfled at

Director

Funeral

by

Completed

Be

the Maryland

72 hours aftar

21215-0020

Baltimore, Maryland

Examiner Physician/Medical þ Completed Be 2 Certification:

as

been signed by the s should be datached

page 2

Hospital or Attending Physician: The hours after death. Funeral Director: After this certificate tely filled in by the funeral director, pa

To the Hospital within 24 hours a To the Funeral Completely filled

Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 ☐ Yes 2 ☑ No 1 Yes 25 No 25. Was casa referred to medical 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatient 2 ₹ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 27. Manner of Death 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicida 12 Certifying Physician: To the best of my knowledge, death occurred at tha tima, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer)

Registrar

State

31. Date filed (Month, Day, Year)

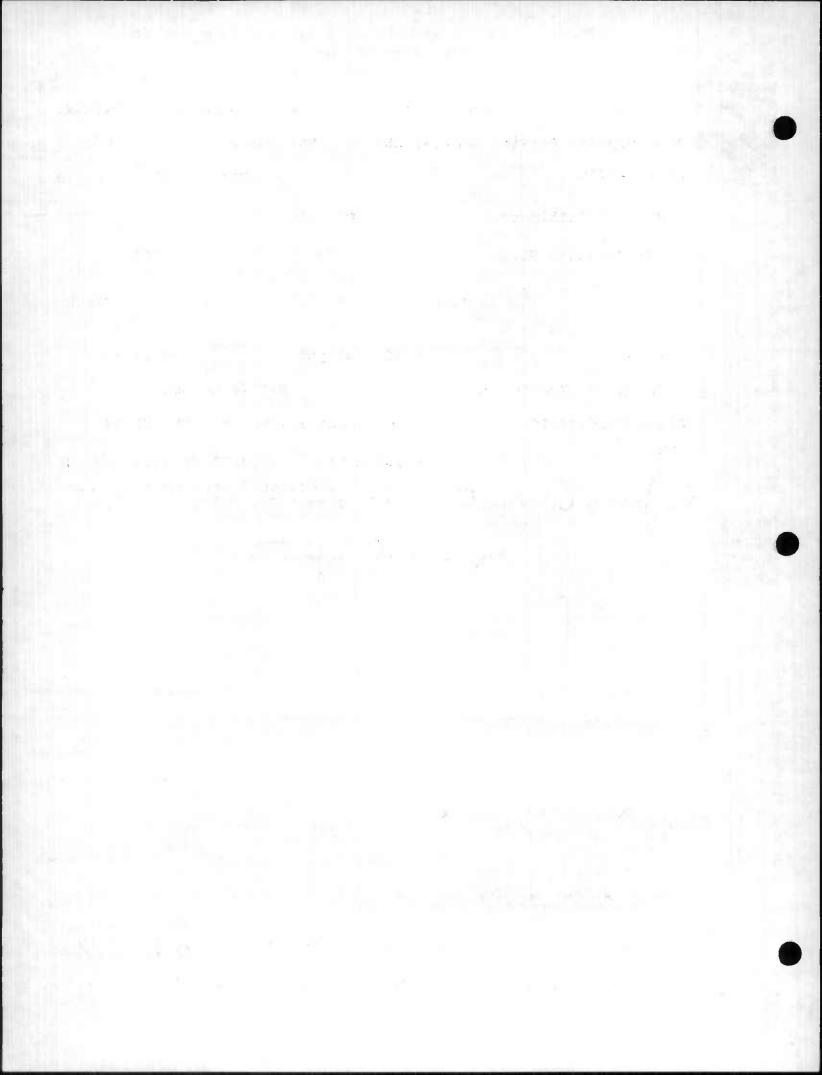
George Jabaji, MD

32. Registrar's Signatura ▶ DEC 3 0 1997

30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print)

Lulia Savidson-Randelle

9105 Franklin Square Drive Baltimore, Md. 21237



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month December 21 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Johns Hopkins Geriatr ICS more Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) Months Deys Hours 1□ M 21 F 218-22-1625 70 Director JULY 15,1927 MARYLAND Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natursi", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at MD CTTY BALTIMORE CITY 1XXYes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3818 HUDSON STREET 21224 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No by Specify: WHITE 3 ₩idowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry pernit. Peges 1 and 2 should be filed within: Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "nany Injury or other traumatic event Elementery/Secondery (0-12) College (1-4or 5+) FACTORY WORKER ROBERTSON INC. 8 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be JOSEPH J. CAVANAUGH AMELIA NEAL 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) CATHERINE FIELD 414 S. CLINTON STREET BALTIMORE, MD 21224 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Removel from Stete MORELAND MEMORIAL 12/24/97 BALTIMORE, MARYLAND 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licansee 22. Name and Address of Facility CHARLES S. ZEILER & SON, INC. 901 S. CONKLING STREET BALTIMORE, MD 21224 23e. Pert1. Error the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or lear failure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es e consequence ol) lesion and bleed Examiner colon attending physician end for use es the bunal-transit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting In deeth) Lest P.O. Box 68760. Physician/Medical signed by the a d be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Inknown 1 ☐ Yee 2 ☐ No , cor pulmonale Records, þ 24b. Were autopsy tindings eveileble prior to completion of cause of death? ation ventilator dependent, GERD 24a. Wes en eutopsy performed? Completed has Diabetes osteoporosis, 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certific: completely filled in by the funeral director, Be 25. Was case elerred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Naturei 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, lectory, offica building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner as steled.

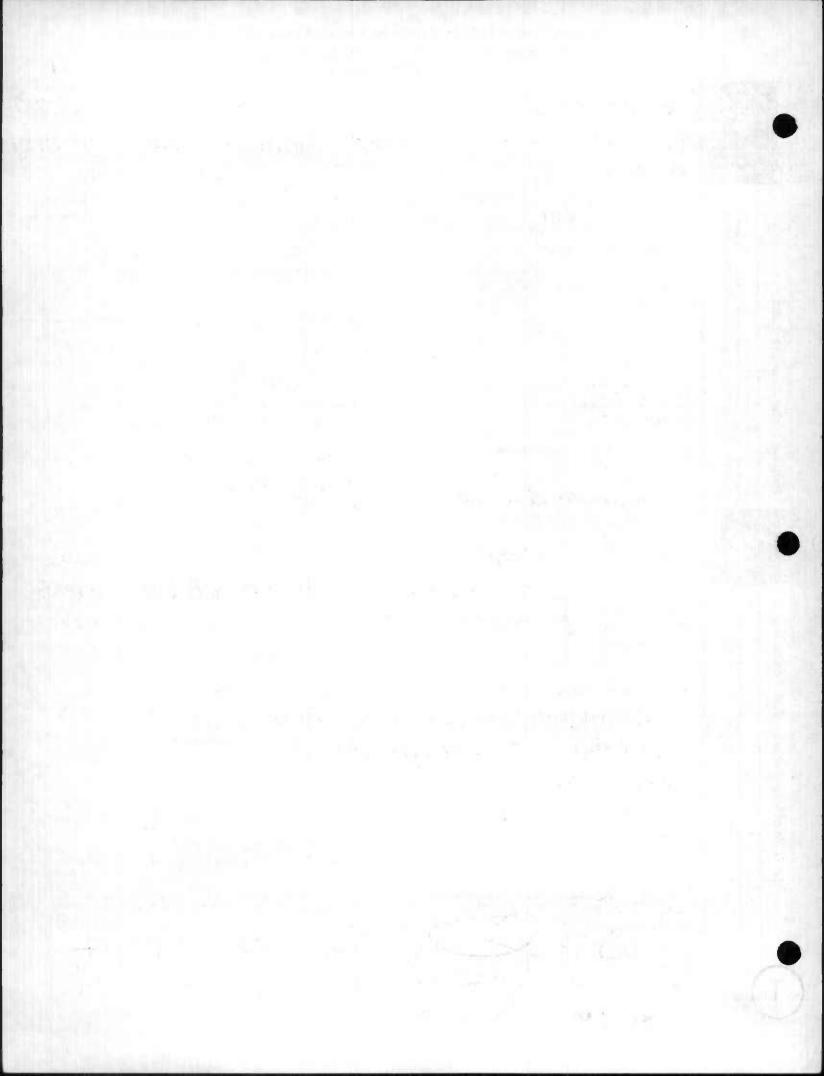
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end piece, end due to the ceuse(s) end manner stated. edical 29a. Certifier 29b. Signeture end title of continue 29d. Dete signed (Month, Day, Year) 29c. License number 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

31. Dete filed (Month, Dey, Yeer)



DHMH 16 Rev 6/95



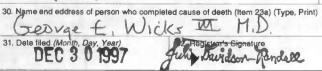
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dorothy Month **Physician** Mills 11:50 PM 21 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner CHURCH HOME HOSPITAL BALTIMORE N/A If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 5 Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplece (State or Foreign
Country) **Funeral** 1□M 212 F Months Deys 212-28-4403 Yrs. Director. 78 MARYLAND DEC. 13, 1919 Usuel Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits MD. BALTIMORE BALTIMORE 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6720 BRENTWOOD AVENUE 21222 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give X Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 Yes 2√ No Specify: by Specify: 3 Widowed 4 Divorcad WHITE Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) LANDLORD REAL ESTATE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) and Mental **ANDREW** SIGAI MARY PAGE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 11th JOHN ZYDALIS/SON 1709 CHATEAU COURT, FALLSTON, MD. 21047 At Hean altimore Pages 1 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Burlal 2 Cremetion 3 Removel from State
4 Donetion 5 Other (Specify) permit. Pag Depertment Important: It any Injury o GARDENS OF FAITH CEM. 12/24/97 BALTIMORE, MD. 21. Signature of Funerel Servica Licansee 22. Name and Address of Fecility CHARLES S. ZEILER & SON INC. 6224 EASTERN AVE. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Congestive Heart Failure /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Due to (or es e consequence of) The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest and Due to (or es e consequenca of): evipheral Box 68760 Physician/Medical Due to (or es e consequence of) the P.O. Pert II. Other etgnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dtd tobacco use contribute to the cause of death? ate has been signed by the pege 2 should be detech 1 Yes 2 No 3 Probably 4 Unknown Records, p 24b. Were eutopsy findings eveileble prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 21 No 1 Yes 2 No 1 Yes Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 25. Wes case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To 1 Yes 27. Menger of Deeth 28c. tnjury et Work? Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated. 29e. Certifier Medical 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of cartifier 29c. License number E. Wich III M.D. D41365 December 21, 1997

State Registrar DHMH 16 Way 6/95

10

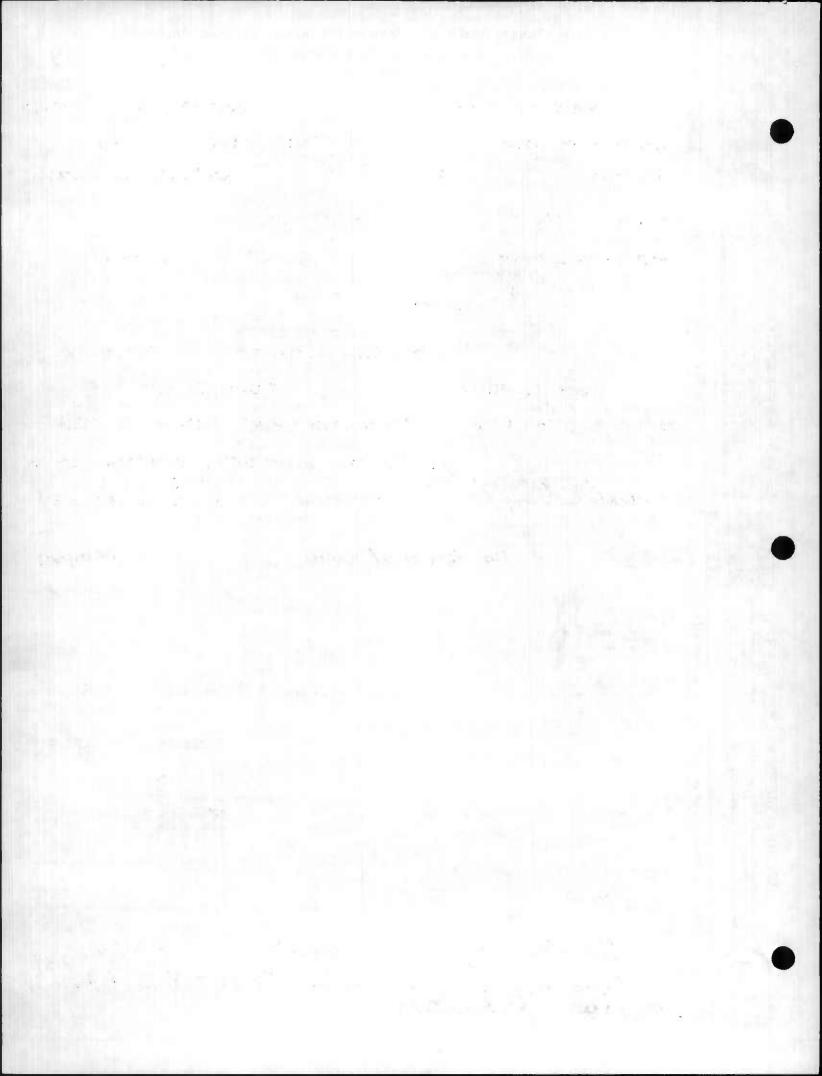


100 North Broadway 21231

State of Maryland / Department of Health and Mental Hygiene 7 2020

					300	Certifica	ate of	Death	Re	ig. No.	00	000	
		_	1. Decedent's Name (First, Middle, La	st)	11/20		-		2. Date of Deeth Month	1	Yaar	3. Time of Dea	ath
Physici /Medic			Kenneth	R. Mille	er					28, 199		11:00	AM
	Examine	_	4a Facility Name (If not institution, give	a street and number)				4b. City, Town, or L	ocation of Death	4c. County	of Death		
			6601 Birchwood	Avenue				Baltimore	e City		N/A		
	Funeral		5. Social Security Number 6. S		(In yrs. lest bi	rthdey) If Und Month	der 1 Yaer	if Under 24 Hrs.		Year)	9. Birthple	ace (Stete or Fo	preign
	Director		047-52-9936	1 2 M 2□ F	40	Yrs.	Duys	Tiodis Will.	August 17.	1957		chusett	S
	р ,	-	Usual Residence of Decedent		10- 0h T-							1 1 1 1 1 1 1 1	t to -
	nyter	10a. State 10b. County 10c. City, Town or Location										d. insida City Li	
	N e W	8	Maryland N/	ore City			1 ⊠ Yas 2 □ No						
	or the	Director	10e. Street and Number	10	10g. Citizen of Whet Country?								
		6601 Birchwood	_				21214		United States				
	or de	Funeral	11. Maritei Status	12. Was Decedent E Armed Forces?		13. Was Dec	cedent of I pecify Cub	Hispenic Origin? (Sp pan, Mexican, Puerto	pecify Yes or No- Rican, atc.)		e - Amarica k, Whita, e		
20	or i	by Fi	1 Never Married 2 Married	1 X Yes 2 □ No If Yes, Give	0	1 ☐ Yes	2[X No	Specify:		0			
8	n 72 hours		3 ☐ Widowed 4 ☐ Divorced	Year or Dates: 1	5 1 1 11				White 16b. Kind of Business/Industry				
Maryland 21215-0020	n 72	Completed	15. Decadent's E (Specify only highest gra		168	Giva kind of U	work dona	pation during most of world ed)	king	16b. Kind of Bu	ISINESS/Indi	ustry	
12	within ene. than *	Ĕ	Elementary/Secondary (0-12) College (1-4or 5+)							Con	struc	tion	
9	Hygier ther		17. Fether's Nama (First, Middla, Last)	- 110	avy Equ	I pine	-	ne (First, Middle, N			CION	
an	0 E 0 Y	Be	Grover	C. Miller					hryn J.	Hunt			
7	should and Meni	9	19a. Informant's Name/Reletionship (h Mallino Addre	ass (Stree	t and Number or Ru			State Zin	Code)	
S	17 le		Mrs. Ruth A. Mill					od Avenue		imore,		21214	
e,	s 1 and f Health item 27 other tu	1	20e. Method of Disposition	CI (WIIC)	20b. Place of	of Disposition (A	veme of			20c. Location -			
Baltimore,	0 = 0		1 🕅 Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special			ny, crematory o			2/24/07	lhita M	anch	Manula	nd
I		-	21. Signature of Funeral Service Lice					Gardens 11	2/31/97 W				IIu
Ba	Departr Departr Importa any Inju		1.0/10/		Leonard J. Ruck, Inc. Baltimore, Maryland 21214								
-	-	-	020 Post 1 Feter the disease or see	anaj.	the death De						-		ŀ
н			23a. Part1. Enter the disease, or com shock, or heart failure. List only	one ceuse on each line	e.	not enter the m	ode or dy	mg, such es cardiac	or respiratory erre	751,		Approximete Intervel Between Onset and Deat	
7	Physician /Medical		Immediate Cause (Final disease or condition B. Matastatic rectal cancer										
	Examiner		disease or condition resulting in death)	· Matas	es			10	byears	,			
		-	Due to (or es e consequence of):										
	be executed sician and buriel-transit	Examiner		b			0						
,	death certificate be executed e ettending physician and of for use as the buriel-transit	Exa	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying		Due to (or es e	consequence o	or):						
68760,	cate be ex physician the burie		Ceuse (Disease or injury that initiated events	C	\ue to /or on o	consequence o	<i>1</i>).				-		
68	rtificate ng physi	edicai	resulting in deeth) Last		rua to (or as e	consequence o	1).						
Вох	ettending for use	2		d									
m	eath cer ettendir	Cla	Pert II. Other significant conditions of	antally sting to death but	t and something	la tha cadadh fa		han la Bart I	00h Did to	h	ndelbude de	the sauce of d	le ette 2
P.0	the cry the sched	Physician/M	rettii. Ottei signiiicant conditions c	ontributing to death but	t not resulting	in the underlying	g cause g	venin Petti.	23b. Did tobacco usa contributa to the cause of dea				
	that hed b								1011	J. J.C.NO	3 🗆 🕶	ably 4 Oth	CHOWIS
rds	v requires that the de been signed by the should be deteched	ο D							24e. Was er	neutopsy	24b. We	re autopsy tindi	ings
00		ete							perform	ned?	con	illeble prior to npletion of causi leeth?	10
Re	The law ste hes b	Completed							4 🗆 Vo	- OFTAI			
a	ilcian: The lav certificate has rector, page 2		25. Was case referred to medical					00 81	1 Ye			Yes 2 No	
Division of Vital Records,		ן מ	exeminer?	Hospitel: 1 ☐ Inpatien	nt 2 ERVO	utpatient 3	DOA OI	her:	th (Check only on		ns (Spacific	d	
o	Phys rthis eral di	0	27. Manner of Death	28e. Dete of Injun (Month, Dey		Time of	28c. inju		ome 5 Reside 28d. Describe ho			/	
O	eath. or: After the funer	0	Natural 5 Pending investigation		Yeer)	injury M		ork?]Yes 2 □ No					
/ISI	or Attending effer death. Director: Afte J in by the fune	Tica	3 ☐ Suicida 6 ☐ Could not b	286. Place of injul	ry - At home, fa	arm, street, fact	ory, offica		28f. Location (Str		er or Rural	Route Number,	
ă	offer of the Direction	Certification:	4 Homicide	building, etc.	(Specify)				City or Town	, Stete)			
	Hospital 24 hours Funeral tely filled		29a. Certifier Certifying Ph	ysician: To the best of	my knowledg	e, death occurre	ed at the t	ime, dete end plece	end due to the ce	euse(s) end ma	anner es str	ated.	
	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by	edica		niner: On the basis of e and menner stat	examination en								
	within To the	100	29b. Signatura and title of certifier	,		2	29c. Licen	sa number	25	9d. Date signe	d (Month, L	Dey, Year)	
			Na.OCh	ma mos			D	16587		12/2	9/97		
	TI	-	30. Nama and address of person who	completed cause of de	eth (Item 23e)	(Type Print)							
1	1)		Paul Chana	na 560	1 / 100	1 Raine	in B	had, Ste	107 Brat	Emore.	MI	12123	39
	Stat	e	31. Date filed (Month, Day Year)	22. Fardistra	r's Sightnure	.00				0.1100	-		-1
	Registra		DFC 3 6 1931	Juna David	John-Maria	voc.							

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Death 3. Tima of Death 1. Decedent's Name (First, Middle, Last) DECEMBER 27, 1997 **Physician** MILLER 4:10 PM HILDA /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Saint Joseph Medical Center Baltimore Towson 7. Age (In yrs. last birthdey) If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 6. Sex 8. Date of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) Funeral Months Days Hours 1 □ M 28 F Yrs. 216-01-2706 **Director** 92 Aug. 10, 1905 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d, inside City Limits 7 is marked other than "natural", or items 23s or 28a-f shot traumatic event, the Medical Examinat must be notified at 1 ☐ Yes 2 No Directo Md. Baltimore Timonium 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code with 2300 Dulaney Valley Rd. Apt. F105 21093 USA Funeral deeth 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. Bleck, White, etc. Pages 1 and 2 should be filled within 72 hours effer nant of Haalth and Mental Hygiena. Int: If item 27 is marked other than "natural", or ite 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 9 Clerical Secretary 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 10 Albert. F. Miller Clara M. Mayenberger 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2300 Dulaney Valley Rd. Apt. F105 Timonium, Md. 21093 Helena T. Miller/sister other Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e, Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 9 permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Md. New Cathedral Cemetery 12/30/97 21. Signature of Funeral Service License 22. Name end Address of Fecility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical immediate Cause (Final disease or condition resulting in death) PNEUMONIA 48 HOURS Examiner Due to (or as a consequence of): Examiner the death certificata be executed physician and s the burial-trans Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): Box 68760 Physician/Medical Due to (or as e consequence of): USe as attanding 0 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the o 1 Yes 2 No 3 Probably 4 Unknown à PARKINSON'S DISEASE signed b À Records. 24b. Were autopsy findings evailable prior to 24a. Was an autopsy Completed peeu completion of ceuse of death? has 1 Yes 2 No 1 Yes 2 No certificate Division of Vital funeral director. 25. Was cese referred to medicel examiner? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 XNo 10 1 XInpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 1 X Neturel Attending 5 Pending after death. Director: Aft 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Sulcide 281. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours after Funeral Dire 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29e. Certifier (Check only one) To the Within 2 29b. Signature and title of certified 29c. License number 29d. Date signed (Month, Dev. Yeer) evallos D25886 30. Name and eddress of person who completed cause of death (item 23a) (Type, Print) LILLIA CEBALLOS, M. D. 7620 YORK ROAD TOWSON, MARYLAND 21204 31. Dete filed (Month, Day, Year) History's Signature Stale 3 0 1997 DEC Registrar

DHMH 16 Rev 6/95

+ MARGILLE LEGIST RUNCH FRANCE

DIVISION OF VITAL RECORDS, P.O. BOX 68760

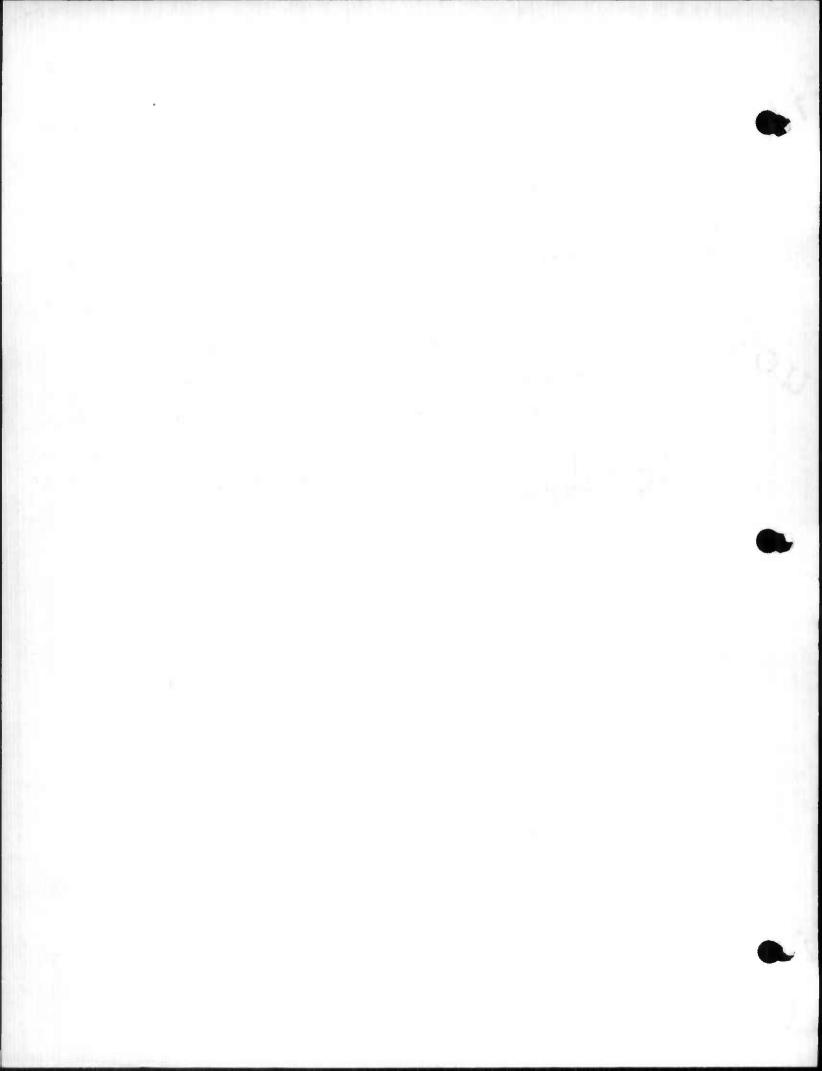
FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			CERTIF			REG. N					
- 3	1. DECEDENT'S NAME (First, Middle, Last) Sophia K. Mei					2. DATE OF DEATH		3. TIME OF DEAT			
				_		Decembe	r24,19	97 8:30			
	4. SOCIAL SECURITY NUMBER 218-42-1.661		(In yrs. last birthday)		AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) May 9,	1007	BIRTHPLACE (State or For Country)			
	9e. FACILITY NAME (If not institution, give			9b. CITY. TO	WN OR LOCATION OF I		9c. COUNTY	Maryland			
BC	Forest Haven N		ie		nsville	CAIN		imore			
اظ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT						Dair				
DIRECTOR	Maryland Balt			TY, TOWN OR L				10d. INSIDE CITY LIMITS?			
	10a. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	1 TYES 2X			
FUNERAL	1702 Arbutus A	venue			21227		Unite	ed States			
5	11, MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS	OECENDENT OF NISPA	NIC ORIGIN? (Specify	Yes or No- 14.	RACE — American India Black, White, atc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 NO Spec			Specify: White			
	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	S USUAL OCCU	PATION	16b. KIND OF	BUSINESS/INDUS				
COMPLETED	Elementacy/Secondary (0-12)	College (1-4 or 5+)			g most of working						
₩	AT EXTENDED MAMP (First Middle 1-1)		Homema	ker		Own I					
	17. FATNER'S NAME (First, Middle, Last) Louis F. Schm	idt				AME (First, Middle, Maid hine Wur					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Str	eet end Number or Rura			de) 21005			
٩	Charles H. Mei	le Jr., so	n 1702	Arbu	tus Aven	ue Balti	more,	™ 21227 Maryland			
	20e, METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	noval from State	b. PLACE AND DATE	OF DISPOSITION	N (Name of	OATE 20c.	LOCATION - City	or Town, State			
	# Exponetion 5 Other (Specify) 21. SIGNATURE OF PARENAL SERVICE LI	L(orraine	Park	Cemeter	y12/29Wc	odlawr	, Maryla			
	77/12	- Constant		Amb	rose Fun Sulphu	eral Hom	ie, Inc	. Arbut			
	23. PART I. Enter the diseases, dr			132	8 Sulphu	r Spring	Road	Arbut 2122			
NO	Sequentially list conditions,	b	A CONSEQUENCE O	OF):	ular dise						
¥	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS	A CONSEQUENCE O	PF):				i			
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
ERI	resulting in death) LAST										
10	PART il. Other significent condition	no contributing to death (
¥		in countributing to gently !	but not resulting	in the under	ying ceuse given in	Part i. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FIN			
200		The Contributing to deeth	but not resulting	in the under	ying ceuse given in	PERF	ORMEO?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA			
MEDICA						PERF		AVAILABLE PRIOR T			
Σ	DID TOBACCO USE CONT		OF DEATH Y	ES 🗆 NO	☐ UNCERTAI	PERF 1 YES	ORMEO?	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?			
Σ	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAUSE O	OF DEATH YI	ES NO	UNCERTAI	PERF	ORMEO?	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?			
Σ	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE O	DF DEATH YI 26. PLACE OF DEA patient 3 □ DOA 28b. Tilk	ES NO ITH (Check only of OTHER: 4) Mursing AE OF 28c.	UNCERTAI	PERF 1 YES N 🐼	ORMEO? 2 X NO	AMALABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2 N			
PHYSICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Pending	RIBUTE TO CAUSE C	DF DEATH YI 26. PLACE OF DEA patient 3 □ DOA 28b. Tilk	ES NO ITH (Check only OTHER: OTHER:	UNCERTAI	PERF	ORMEO? 2 X NO	AMALABLE PRIOR 1 COMPLETION OF CL OF DEATH? 1 YES 2 N			
ED BY PHYSICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Pending	RIBUTE TO CAUSE O	DF DEATH YI 28. PLACE OF DEA petient 3 DOA 28b. Tilk IN.	ES NO NTH (Check only of the check on the check on the check only of the check on the check on the check on the check on the check only of the check on the check on the check on the check on t	UNCERTAI	PERF 1 YES N 🐼	ORMEO? 2 NO V INJURY OCCUR	AMALABLE PRIOR T COMPLETION OF CI OF DEATH? 1 YES 2 N			
ETED	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vestural 5 Pending Investigation 2 Accident 9 Investigation 3 Suicide 8 Could not be determined	RIBUTE TO CAUSE C HOSPITAL: 1 Inpatient 2 ER/Out, 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	DF DEATH YI 28. PLACE OF DEA pettent 3 □ DOA 28b. Tilk in. Y — At home, term,	ES NO NTH (Check only of the Record of the R	UNCERTAI DOING NOME 5 Residence INJURY AT WORK? YES 2 NO Doffice	6 Other (Specify) 28d. DESCRIBE NOV 28t. LOCATION (Street, City or Town, Ste	V INJURY OCCUR	AMALABLE PRIOR T COMPLETION OF CI OF DEATH? 1 YES 2 N			
ETED BY PHYSICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE C HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	DF DEATH YI 26. PLACE OF DEA patient 3 DOA 28b. Tile IN. Y — At home, term, wiedge, death occurr	OTHER: Distriction OTHER: Distriction OTHER: Distriction AE Of 28c. JURY M 1 Street, tectory, of the time, or at the t	UNCERTAI DONO Nome 5 Residence INJURY AT WORK? YES 2 NO office	PERF 1 YES N S 6 Other (Specify) 28d. DESCRIBE NOV 28t. LOCATION (Street City or Town, Steet) to the cause(e) end in	ORMEO? 2 NO V INJURY OCCUR et end Number or F te)	AMILABLE PRIOR I COMPLETION OF CI OF DEATH? 1 YES 2 N N For a state of the state			
COMPLETED BY PHYSICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE C HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	DF DEATH YI 26. PLACE OF DEA patient 3 DOA 28b. Tile IN. Y — At home, term, wiedge, death occurr	OTHER: Distriction OTHER: Distriction OTHER: Distriction AE Of 28c. JURY M 1 Street, tectory, of the time, or at the t	UNCERTAI DOI: Nome 5 Residence INJURY AT WORK? YES 2 NO offlice date end place, end due in, death occured at the	6 Other (Specily) 28d. DESCRIBE NOW 281. LOCATION (Street City or Town, Steet City o	V INJURY OCCUR of and Number or F ten) namer es stated, and due to the ca	AMALABLE PRIOR I COMPLETION OF CI OF DEATH? 1 YES 2 N Rural Route Number,			
BE COMPLETED BY PHYSICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE C HOSPITAL: 1 Inpetient 2 ER/Out 25e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spe	DF DEATH YI 26. PLACE OF DEA patient 3 DOA 28b. Tile IN. Y — At home, term, wiedge, death occurr	OTHER: Distriction OTHER: Distriction OTHER: Distriction AE Of 28c. JURY M 1 Street, tectory, of the time, or at the t	UNCERTAI DONNOME 5 Residence INJURY AT WORK? YES 2 NO office date end place, end due in, death occured at the	6 Other (Specify) 28d. DESCRIBE NOV 28t. LOCATION (Stree-City or Town, Ste	V INJURY OCCUR et end Number or F teal due to the ca 29d. DATE Sh	AMALABLE PRIOR I COMPLETION OF CI OF DEATH? 1 YES 2 N Rural Route Number, Buse(s) end manner ee ste GNED (Month, Day, Year)			
BE COMPLETED BY PHYSICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE OF HOSPITAL: 1 Inpetient 2 ER/Out, 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my known of the best of examination of the best of	28. PLACE OF DEA 28. PLACE OF DEA patient 3 □ DOA 28b. Till IN. Y— At home, term, cify) wiedge, death occurr on end/or investigation	STH (Check only of Check only only only only only only only only	UNCERTAL DONNOME 5 Residence INJURY AT WORK? YES 2 NO office dete end place, end du un, death occured at the 29c. LICENSE NU	6 Other (Specify) 28d. DESCRIBE NOV 28t. LOCATION (Stree-City or Town, Ste	V INJURY OCCUR et end Number or F teal due to the ca 29d. DATE Sh	AMALABLE PRIOR I COMPLETION OF CI OF DEATH? 1 YES 2 N Rural Route Number,			
E COMPLETED BY PHYSICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE C HOSPITAL: 1 Inpetient 2 ER/Out 25e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spe ICIAN: To the best of my know ER: On the beets of examination R	28. PLACE OF DEA 28. PLACE OF DEA patient 3 □ DOA 28b. Till IN. Y— At home, term, cify) wiedge, death occurr on end/or investigation	STH (Check only of Check only only only only only only only only	UNCERTAI DONNOME 5 Residence INJURY AT WORK? YES 2 NO office date end place, end due in, death occured at the	6 Other (Specify) 28d. DESCRIBE NOV 28t. LOCATION (Stree-City or Town, Ste	V INJURY OCCUR et end Number or F teal due to the ca 29d. DATE Sh	AMALABLE PRIOR I COMPLETION OF CI OF DEATH? 1 YES 2 N Rural Route Number, Buse(s) end manner ee ste GNED (Month, Day, Year)			



DHMN-18 Rev 1/89



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Year Lee Miskimon December 23,1997 11:12 pm 4b. City, Town, or Location of Death 4c. County of Death

Funeral Director

death with the Meryland res 23a or 28a-f show result be notified at items ;

permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or item eny Injury or other traumatic event

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificete be executed for use es the burial-tran P.O. Box 68760, Records, After this certificate hes or Attending Physician: the funeral

of Vital

Division

Physician/Medical Examiner þ Be Completed Certification: To To the Hospital or Attenditional within 24 hours after death.

To the Funeral Director: A completely filled in by the fu Medical

Physician amie /Medical 4e. Facility Name (If not institution, give street and number) Examiner University Hospital Baltimore 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) Jan 4, 1972 9. Birthplace (State or Foreign 1 M 2 TE Days 212-86-0463 Yrs. MAryland 25 Usual Residence of Decedent 10a State 10b. County 10c. City. Town or Location Md. Baltimore Rosedale Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 408 Patapsco Ave. 21237 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1₺ Never Married 2 Married 1 Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) 11th Homemaker own home 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) 0 James Miskimon Rebecca Hamilton 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Md. 21871 Bill Kennedy /step-father P.O. Box 332 Westover 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a, Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donetlon 5 ☐ Other (Specify) Holy Rosary Cemetery 12/29/97 Baltimore Md. 21. Signeture of Funeral Service Licansee 22. Name and Address of Fecility Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 23a. Paft 1. Enter the disease, or complications that caused the down bo not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line Immediate Cause (Finel Cerebral 9 months disease or condition resulting in death) hemorrhage acerebral pseud Daneurysm Due to (or as a consequence of): I mracerebral 9 months Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or es e consequença of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Asthma 24e. Wes en eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death? 25. Was case referred to medical 26. Piece of Death (Check only one) Hospital: 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 27. Menner of Death Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. (Check only 29c. License number

29b. Signature and title of certifier

P11211

29d. Dete signed (Month, Day, Year)

30. Name end address of person who completed cause of att (Item 23a) (Type, Print) Greene Street Baltimore, MD 21201

December 23,1997

10d. Inside City Limits

Approximate Onset and Death

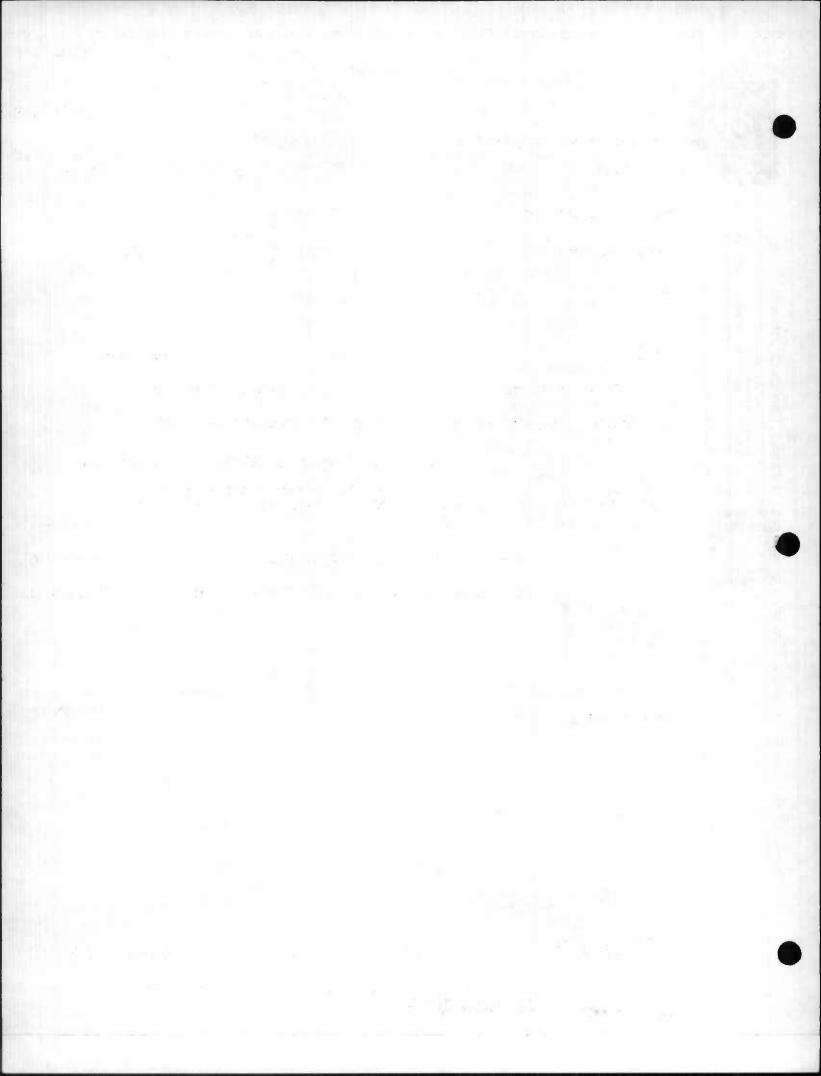
1 Tes 2 No

Kelse hipa

31. Dete tiled (Month, Day, Year)

South

State Registrar



State of Maryland / Department of Health and Mental Hygiene 39393 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month 22 MACKOWTAK

Physician	
/Medical	
Examiner	

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23s or 28s-1 show any injury or other traumstic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

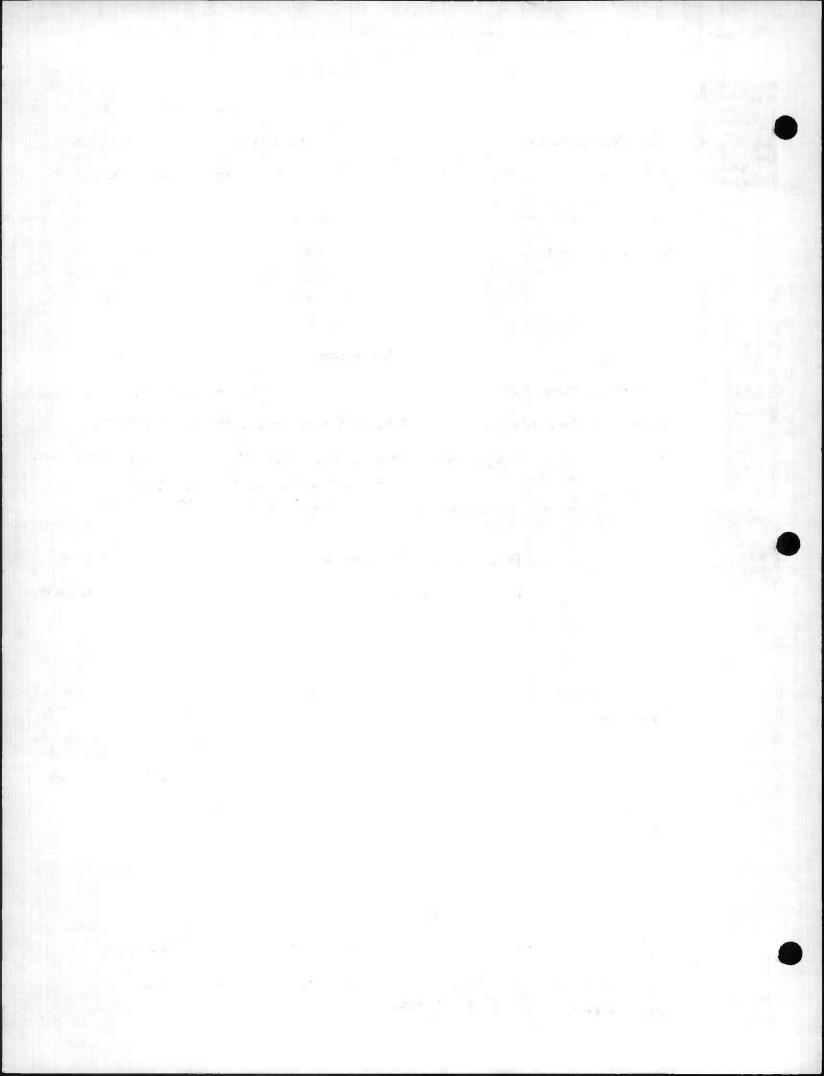
been signed by the attending physician and should be deteched for use as the buriel-transit Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physicien: The law requires that the deeth certificate be executed within 24 hours after deeth.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit

n al	MA	RY K.	MACKOWI	AK						DEC. 2	22, 19	997	Yeer	10:45	pm
ar Er	4e. Fecility Name (i	f not Institution	n, give street end r	umber)					4b. City, Town, or	Location of Dee	th 4c.	County	of Death		
	7026 E	astbroo	ok Ave.		Ba1					nore	Baltimore				
	5. Social Security N 214–14–5	335	6. Sex 1 ☐ M 2 ☐ x/F	7. Ag	e (In yrs. last 94	birthday) Yrs.	If Under Months	1 Year Deys		. (Month, E	irth Pay, Year) 6,190	03		ace (State or Fory) Cyland	oreign
	Usual Residence of	10b. County			10c. City, T	own or Lo	cation						10	d. Inside City I	imite
0	Md.		altimore		100.0.0,	01111 01 20		В	altimore				,	1 Yes 2	
2	10e. Street and Nu	mber					10f. Zip	Codo			10a Citia	of 14	Mat Count		_
	7026 Ea		k Ave.				101. 210	Code	21224		Tog. Citiz	10g. Citizen of What Country? USA			
be completed by Funeral Director	11. Maritei Status 1 □ Never Marri 3 ☑ Widowed		Armed I	Forces?	Ever in U,S. No	1	Was Deced f Yes, spec I ☐ Yes _ 2	ify Cut	Hispanic Origin? (Span, Mexican, Puer Specify:	Specify Yes or N to Rican, etc.)		Biac	e - America k, White, e Whit	tc.	
ered D		15. Decaden	Year or nt's Education st grede completed		10	6a. Deced	ient's Usua	Occu	pation	ndeina	16b. Kln	nd of Bu	sinass/Ind	ustry	
du	Elementary/Seco			(1-4or 5	i+)	life. L	OO NOT us	e retire	during most of wo	in Kin ig					
Š		th					Seamst	cre	SS			Ga	rment		
ě	17. Father's Name	(First, Middle,	Last)						18. Mother's Na	me (First, Middl	e, Maidan S	Sumam	Θ)		
0	Vin	cent W	isniewski						Fı	cances 2	<i>lebrov</i>	vski			
	19a. informant's Na	me/Relations	ship (Type, Print)		1	9b. Mailin	g Address	(Stree	t and Number or A	ural Route Num	ber, City or	Town,	State, Zip	Code)	
	Florence	Schriv	ver /dauc	hte	r	702	26 Eas	stb	rook Ave.	BAltin	ore M	id.	21220)	
	20a. Method of Disp						sition (Nam		ice)	Data	20c. Loc	cation -	City or Tov	vn, State	
	172 Burial 2 4 ☐ Donetion		3 □Removai from Specify)	n State					emetery	12/27	197	Ba	1tim	ore Me	d.
	21. Signature of Fu	narai Servica	Licansee /)	1		Name en	1 Addr	ess of Facility						
	▶ R	1.	. /	/	///	/			ly Fune			-			
-	23a Part I Enter II	ne disease or	My C	m	mell	Spot ont	300	Ma	ce Ave.	Balti	more	Md	. 21	221	
	23a. Pert1. Enter to shock, or haa	rt failura. List	only one cause on	aach lir	na.	JOHOL BILL	ei the mode	or uy	ing, such as cardia	c or respiratory	arrest,		1	Approximata Intervel Betwee Onset and Dea	
	immediate Cause (Final												1411		
	disease or condition resulting in death)	n	. A	rige	ation	the	umo	ni	2				1	wek	
	disease or condition resulting in death) e. Aspiration theu menia Due to (or as a consequence of):														
LAGIIIII	Throat Cancer I month											h			
Y	Sequentially list colif any, leading to Im	nditions,			Due to (or es	e conseq	uence of):								
	causa. Enter Unde Causa (Disaasa or	rtying													
3	that initiated events rasulting in death) I				Due to (or es	e conseq	uence of):								
Sicialization															
0			d												
9	Part II. Other aignif	cant condition	ons contributing to	death bu	it not rasulting	g in the ur	nderlying ca	usa gi	van in Part I.	23b. Did	l tobacco u	use con	tribute to	the cause of d	leath?
Completed by Link	Demer	tia								10	Yes 2	□No	3 Prob	ably 4 Uni	knowi
2	Collier														
										24a. Wa per	s an autops formed?	sy	ava	re autopsy find ilable prior to	-
7													of d	npletion of caus leath?	30
5										1 🗆	Yes 20	DNo	1 🗆	Yas 20 No	,
	25. Was case rafar	red to medical	i						26. Piace of Da	ath (Check only	one)				
	examiner?	No	Hospital:	Inpetie	nt 2 ER/	Outpatien	t 3□ DO.	A Ot	har	Home 5 Res		Othe	er (Specify)	
	27. Manner of Death		28a. Date	e of Injur	v 28	o. Time of		Bc. Inju		28d. Describe					
	1 ☑ Natural 2 ☐ Accident	5 Pandin investig	9	nth, Day	r rear)	Injury	М		rk/]Yes 2□No						
	3 ☐ Suicide 4 ☐ Homicide	6 Could a daterm	lined 289. Plac	a of injuding, etc	ury - At home, c. (Spacify)	, farm, stre	eet, factory,	office		28f. Location City or Te	(Street and own, State)	Numbe	er or Rural	Route Number	,
calcal cel alleanoli.	29a. Certifier (Check only one)	1 Certifyin 2 Madicai	ng Phyaiclan: To the Examinar: On the and ma	e best of basis of nner sta	examination	iga, death and/or inv	occurred a astigation,	t the ti	me, data and place opinion, daath occ	a, and due to the urred at the time	a cause(s) a , data and	and ma	nner as sta and dua to	ated. tha cause(s)	
	29b. Signature and	title of certifie	r				29c.	Licen	se number				(Month, E		
	▶ Colle	enCh	usman	N			ī	>5	1185		12	123	197		
	30. Nama and addre	ass of person	who completed car	use of de	eath (Itam 23	a) (Type.	Print)						J.''		_
	ColleenCh							1/2	Baltim	ore. Mr	2/:	2,24	1		
	31. Date filed (Mont	h, Day, Yaar)	1732.	F Sira	r's Signarre	7.00	C 017	~(1		0116	1017			
	ULL 3	0 1997	guia	David	Ash-Var	lavor									
	ULU 1	A IAA!													

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day DECEMBER 25, 1997 5:10AM **Physician** Mary L. Paul McCoach /Medical 4b. City, Town, or Location of Death 4a Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 7. Age (In yrs. lest birthdey) If Under 1 Yeer 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) 5 Social Security Number **Funeral** Days Months Hours Min 1 M 20 F 79 Yrs. Director 201-01-1165 June 2,1918 PA. Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits Md. Baltimore Parkton 1 ☐ Yes 2 Ti No Director 10e. Streef and Number 10f. Zip Code 10g. Citizen of What Country? th and Mental Hygiene.
7 Is marked other than "natural", or itama 23a or traumatic event, me Modical Examper must be n 16918 A Yeoho Road 21120 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 X No If Yes, Give Yeer or Dates: 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: White þ 3 ₩idowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Uniroyal 12th Statistical Analyst 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Be Pages 1 and 2 should be finent of Health and Mental I William Frantz Christine Schermfer 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) of Health MArgaret Hurt /daughter 16918 A Yeoho Road Parkton Md. 21120 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) = 8 12/27/97 Metro Crematory Inc Baltimore Md. 22. Name and Address of Fecility 21. Signature of Funeral Service Licansee Connelly Funeral Home of Essex cations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Between Onset and Death 23a. Part1. Entar the disease, or com-shock, or heart failure. List only **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting In death) Examiner Examiner physician end the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Physician/Medicai Due to (or as e consequenca of): BS 950 Po 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes CONO 3 Probably 4 Unknown signed to þ 24b. Were autopsy findings evallable prior to Completed 24a. Was an autopsy performed? completion of cause of death? page 2 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Yes 2 No Inpatient 2 ER/Outpetient 3 DOA Certification: To funeral 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 2 Accident 5 Pending investigation 1 Yes 2 No after deat Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide 24 hours a Medical Examiner: On the best of my knowledge, death occurred et the time, date and placa, end due to the cause(s) end manner as stated.

| Medical Examiner: On the best of examinetion and/or investigation, in my opinion, death occurred et the time, date and placa, end due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) To the Within 2 29d. Date signed (Month, Dey, Year) 29b. Signature and title of cert 29c. License number 12/26/97 030929 lame and address of person who completed cause of death (Item 23a) (Type, Print)

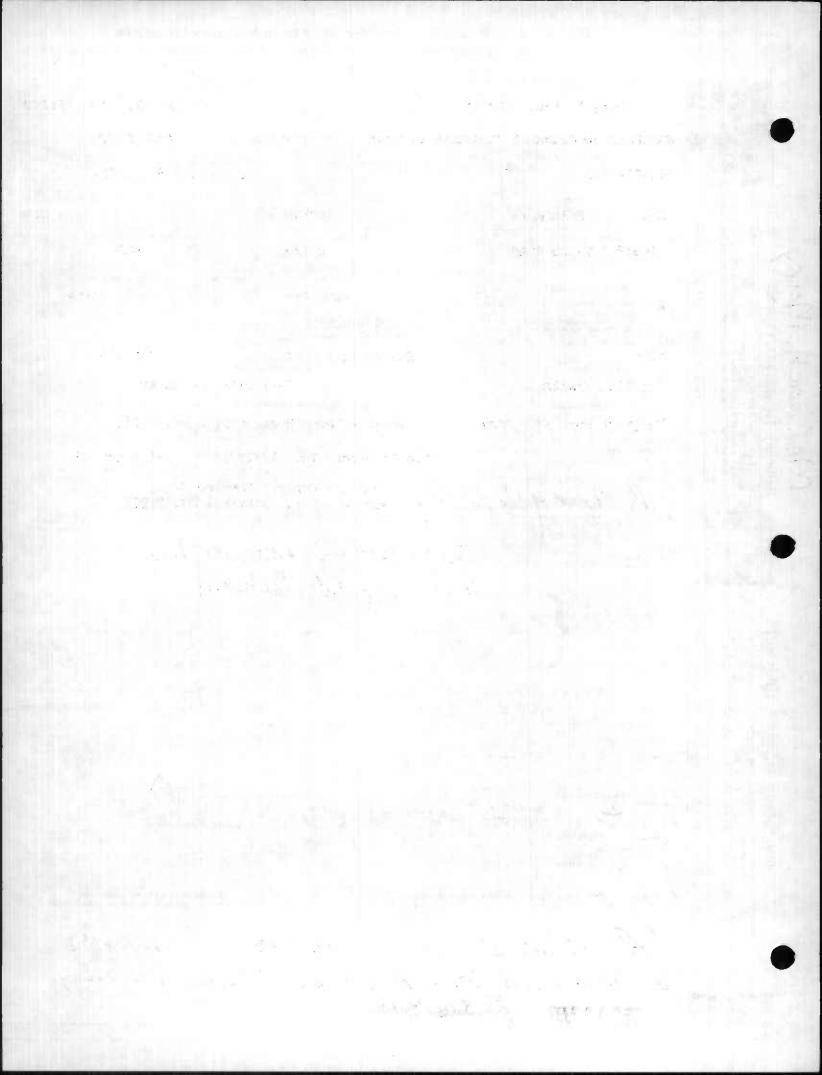
AND ORG N, Charles ST, BATTINE NM 21264 20 31. Dete filed (Month, Dey, Year)

Registrar

VICCOACH, IVIA

P.O. Box 68760

Division of Vital Records,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month 28 12 -1997 HELEN LYON VAN NESS 4:10 pm 4a. Fecility Name (If not institution, give street end number) 4h City Town, or Location of Death 4c. County of Death 10809 HUDSON RD. OWINGS MILLS BALTIMORE 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign Country) 01-02-1917 MASSACHUSETTES 7. Age (In yrs. lest birthday) 1 M 2 M F Days 220-46-1084 80 Yrs. Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. fnslde City Limits 1 Yes 2 No BALTIMORE OWINGS MILLS 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 10809 HUDSON RD. 21117 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 K No Specify: Specify: 3 Widowed 4 □ Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE HOMEMAKER 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) CHARLES EDWARD LYON HELEN KILTY GILL 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Name/Relationship (Type, Print) N w,w FRANCES L. VAN NESS(DAUGH) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) GREEN MOUNT CREMATORY 12/3/97 BALTO., MD. 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility HENRY W. JENKINS & SONS CO. 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate fntervel Between Onset and Deeth Adeno CANCONOMA of Stomach Immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or trijury that initiated events resulting in death) Last Due to (or es e consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes DNO 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to 24e. Was an autopsy performed? completion of cause of death? No 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient Other: 4□ Nursing Home Residence 6 □Other (Specify) 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28b. Time of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Natural 5 Pending 1 Yes 2 No 2 Accident investigation 3 ☐ Suicide 28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Examiner physician s the buria P.O. Box 68760, Physician/Medicai 98 s been signed by t 2 should be detect Records, by Completed page 2 certificate Division of Vital Hospital or Attending Physicien: director Be Certification: To this funeral After s efter death. filled in by To the Hospital of within 24 hours of To the Funeral Discompletely filled.

Physician

/Medical

Examiner

Funeral

Director

al', or items 23a or 28a-f show Examiner must be notified at

natural, or

than

marked

nt of Heelth a If item 27 le or other tra

Department of Important: If any Injury or once.

Physician

Examiner

/Medical

el Hygiene.

Peges 1 and 2 should be 1 nent of Heelth and Mentel I

Director

Funeral

Completed by

Be

the Maryland

filed withIn 72 hours efter death

21215-0020

Baltimore, Maryland

25. Was cese referred to medical examiner? 1 ☐ Yes No

29a. Certifier

6 ☐ Could not be determined

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signature end title of certifier

29c. License number

29d, Determined (Month Gay, Year)

and address of person who completed ceuse of death (Item 23a) (Type, Print)

IREDELL W. IGLEHART M.D. 500 WEST UNIVERSITY PARKWAY BALTO., MD.

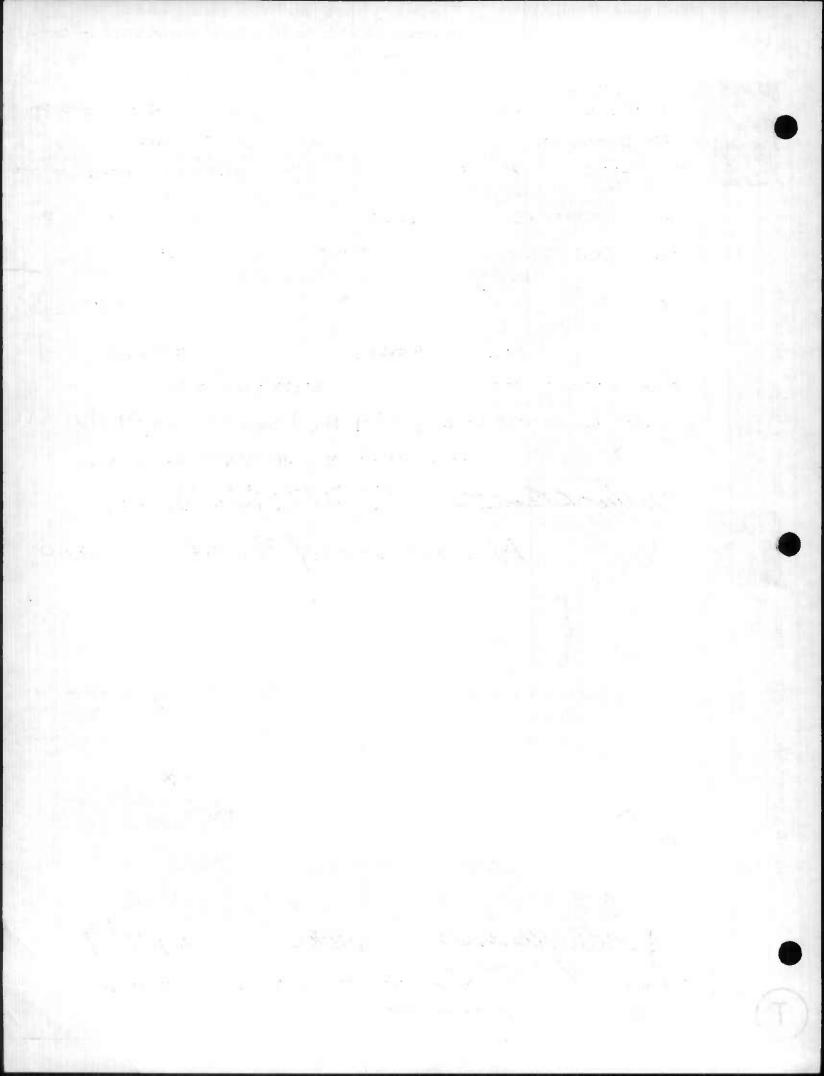
State Registrar

Medical

31. Date filed (Month, Day, Year)
DEC 3 0 1997



DHRIH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Deta of Deeth **Physician** 9:5044 DEC 26 /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1 Under 24 Hrs. 8. Date of Birth (Month, Pey, Year) Liberty Medical

5. Social Sacurity Number 6. Sex, CENTER 6. Sex 1 M 2 □ F If Undar 1 Yaar 7. Aga (In yrs. last birthdey) 9. Birthpiece (Stata or Foreign Country) **Funeral** Months Deys 212-12-635 Yrs. Director 2/28/20 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida Çity Limits 28a-f show traumatic event, the Medical Examiner must be notified at BACT, more 1 Yes 2 No Md. Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? items 23a or 2908 21216 4.5.A by Funeral Street 12. Was Decedent Ever in U,S.
Armed Forces?
1 De Yes 2 □ No
If Yes, Give
Yaar or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-It Yas, specify Cuban, Mexican, Puarto Ricen, atc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Health and Mental Hygiene. Important: If Nem 27 is marked other than "natural," or than any Injury or other traumatic event, the Mental of the page. Biack, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Black 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Busineas/Industry Elementery/Secondery-(0-12) Coilege (1-4or 5+) MAINTANCE ENGINEER BALTO, 17. Fether'a Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumeme) Be JAMES E. OWENS WRIGht KAIRIND 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 7 85 19a. Informant's Neme/Relationship (Type, Print) SANDRA BROWN-DayghlEn 6820 FOREST TERRANCE mel. LANdoven 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Crametion 3 □ Removel from State 12/30/97 HNNAPOLIS 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funarel Service Licensas Forest Drive HICKS MAR Polis 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory erresponds, or heart tellure. List only one cause on each line. Approximete Intervei Between Onset and Deeth **Physician** Immediate Ceuse (Finet disease or condition resulting in death) /Medical Examiner 7 Examiner Sequentielly list conditions, if any, leading to immediate ceuse. Enter Undarlying Cause (Diseese or injury that initiated avants resulting in deeth) Last Due to (or ea e consequenca of): Physician/Medical Due to (or es e consequance of): Pert II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dld tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Wes an eutopsy performed? 24b. Were eutopsy tindings eveileble prior to completion of ceuse of deeth? Completed this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wea cese referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Natural 1 Yes 2 No investigation 2 Accident in by the 3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) 4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end dua to tha cause(s) end menner es stated. 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29d. Date signed (Month, Day, Year)

Division of Vital Records, P.O. or Attending Physician: To the Hospital or Attendi within 24 hours effer death. To the Funeral Director: A

The law requires that the death certificate be executed

State Registrar

Medicai

GREGONO

29b. Signature and title of cartifier

29a. Certifiar (Check only one)

30. Neme and eddress of person who completed cause of death (item 23e) (Type, Print)

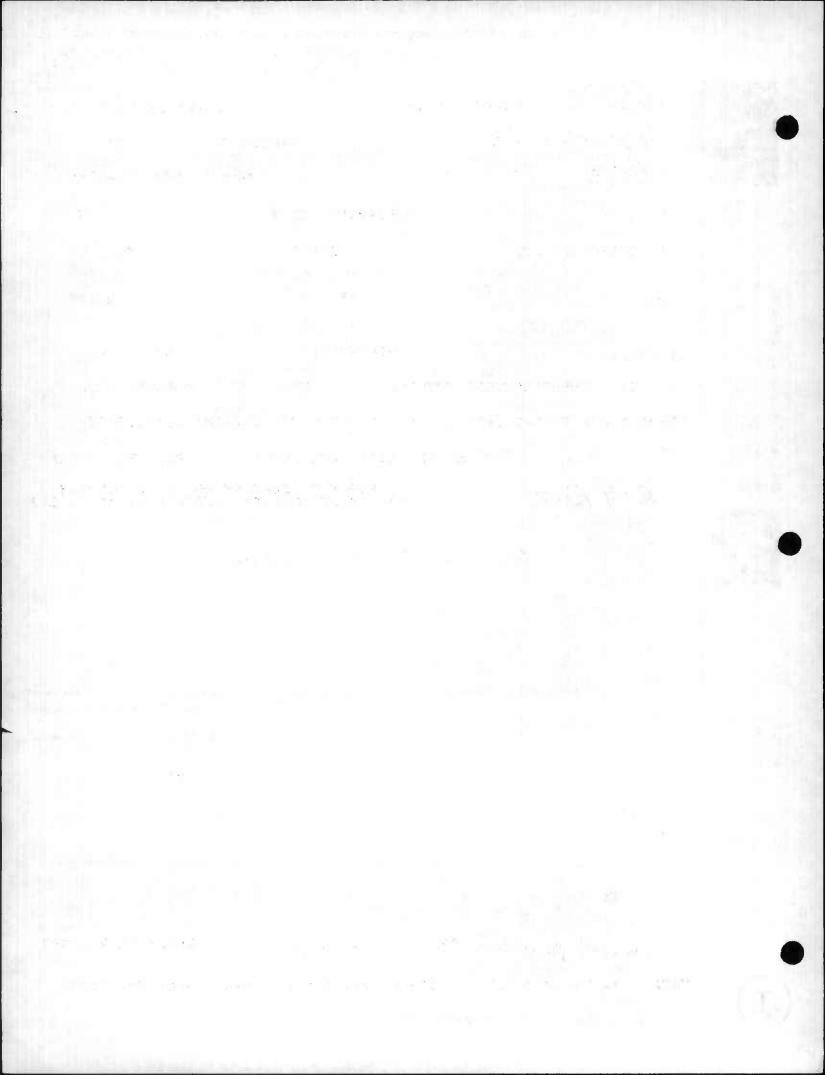
31. Dete tiled (Month, Day, Year)
DEC 3 0 1997



State of Maryland / Department of Health and Mental Hygieneg 7

39397

hysician /Medical	4	JUDITH GOI e. Fecility Name (If not institution, g	DSBOR(ATES		A	b. City Tow		DECEMI ocation of Deet		, 199	
xaminer		210 CHANCE						BA	LTI	MORE	40. Court	N/I	
eral ctor		. Sociel Security Number 6. 216-46-3053 Usuel Residence of Decedent	Sax 1 □ M XZX F	7. Age (In yrs. la 98	Yrs.	H Under 1 Yo Months De		If Under 2 Hours	4 Hrs. Min.	8. Deta of Bir (Month, De 09-03	th ey, Year) -1899	Co	hpiece (State or Forei untry) RYLAND
tor	1	0e. State 10b. County MD •	cation TIMOR	E	CIT	Y				10d. Inside City Limit			
by Funeral Director	1	0e. Street end Number 210 CHANCERY	ROAD			10f. Zip Code 21218					10g. Citizen of Whet Country?		
by Funeral Director		1. Marital Status 1 Never Married 2 Married XXWidowed 4 Divorced	Armed Fo	12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes TNo If Yas, Give Yeer or Deles:				spanic Origi n, Maxicen, Specify:	in? (Sp Puerto	ecify Yas or No Rican, etc.)	14. Raca - Amarican indian, Bieck, White, atc. Specify: WHITE		
Completed		15. Decedent's I (Specify only highest g Elamentary/Secondary (0-12)	rade com <i>pleted)</i> College ((Give :	edent's Usuel Occupetion e kind of work done during most of working DO NOT use retired) HOUSEWIFE OWN HOME							
To Be	1	7. Fether's Neme (First, Middle, Las FRANCIS CARE		OLDSBO	ROUGH			18. Mother		e (First, Middle HILL	GOLDS	-	OUGH
		9a. informent's Name/Reletionship BARBARA ANN SE		ATTO.)						el Route Numb TIMON	_		
No.	2	0a. Method of Disposition XX Buriai 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec	metery, crem		on (Nema of Porty or or other place) LL CEMETERY 2 34/47 EASTON, M.								
-5000	2	11. Signeture of Funeral Service Lice	ensee			Name and Ad HENR	Y	W. JI	ENK	INS A	ND SON	S CC	OMPANY AND, 21212
lan/Medical Examiner	Sition	mmediata Cause (Finel lisaese or condition esulting in deeth) Sequentielly list conditions, any, leeding to immediate ause. Enter Underlying leuse (Disease or injury heat initiated events esulting in death) Lest	e. Athe	Dua to (or	es e consequas a consequ	a consequence of): a consequence of):							5 years
be detached for by Physician	P	Pert Ii. Other significent conditions contributing to death but not resulting in the underlying cause given in								23b. Did tobacco use contribute to the cause of 1 Probably 4 Un			
pleted											en eutopsy ormed?	a	Were eutopsy findings availeble prior to completion of cause of deeth?
To Be Com	2	5. Wes case reterred to medical exeminer? 1 ☐ Yes ※ № No	Hospitel:	Inpatient 2□E	R/Outpetient	3□ DOA	Othe			1 ☐ th (Check only o			Yes 2 No
Certification: T	2	7. Menner of Deeth XXNeturel 5 Pending 2 Accident investigatic 3 Suicida 6 Could not I	28e. Dete (Mon		28b. Tima of Injury	28c. i				28d. Describe			ny)
		4 Homicide determined	286. Piece	of Injury - At hor ng, etc. (Specify)		et, fectory, offi	actory, office 28f. Location (Street end Number or Rural Route Number, City or Town, Stele)				ral Route Number,		
Aedical		one) 2 Medical Exa	miner: On the b	best of my know asis of examinetioner steted.	iedge, deeth on end/or inv	estigetion, in m	у ор	inion, deeth	occurr	end due to the red et the time,	e ceuse(s) end menner as stated. e, date and piece, and due to the cause(s)		
W W	2	9b. Signature and title of certifier Callway	prenth	ulmo	>			number 075			29d. Deta signed (Month, Dey, Year) DECEMBER 27,1997		
State	(D. Neme and eddress of person who CARLA W. ROSE 1. Dete tiled (Month, Dey, Year) DEC 3 0 1997	NTHAL,	M.D., 3 egistrer's Signet	333 N		VE	RT ST	Γ.,	BALTIN	ORE,	MD.,	21218



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 1. Decedent's Name (First, Middle, Last) 3 Time of Deeth OWSIANIECKI MOMAS DECEMBER 17,1997 5 p.m. 4e. Fecllity Neme (If not institution, give street end 4b. City, Town, or Location of Deeth 4c. County of Deeth GENESIS HERITAGE NURSING HOME BALTIMORE BALTIMORE 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 6 Sex 8. Dete of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) 1 2 F Months Deys Hours 217-09-3155 Yrs. Oct. 11,1918 | MARYLAND Usuel Residence of Decedant 10e State 10b County 10c. City, Town or Location 10d. Inside City Limits Nas 2 No N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 819 S. KENWOOD AVENUE 21224 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces?

120 Yes 2 □ No if Yes, Give Year or Dates: 11 Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2XXNo Specify. Specify: WHITE 3 Novidowed 4 □ Divorced 1942-45 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) 15. Dacadant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collage (1-4or 5+) CONSTRUCTION BALTIMORE CITY 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) N/A N/A 19a. Informent's Nema/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) JOANNE EARLE/DAUGHTER 1128 NOTTHAM DRIVE, GLEN BURNIE, MD. 21061 20e. Method of Disposition 20b. Pleca of Disposition (Neme of camatary, crematory or other plece) 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) SACRED HEART OF MARY 12/20/97 BALTIMORE, MD. 21. Signatoffinol Funeral Service/Line 22. Name end Address of Fecility 21224 CHARLES S. ZEILER & SON INC. 901 S. CONKLING ST. 23a. Part1. Enter the disaase, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feitura. List only one cause on each line. Approximete Interval Between Onset end Deeth Immadiata Cause (Final . CARDIOVUL MONEARY diseese or condition resulting in deeth) DE MYDRATION

Dua to (or es e consequence of): GASTROINTESTINAL BLEEDING Due to (or es e consequence of) AMEMIF 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown 24b. Wara autopsy tindings eveilable prior to 24a. Was en eutopsy performed? HYPOTHYROIDISM complation of cause of deeth? 1 Yes 2 No 1 Yes a No 26. Piece of Daeth (Check only ona) Other: Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 28d. Describe how injury occurred

Physiclan /Medical Examiner

signed by t

certificate

this

After

Director:

Hospital or Attanding 24 hours after death.

To the Hospital o within 24 hours aff To the Funeral DI completely filled in

Completed by

Be

Certification: To

edicai

be executed

Box 68760

P.O.

Records,

of Vital

Division

Physician

/Medical

Examiner

Funeral

Director

28a-f show

the

death

72 hours after

Hygiene.

pemit. Pages 1 and 2 should be filed will Department of Health and Mental Hygien Important: If item 27 is marked other that any Injury or other trauments.

Baltimore, Maryland 21215-0020

Director

by

Completed

Be

rthan "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Examiner Sequentielly list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Diseesa or Injury that initiated events resulting in death) Lest and Physician/Medicai the attending g

Pert II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Pert I.

DIABETES MELLITUS

25. Was case referred to medical examiner?

27. Menner of Death 1 Naturel

2 Accident 3 Suicide 4 ☐ Homicide

5 Pending investigation 6 Could not be determined

28a. Dete of Injury (Month, Day Yeer)

28b. Time of

28c. Injury et Work?

1 ☐ Yes 2 ☐ No 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

28f. Location (Straat end Number or Rurel Route Number, City or Town, Stata)

29a. Cartifiar (Check only one) 10 Certifying Physician: To the best of my knowledge, deeth occurred et tha tima, date end pleca, end due to tha ceusa(s) and mannar as steted.
2 Madical Examiner: On tha basis of axamination end/or invastigation, in my opinion, death occurred et tha time, data end placa, and due to the ceusa(s) and manner steted.

29c. License number

29b. Signeture end title of certifier

29d. Date signed (Month, Dey, Year)

30 Nema end addrass of person who completed cause of daeth (Item 23e) (Type, Print)

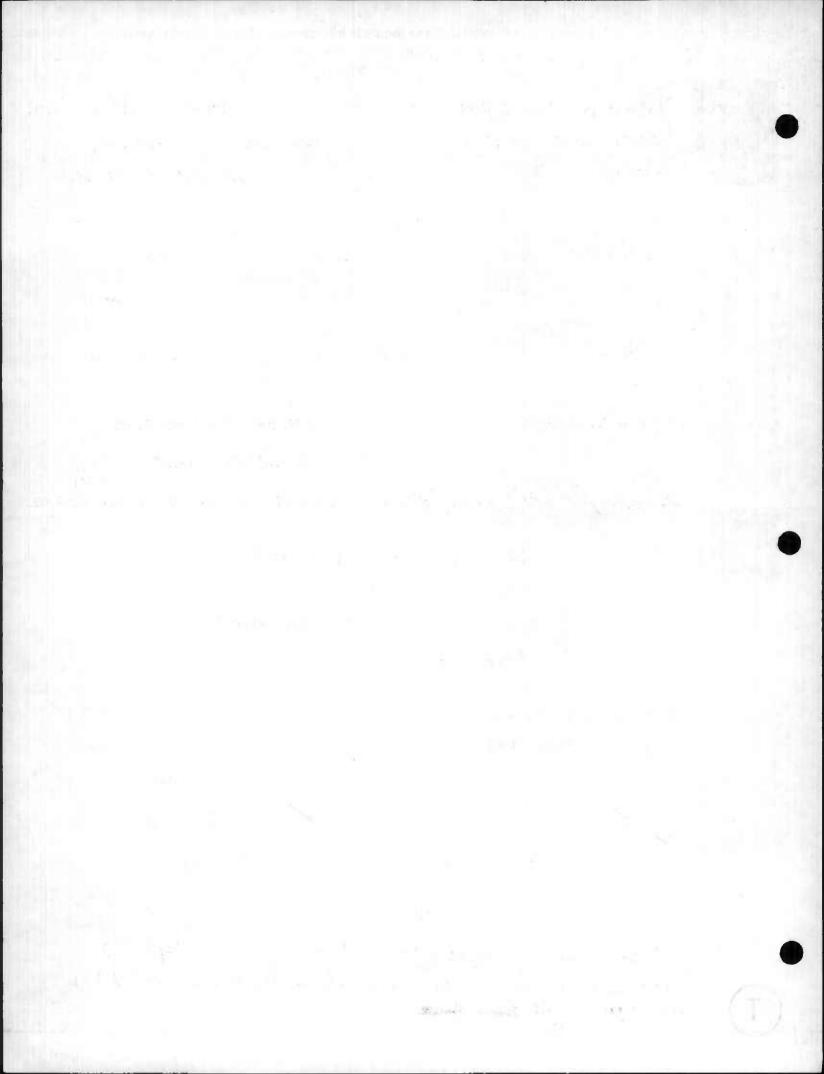
Curred White 9 N. 2. 184

the 2 Market Place Battinese My 2/222
32 Registrar's Signeture

Rec istrar

31. Dete filed (Month, Dey, Yaer) DEC 3 0 1997

DHMHL 45 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

I tems: 27, 28a-f per MEO 6-765 11/12/98 reb
State of Maryland / Department of Health and Mental Hygiene Item: 20b per FH G-754 12/30/97 dh Items: 7,8 per FH G-754 12/30/97 dh Certificate of Death Rea. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Francis Richard Ott December 22, 1997 3:00 a.m. /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Chestertown

| Under 24 Hrs. | 8. Date of Birth 9/22/17 | 9. Birthplace (State (Month, Day, Year) | Mary Land Chestertown Nursing & Rehabilitation Center 6. Sex 12 M 2 ☐ F Birthplace (State or Foreign Country) If Under 1 Year Months Days 5. Social Security Number 7. Age (in yrs. last birthday) **Funeral** 80 Yrs. 81 Director 216-14-6732 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23a or 28a-f shov Examiner mant be notified at 1 ☐ Yes 2 ☑ No Maryland Queen Anne Directo Millington 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 209 Groff Road 21651 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispento Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marttal Stetus 14. Race - American Indian, Biack, White, etc. illed within 72 hours effer 1 X Yes 2 No If Yes, Give Yeer or Dates: Unknown 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 No þ Specify: 3 ☑ Widowed 4 ☐ Divorced White "natural" Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Cotlege (1-4or 5+) 6th Grade Food Store Butcher other Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) 1 end 2 should be fill Heelth and Mental H tem 27 is merked oth Anthony Richard Ott Margaret Beatrice Trout 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) of Heelth a June Henneman/Niece 8329 Mildred Avenue, Baltimore, Maryland 21237 20b. Piace of Disposition (Name of cametery, crematory or other place) 12/26/97 Evergreen Memorial Guardians Garden other 20a. Method of Disposition 20c. Location - City or Town, State Peges 1 nent of H int: If ite 1 ₺ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) Finksburg, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility John C. Miller, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 6415 Belair Road, Baltimore, Maryland 21206 Physician Immediate Cause (Finat disease or condition resulting to death) /Medical Cardiousscular Arteriosclerotiz Examiner Due to (or es a consequença of): distare Examiner The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Lest and Due to (or es e consequence of): Box 68760, Physician/Medical the Due to (or as e consequence of): 950 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contributa to the cause of death? Extrusive peripheral vascular distase - early 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24b. Were autopsy findings avaitable prior to completion of cause of death? gaugreue @ foot - COPD - lecent prienno. 24a. Was an autopsy performed? recent B 1 Yes Viet factor (Check only one) pertoherun unknown causi -1 Yes 2 □NO 1 □ Yes 2 □ No Attending Physician: 25. Was case referred to medical exeminer? Be Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA | Other: 4 | Aursing Home 5 | Residence 6 | Other (Specify) 1 Yes 2 No 2 this 28b. Time of Injury 28e. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28d. Describe how injury occurred 28c. Injury at Work? After 5 Pending Investigation امسا death. 1 Yes 2√ No Subject fell i or Attendi efter death Director: A XX Accident Nov.12, 1997 Unk. 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
Home 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 209 Groff Rd. 4 Homicide 24 hours e Hospital Millington, Md. 1 Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and manner as steted.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner stated. 29a. Certifier Medical (Check only one) To the To the To the I 29b. Signeture and title of certifier 29c. License number 29d. Dete stgned (Month, Day, Year) Ca Danis aun 12/22/95 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) C.G. BAGGIANN 100 BROWN ST CHESTERTOWN, MD 25620 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State Julia Davidson-Randelle DEC 3 0 1997 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death 27, 1997 Month **Physician** JOSEPH CARROLL PHELAN December 8:00P.M. /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Charlotte Hall Veterans Home Charlotte Hall St. Marys County | If Under 1 Yaar | If Under 24 Hrs. | 8. Data of Birth | Months | Days | Hours | Min. | March 10, | March 10, | 5. Social Security Number 6 Sax 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1 M 2□ F 82 Director 218-14-6843 Maryland Usuai Residence of Decedant 10a State 10b County 10c. City. Town or Location item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Macinal Examiner roust be notified at 10d. Insida City Limits 1. Yes 2 □ No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citlzen of What Country? 352 Rosebank Avenue 21212 U.S.A. Funeral 12. Was Dacedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Biack, Whita, atc. 1 Never Married 2 Married 1√2 Yas 2 No If Yes, Give 6 Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by 3 Widowed 4 Divorced Year or Datas: WW TT White Completed 16a. Dacedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Phelan Duld be filed within Mentel Hygiene. Elementary/Secondary (0-12) 6 years College (1-4or 5+) Laborer Trucking 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be Phelan 2 William Mary Gorman Ü of Health end N 19e. Informant's Name/Rejetionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Sozeph A. Virginia Phelan (sister-in-law) 352 Rosebank Ave. Baltimore, Maryland 21212 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Depertment of I Important: If Ite any Injury or of 90.00. 1 M Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Garrison Forest Veteran Cemetery 12-31-97 Owings Mills, Maryland 22. Nama and Address of Facility
Mitchell-Wiedefeld Home 21. Signature of Funeral Service Licensee 23a. Part1. Enter the dise per or complications that causad the death. Do not enter tha mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one ceuse on each line. 6500 York Road Baltimore, Maryland 21212 **Physiclan** Immediate Cause (Final diseese or condition resulting in death) DEHYDRATION /Medical Examiner Due to (or as a consequence of): DEMENTIA Completed by Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Box 68780 the Due to (or as a consequence of) USB BS for P.O. Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 30 PHRENIA Records, 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 ☐ Yes → No 1 ☐ Yes 2 ☐ No. of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifics completely filled in by the funeral director; 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) To 1 Yas 2 No 27. Menner of Death 1 Naturei 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how Injury occurred 5 Pending investigation Division fnjury 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide **Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Medical (Check only one) 29b. Signature.and title of certifier 29c. License numbar 29d. Date signed (Month, Day, Year) D-44436 Httendu and address of person who completed cause of deeth (Item 23e) (Type, Print) RESTON SO. II

INPUTRIAL PARCED

TO PORTRIAL PARCED 20601 ASHVINKUMARJ

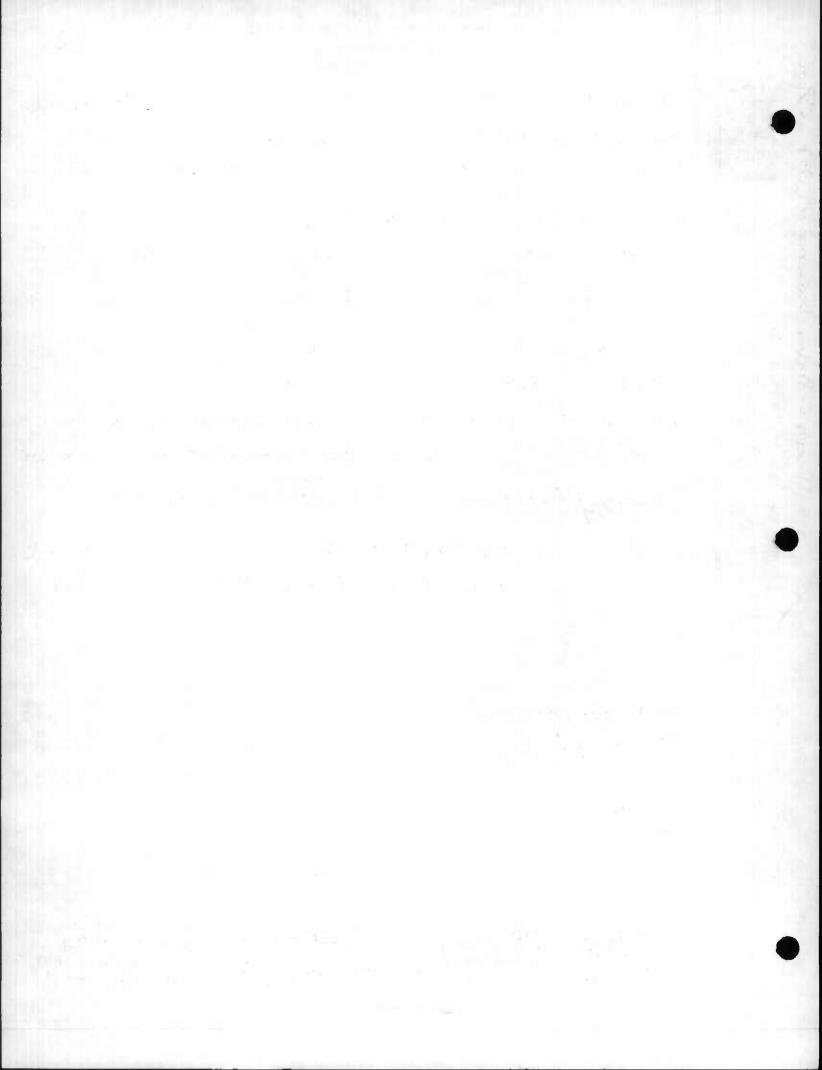
Registrar

31. Date filed (Month, Dey, Yeer)

DEC 3 0 1997

32 Registrar's Signatura Julia Davidson-Bandall

December



97-7482-510 Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. ihm State of Maryland / Department of Health and Mental Hygiene WEBSTER Certificate of Death POWELL Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth DECEMBER 26, 1997 **Physician** YOW & TE 01:21 AM eb5 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e Facility Neme (If not institution, give street end number) Examiner 1900 CHESAPEAKE AVENUE BALTIMORE If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Dev, Year) If Under 1 Yaer
Months Deys 5. Sociel Security Number 7. Aga (In yrs. lest birthday) Birthplace (Steta or Foraign Country) **Funeral** 1 M 2□ F 215 30 61 Yrs. 1156 Director Usual Rasidence of Decedent with the Maryland 10e State 10c. City, Town or Location 10b County 10d. Inside City Limits BALTIMORE N. A. 1 Yes 2 □ No Md Director traumatic avent, the Medical Examiner must be notified 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21214 U. S. A RUN 4913 Herring Funeral death 12. Was Decedent Ever In U,S. Armed Forces? 1 ⊠Yes 2 □ No If Yes, Give Yaar or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Mexican, Puerto Ricen, atc.) Race - American Indian, Bleck, White, etc. 11. Maritel Stetus permit. Pages 1 end 2 should be filed within 72 hours after or Department of Health and Mental thygiana. If them 27 is marked other than "natural", or fler important: 1 ☐ Never Merried 2 ☑ Married Black Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16e. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grada completed) Pr Jeanonal December College (1-4or 5+) Elementary/Secondery (0-12) Security GUARC 124 18. Mother's Name (First, Middle, Maider Surneme) 17. Fether's Name (First, Middle, Last) Webster St COLEMAN PoweLL Lois 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) 4913 HETTING RUN. BALTO Md 21214 CARMEN POWELL other 1 20b. Placa of Disposition (Neme of 20e. Method of Disposition Dete 20c. Location - City or Town, Stata 1™ Burial 2 ☐ Cremetion 3 ☐ Removel trom Stete 0 LAUREL. Md. NATIONAL Mem 14 12/3/91 4 ☐ Donetlon 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signature of Funerel Service Licensee Home 1304 n. Centre Fineral D. Locks Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical ARDIOVASCULAR Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner ERERROUASCULAR Sequentially list conditions, if eny, leeding to immediate causa. Entar Undarlying Cause (Disease or Injury that initiated events rasulting in death) Lest Box 68760. Physician/Medical Dua to (or as a consequance of): nse Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. datached signed by t 1 ☐ Yse 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy tindings available prior to Completed 24a. Wes en eutopsy performed? peen completion of cause of deeth? page 2 Yes cartificate 2 No 2 No Hospital or Attending Physician:
24 hours after death.
 Funeral Director: After this carifice director, 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Specify) SCENE Yes 2□ No 2 1 | Inpatient 2 | ER/Outpetient 3 | DOA funeral 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 1 Naturel
2 Accident 5 Pending investigation safter death. 1 ☐ Yas 2 ☐ No 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 - Homicide

State

Registrar

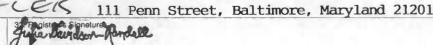
To the within 2

31. Date tiled (Month, Dev.)

29a. Certifier

29b. Signati

Medical



eted cause of deeth (Item 23e) (Type, Print)

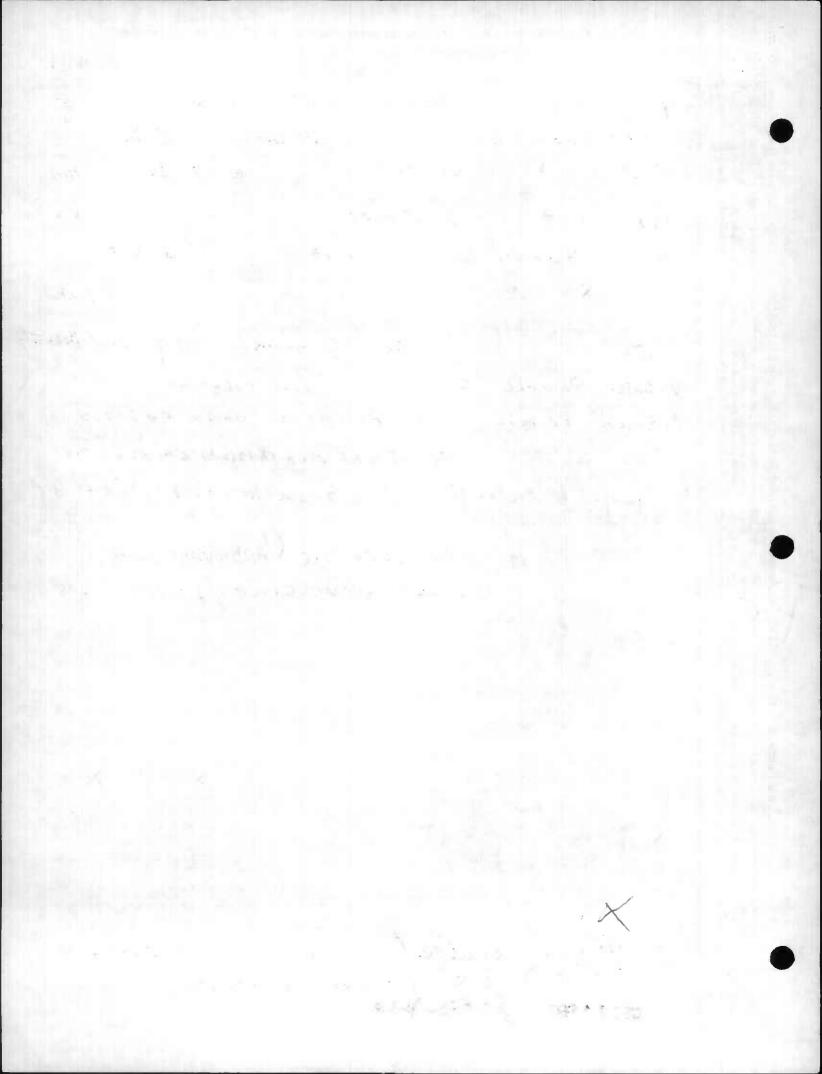
1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29c. License number

COME

29d. Data signed (Month, Dey, Year) DECEMBER 26, 1997



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth December 25, 1997 Patricia Lea Petti 8:15 P.M. 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth 1617 Glen Keith Boulevard Baltimore County Towson H Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Min. May 8, 1942 9. Birthplace (State or Foreign 5. Social Security Number 7. Age (In yrs. lest birthdey) 1□M 2MF Months Yrs. Maryland 55 214-40-2019 Usual Residence of Decedent 10a State 10h Counts 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore County Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 100 Sipple Avenue 21236 U.S.A. 12. Was Deceden! Ever In U.S. Armed Forces? 1 ☐ Yes 2 20 No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerio Rican, etc.) 14. Reca - American Indien, 11. Marital Status Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 □ Widowed 4 No Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Grade Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Anthony Helen Zakroczynski Joseph Petti Mary 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Leasa Goetz/Daughter 14 Lyndale Avenue, Baltimore, Maryland 21236 20b. Place of Disposition (Name of cemetery, crematory or other place) 2/29/97 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurlal 2 Cremation 3 Removal from State Gardens of Faith Cemetery Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Servica Licensee John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 the price sease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, rhear failure. List only one ceuse on each line. Approximete Interval Between Onsel and Deeth Immediate Cause (Final Mitester disease or condition resulting in death) Due to (or es e consequenca of): 12 Mas el Cest Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or es a consequenca of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was en eutopsy 1 ☐ Yes 2 ☐ No 1 □ Yes 2 □ No 26. Pleca of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturel

Physician /Medical Examiner

Examiner

Physician/Medicai

P

Be

10

Medical

Physician

/Medical

Examiner

Director

Funerai

þ

Completed

Funeral

Director

7 is merked other than "naturel", or frams 23s or 28s-f show traumstic event, the Modical Examiner mant be notified at

permit. Peges 1 and 2 should be filed within 72 hours effer of Department of Health and Mentel Hygiene. Innportant: if Item 27 is marked other than "natural, or Item only injury or other traumatic event, the Medical Experimental page.

Baltimore, Maryland 21215-0020

the Marylend

death

and burial-trar physician the 88 for use as ed by the e been signed by should be detact Completed page 2 certificate director, Certification:

certificate be executed or Attending Physician: efter death. Director: After this certifice funeral Hospital 24 hours e Funerei D

P.O. Box 68760

Records,

Division of Vital

To the To the

Registrar

25. Was case referred to medical 1 Yes 2 No 27. Manner of Death

29b. Signature and title of cartifier

DEC 3 0 1997

2 Accident

3 ☐ Suicide

29a. Certifier (Check only one)

4 Homicide

5 Pending Investigation

6 Could not be determined

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

0 100 9

28f. Location (Street and Number or Rural Route Number, City or Town, State)

9

1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, dete end pleca, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29c. License number

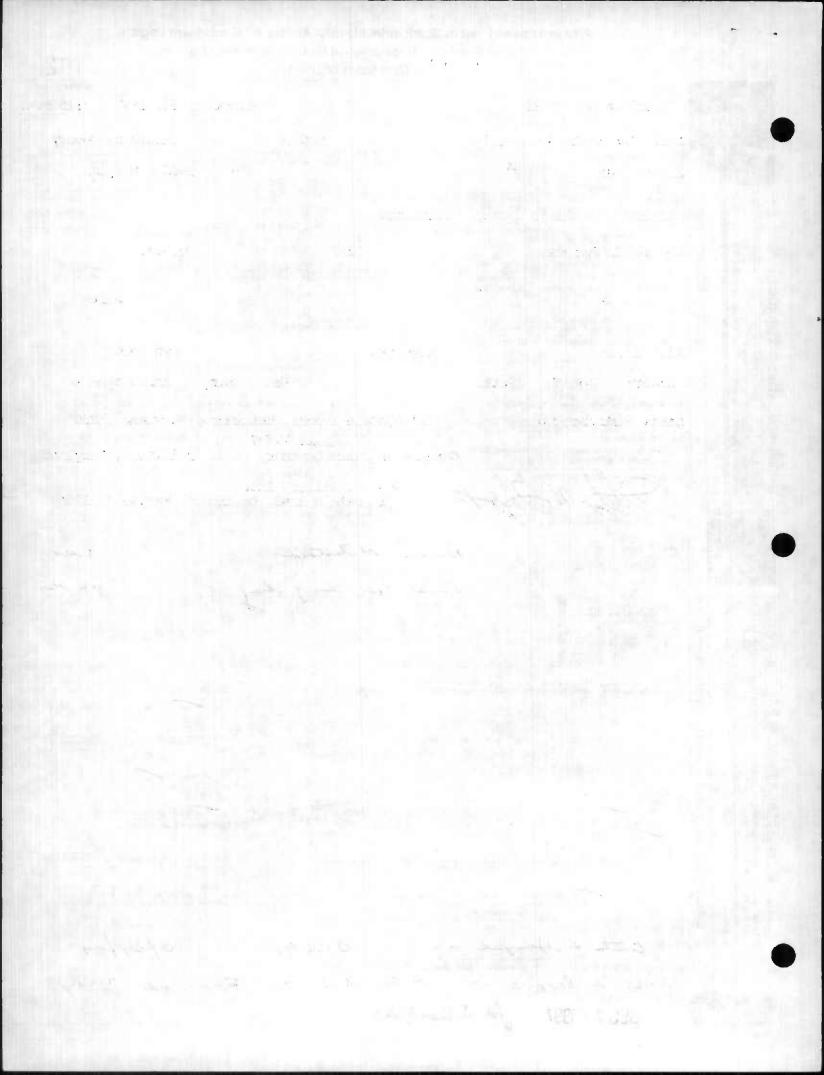
Tousen

ante a Desgul as 30. Neme and address of person who completed cause of death (Item 23e) (Type, Print)

A Serpick m D 31. Date filed (Month, Dey, Year)

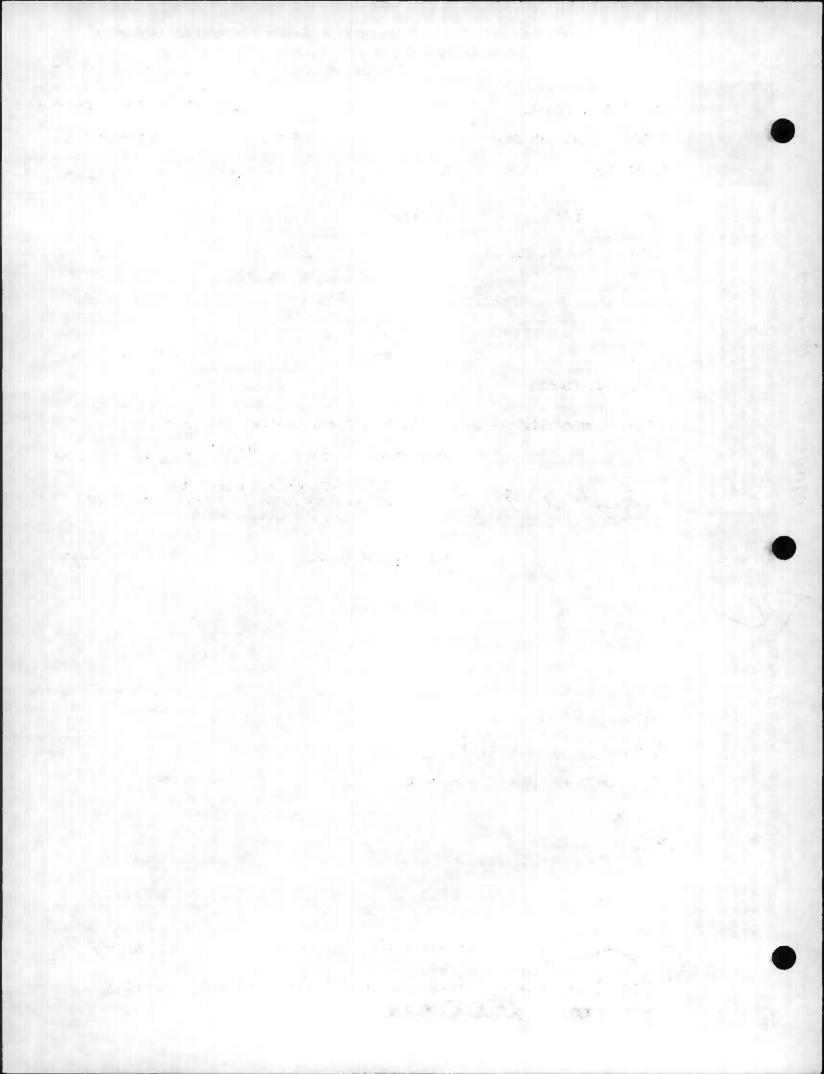
ST JUS Mad Cuta

32. Registrar's Signature John Davidson-Randell



State of Maryland / Department of Health and Mental Hygiene 3 9 1 0 3

						C	ertificate of	Death			Reg. No.	V.	9400	
		1. Decedant's Nam	na (First, Middle	, Last)	P-107	Digital Co.				2. Data of De		V	3. Time of Death	
	Physician	MADELIN	JE M. P	ENMAN					1	DECEMBE	ER 26 19	97°	12:10 PM	
4	/Medical Examiner	4a Facility Name (um <i>ber)</i>			4b. City, Tov	vn, or Loc	cation of Deat				
	LABITITIE	GENESIS	S MULTI	MEDICAL				TOWSO	N		BALT	IMOR	E CO.	
	Funeral	5. Social Security N	Number	6. Sax	7. Aga (ir	n yrs. last birthda	y) If Under 1 Year			8. Dete of Bir	th	9. Birth	place (Stete or Foreign	
	Director	212-07-1	212-07-1573 1 M 2 F 90 Yrs. Months Days Hours							(Month, Da	19, Year)		vland	
p ,		Usual Residence of	of Decedent							0001	2301		7 20110	
	show	10a. State	10b. County		10	c. City, Town or							10d. Inside City Limits	
	n the Marylar r 28a-f show noutfled	Md. n/a Baltimore										1 X Yes 2 □ No		
	vith the Ma	10e. Street and Nu	mber			1-15-16	10f. Zlp Code				10g. Citizen of	What Cou	intry?	
	th with	1721 s	s. Char	les Stree	et			21230				US	A	
7	offer death virtue and control of the control of th	11. Marital Status		12. Was De	cedent Ever	r In U,S. 13	3. Was Decedent of If Yes, specify Cut	Hispanic Orlo	in? (Spe	city Yes or No)- 14. Ra		ican Indian,	
8	or he mine	Nevar Marr	ried 2 Marri	ed 1 Yes	2 No				Puerto I	Hican, etc.)		ck, White		
Per ma	d 21215-0020 filed within 72 hours after Hygiene. ther than *natural*, or its mit, irs Moules Earning e Completed by Fu		4 Divorced	If Yes, G Year or	iva Dates:		1□ Yes 2X No	Specify:			Specil	y:	white	
5	1 21215-00% ed within 72 hours ygiene. Ner then "neturel", n., it. it. it. it. it. it. it. it. it. it.	10	15. Decedent's Education 16a. Decedent's Usual Occupation (Specify only highest greds completed) (Give kind of work done during most of								16b. Kind of B	usiness/îr	ndustry	
2	hin 7	Elementary/Seco		t grede completed	(1-4or 5+)	life	. DO NOT use retire	ed)	or workii	ng				
6	212- d withir giene. r then	12	onouny (0 12)	Outoga	0	C	lerk				State	of M	aryland	
	and 212 be filed withintal Hygiene. d other then event, tre.y	17. Father's Neme	(First, Middle,	Last)				18. Mothe	r's Name	(First, Middle	, Maiden Sumai	ne)		
	ylar Suid b Mente Mente Mente To E	Richard J. Penman Mary C. Kroenert												
~	Maryland 21215-0020 d 2 should be filed within 72 hours aff th and Marial hygiene. The marked other than "natural", or traumatic event, the Marial Earth To Be Completed by F	19a. informant's N	lame/Reletionsl	nip (Type, Print)		19b. Ma	iling Address (Stree	et and Numbe	r or Rure	I Route Numb	er, City or Town	Stete, Zi	ip Code)	
3	Mary 227 lear tra	Justine	Penman	(Sister-	-in-la	aw) 681	2 B. Blen	nheim H	Road	, Balti	imore, M	id. 2	1212	
1	of He He	20a. Method of Dis				Ob. Plece of Dis	position (Neme of remetory or other ple			Date	20c. Location			
70	Baltimore, Maryland 2 permit. Pages 1 and 2 should be filled Department of Health and Mental Hygi important: If them 27 is marked other any injury or other traumatic event, once. To Be Co		☐ Cramation 5 ☐ Other (S _f	3 Removal from	State	Holy Cr	oss Cemet	ery	De	ec.31 1997	Brookly	n Pa	rk, Md.	
made	nit. F	-				1	22. Nama and Addr	rass of Facility	1					
3	Bal permi Depa impo impo any ir	21. Signature of Funeral Sarvica Licansaa 22. Nama and Addrass of Facility McCully-Polyniak Funeral Home 130 E. Fort Ave., Baltimore, Md. 21230												
7		230 Part Fotos	the disease or	1. 1/C	ceylo	Z doubt Do not						212	Approximate	
		shock, or heart teilure. List only one cause on each line.											Interval Between Onset and Death	
	Physician /Medical	Immediate Cause /Finel											~	
	Examiner	disease or condition resulting in deeth) a.											Days	
	The state of the s	Due to (or as a consequence of):											,	
1	7 年 年	b												
1	A STATE OF THE STA	cause. Enter oncernying												
	VO 8 8 8 W													
	6876 finant by g physics as the bu	resulting in death)			Due to (or as a consequence of):									
	× 1 50 2			d										
	W 4 85 8											1		
	P.O. at the da diby the standard Physic	Part il. Other signi	ficant conditio	ns contributing to	death but no	ot resulting in the	underlying cause g	iven in Part I.		23b. Dld	tobacco use co	entributa :	to the cause of death?	
	E 45	Atri	1 6	ullaha	_					10	Yes 224No	3 Pro	obably 4 Unknown	
	ds, F	711.0	00	Λ .	Λ (T 0.45 14	Manager de la company de la co	
	Cord	Chi	W.	Lewal.	that.	1100				24a. Was	an autopsy ormed?	a	Vere autopsy findings vailable prior to ompletion of ceusa	
	Il Record The law require page 2 should Completed		, , ,	/	1	1			_			0	death?	
	The The Con	CON	was tre	Lear	+0	inture	, , , , , , , , , , , , , , , , , , , ,			10	Yes No	4	□ ves 2□ No	
	Vita lician: certific rector,	25. Was case reference examiner?	rred to medicel					26. Plece	of Deeth	(Check only	one)			
	of V		No	Hospital:	Inpatient	2 ER/Outpat	ient 3 DOA	ther: 4 Nu	rsing Hor	me 5 🗆 Resi	idenca 6 □Ot	ner (Spec	eity)	
	Division of Vital Records, or Attending Physician: The law requires 1 after death. Shardors Albert this certificate has been signed in by the funeral director, page 2 should be a entification: To Be Completed by entification: To Be Completed by	27. Menner of Deef Natural	th 5 🗆 Pending	28a. Dete	of Injury oth, Dey Ye	28b. Time		ury at ork?	2	28d. Describe	how injury occu	rred		
	Division of all or attending P s after death. In Director: After the drin by the tuner. Certification:	2 Accident	Investig	ation				Yes 2 1	No					
	Nis	3 ☐ Sulcide 4 ☐ Homicide	6 Could r	ned 28e. Plac	e of Injury -	At home, farm,	street, factory, office	•	2	28f. Location ((Straat end Num wn, State)	ber or Ru	ral Routa Number,	
	Div				ag, 010. (0	,,,,,,								
	基本企业	29a. Certifier (Check only	Certifying	Physician: To th	e best of my	y knowledge, de	ath occurred at the t	time, date and	placa, s	and due to the	cause(s) and m	anner as	steted.	
	he Hosp in 24 hos he Fune pletsly fi	one)	Z Madical I	and ma	nner stated.		Investigation, in my	opinion, deat	11 OCCUPIE	ed at the time,	oate and place,	and due	to the cause(s)	
	To the comple	29b. Signatura and	title of contine	_	0.11		29c. Lican	nsa number			29d. Date sign	ed (Month	, Dey, Year)	
	Analy Steel	1	~)	GH	endire	MD DI	7118	-		12/2	6/9	7	
	6	Neme and addr	ress of person	no completed cau	ise of death	(Item 23e) (Typ	e, Print)	1100			, ,			
	V	Pau	15.1	wartz m	. (000 06	Const	- Rd	Just 4	c 203	212	08		
	State	31. Date filed (Mon	nth, Day, Year)	25	Repidraris	Signature								
	Registrar	BEC 3	0 1997	guna	Davids	on-Mandal	2							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. Nor 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** Month reresa /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Stella 7. Aga (In yrs. last birthday) Paltimore Mari TOWSON If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, 9. Birthplace (State or Foreign Gountry) 5. Social Security Number 6 Sex **Funeral** Days 1□M 21 F Months 216-18-6914 Yrs Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits or 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Director MD Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or items 23a 8620 Kelser Drive, Apt 206B 21221 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specity Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or ites any injury or other traumatic event, the Medical Examples page. Yes 2000 f Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White by 3 ☐ Widowed 4 X Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker 8 Domestic 17, Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be John Francis Cernik Marie Eva Stobla 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William A. Cernik/Brother 1201 Wild Orchid Drive, Fallston, MD 21047 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stata Date 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Green Mount Crematory 12-29-97 Baltimore, MD 22. Name and Address of Facility CAFA - Stephen D. Lohrmann, P.A. Dolleram 8717 Green Pastures Drive, Baltimore, MD 21286 23a. Part1. Entain the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaese or condition resulting in death) · metastatic adeno Carcinoma Examiner Due to (or as a consequence of): Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as e consequenca of): Box 68760. Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 8 Ē 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 M Unknown Records, by 2 24a. Was an eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 127 Yes 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 💆 Other (Specify) Spice 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Menner of Death Certification: 28a. Date of Injury (Month, Dev Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Affer Attending 5 Pending Investigation Natural 1 Yes 2 No 2 ☐ Accident Director: 3 Sulcide 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) after A 4 - Homicide To the Hospital within 24 hours a To the Funeral C Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29a. Certifier

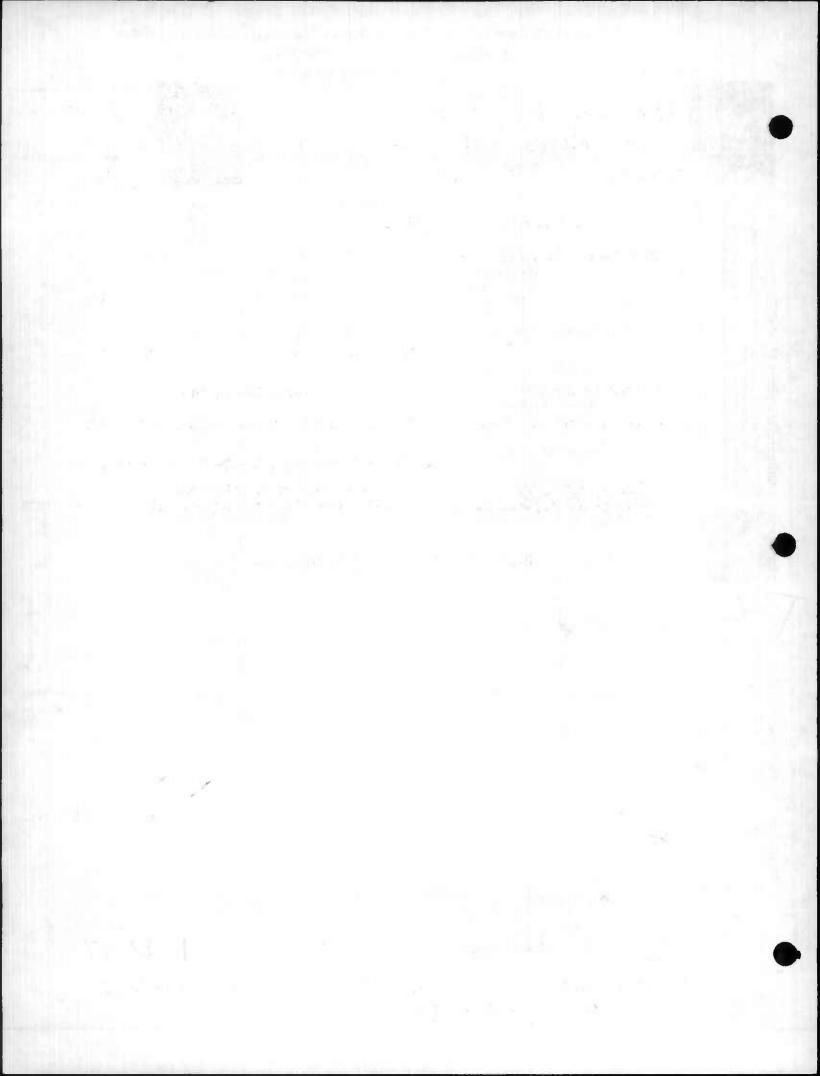
29c. Licansa number

laney Valley Rd, Timonium, MD 21093

who completed cause of death (Item 23a) (Type, Print)

29d. Data signed (Month, Day, Year)

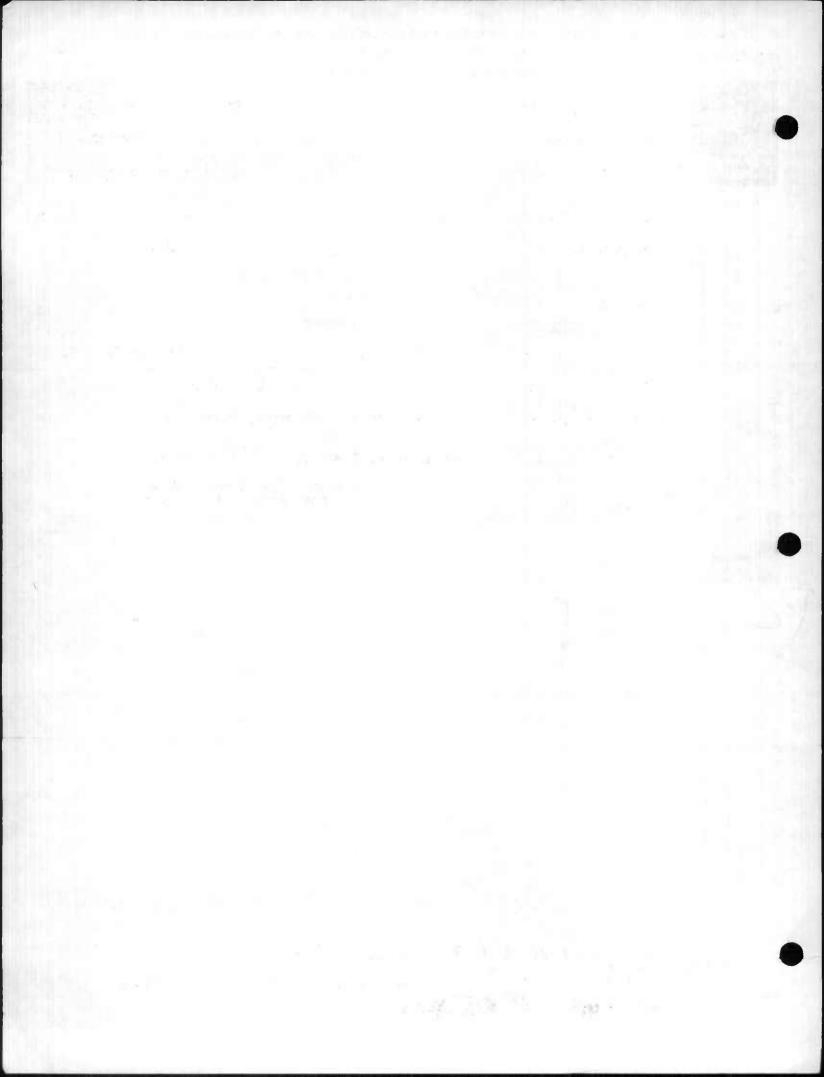
State Registrar 29b. Signature and title of certifier



B.K.S State of Maryland / Department of Health and Mental Hygiene GERALD PIERSON Certificate of Death Items: 23a part I,27 per MEO G-755 1/21/98 dh 2. Data of Death 1. Decedent's Name (First, Middle, Last) 3 Time of Death **Physician** DECEMBER 17 1997 GERAL GEORGE PIERSON 9:13 PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c, County of Death Examiner DARLINGTON HARFORD CO. 1108 MAIN STREET 5. Social Security Number If Under 1 Yaar | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Jan 16 9. Birthplace (State or Foreign Country)
Maryland 7. Age (In yrs. lest birthday) **Funeral** 11 M 2□ F Days 216-52-2590 48 Yrs. Director Usual Residence of Decadent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumatic event, the Medical Examines in sist the inclined at Director 1 Yes 2 XNo Md. Harford Co. Darlington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1108 Main Street 21034 USA Funeral 12. Was Decedent Ever in U,S Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Maxican, Puarto Ricen, etc.) 14. Race - Amaricen Indian, Black, White, atc. 11. Marital Status 72 hours after 1 ☐ Navar Married 2 ☐ Married 1 Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes a No Specify Specify: white P 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Horseman Shoulder Bone Farm 10 permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othal any injury or other traumatic avant 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Anna D. Giotis George J. Pierson 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) R.R. #3 Box 459 Delta, Penna. 17314 (Sister) Daine Tolle Date 22 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 XCremation 3 ☐ Ramoval from State Green Mount Cemetery 1997 = 5 ☐ Other (Specify) 4 Donation Baltimore Md. 21. Signatura of Funeral Service Licansas 22. Nama and Addrass of Facility
McCully-Polyniak Funeral Home 130 E. Fort Ave., Baltimore, Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intervel Betw Onset and Deeth **Physician** /Medical Immediate Cause (Final disaese or condition rasulting in death) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE Examiner Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initieted events rasulting in death) Last Due to (or as a consequence of): 68760 Physician/Medicai 2 Dua to (or as a consequence of) 2 Box 997 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. Ē 23b. Did tobacco use contribute to the cause of death? 3 1 | Yee 2 | No 3 | Probably 4 N Unknown signed b by 24b. Were autopsy findings available prior to completion of ceusa of death? Completed 24a. Was an autopsy performed? 0909 2 1X Yes 2 □ No 1K Yes 2□ No certificate Division of Vital Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) ٩ 11 Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 918 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Affect Attending 1 KNatural 5 Pending Invastigation 1 TYas 2 No we Hospital or Attendi in 24 hours after death we Funeral Director; A 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Phyeicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner es steted.

Wedical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar statad. 29a. Certifier Medical (Check only one) To the To the To the F 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E DEC. 18, 1997 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Stephen Radentz, M.D.

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Data of Deeth 3. Time of Death Month Year 11:19 am December 25 1997

buriel-transit and physician e s the buriel this funeral i or Attending P safter death. Director: After t To the Hospital or Atte within 24 hours after de To the Funerel Directo completely filled in by th

Physician

/Medicai 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Medical Baltimore City Center 5. Sociel Security Number 7. Aga (In yrs. last birthdey) **Funeral** 10 M 20 F 218-28-6372 64 Yrs. Director Usuel Residence of Decedent the Maryland 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at Maryland Baltimore Director Lansdowne 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3209 Polar Avenue 21227 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: 14. Raca - Amarican Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) permit. Peges 1 end 2 should be filed within 72 hours effer to Department of Health and Mental Hygiana. Important: If Itam 27 is marked other than "natural", or her any injury or other traumatic event, its Mexical Examina-1 Never Married 2 Married 1 Yes 2 No Specify: Specify: p 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Defense Industry Accountant 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Harry Helwig Mary Wagner 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Stephen J. Helwig, Brother 5188 Talbots Landing Ellicott City, MD21043 20e. Method of Disposition
1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Removel from State 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Baltimore National 12/30 Baltimore, Maryland 4 □ Donetion 5 □ Other (Specify) 22. Nama and Address of Facility
Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road Maryland 2122 Part. Enter the disease, or comblications thet caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediete Cause (Finel disaase or condition resulting in deeth) Heart Failure Examiner Pulmonary Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or es/e consequenca of): LUNG DISCASE Physician/Medical Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings availabla prior to completion of cause of deeth? Completed 24a. Wes an autopsy 1 Yes 25. Wes case referred to medical examiner?

1 Yes 2 No 26. Piece of Deeth (Check only one) Hospital: 1 → Inpatient 2 □ ER/Outpetient 3 □ DOA Certification:

1 ☐ Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 27. Manner of Death 28b. Tima of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Sulcida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pteca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1🕱 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and pleca, end due to the ceuse(s) end menner as steted. (Check only one) 2 Madical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, and due to the ceuse(s) end menner statad. 29c. License number 29d. Dete signed (Month, Day, Year)

29b. Signature end title of cartifier,

P10208

Pecember 25 1997

10d. Insida City Limits

Approximate Interval Between Onset and Death

white

1 ☐ Yes 2 No

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

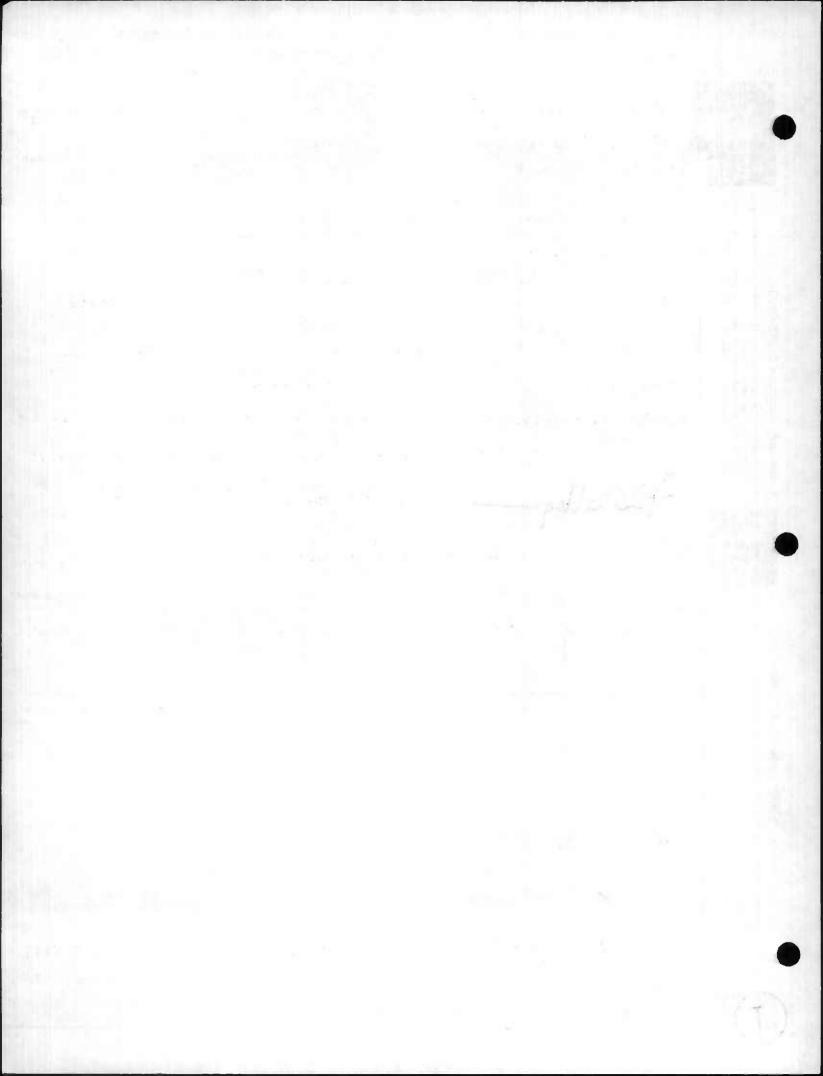
22. S. Greene St. Bultmore, Maryland 21201 Daniel Singer

Registrar DHMH 16 Ray 6/95

Medical

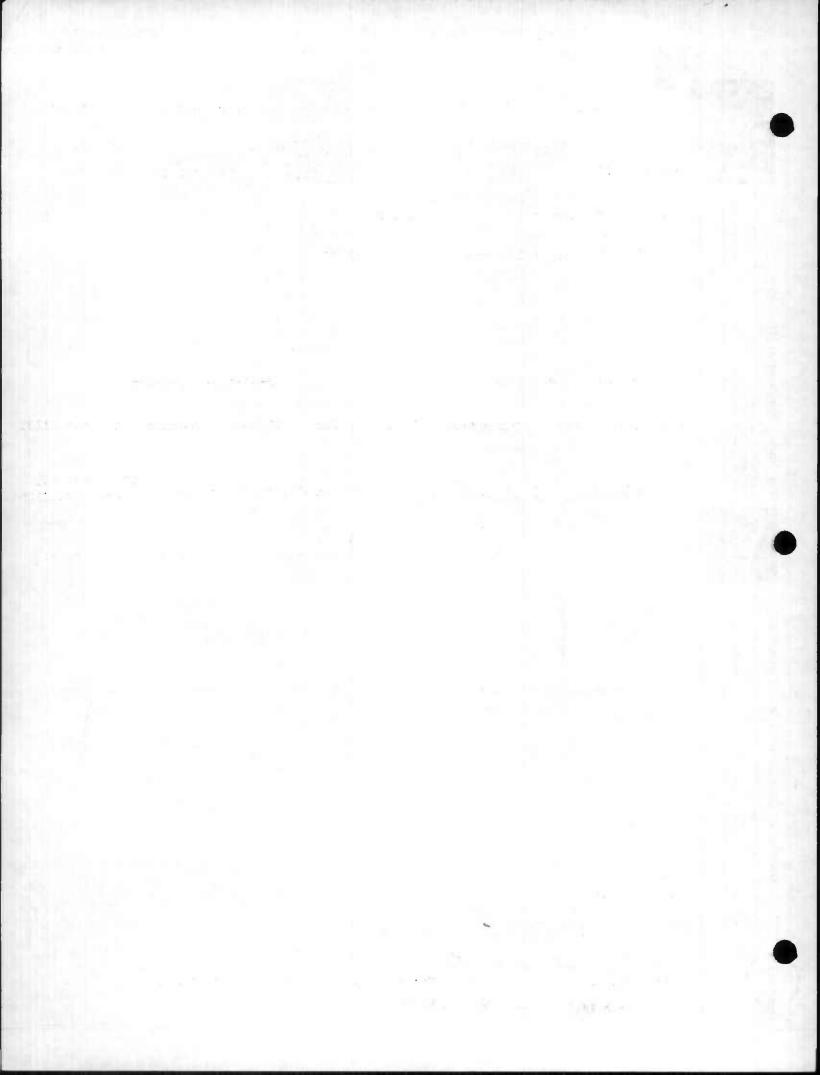
Assistre Signature Randall

MD



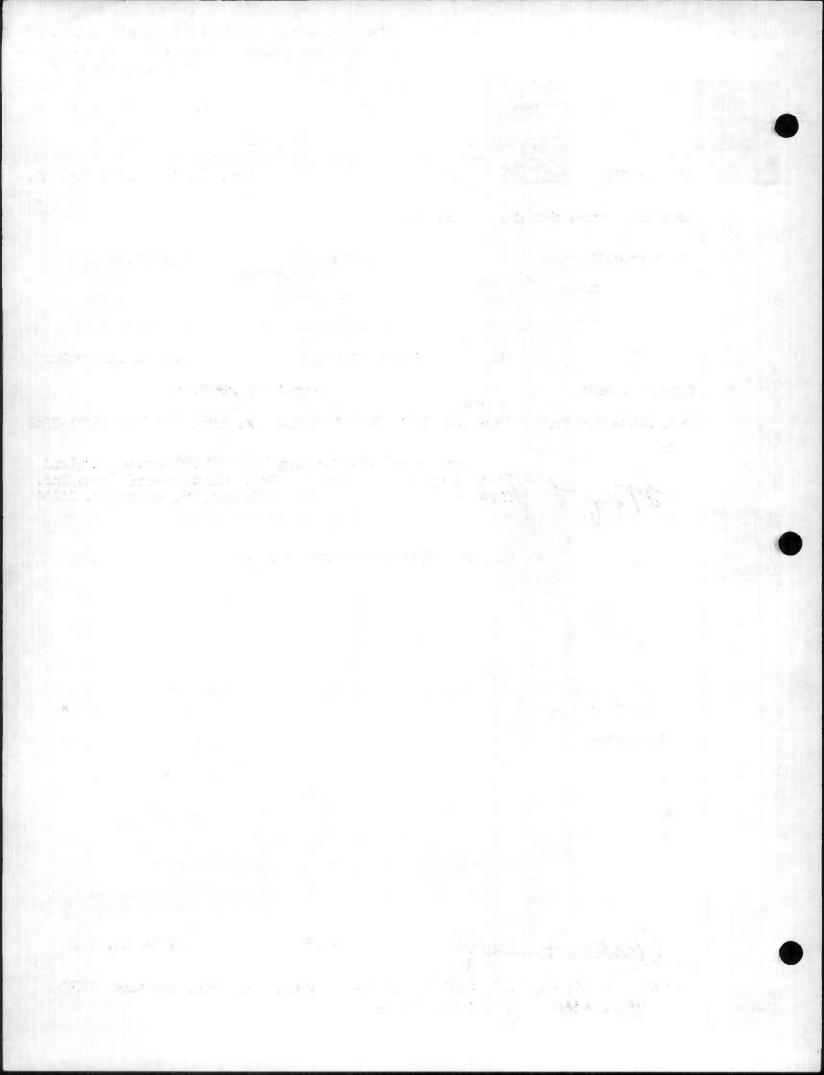
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1 3 9 4 0 7

						(Certificate	of	Death		Reg. No.		
Г	DI	.	1. Decedent's Name (First, Middle	, Last)						2. Date of De		Missi	3. Time of Deeth
	Physic /Medi		Pauline F. Quill					Month Day Yeer December 26,1997			11:30 A.M		
	Exami		4a. Facility Neme (If not institution	, give street and num	ber)				4b. City, Town, or Lo				11.30 M.I
			13640 P	oplar Hil	l Road				Phoeniv		D	altim	oxo
Г	Funeral		5. Social Security Number	6. Sex	7. Age (In yrs.	last birth	day) If Under 1 Months	Year Days	Phoenix Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, Da	h	9. Birthp	lace (State or Foreign
Н	Director		079-10-6767	10 M 20 F	81	Yr	S.	- any	Tiours IVIII.	10-24	-1916	New	York
	Man y latter 2 12 13 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Usual Residence of Decedent 10e. State 10b. County		100 Ci	tu Toum	or Location					Ι.	
		2	Maryland Balti	more	100. 01		enix					1	0d. Inside City Limits
		Director		more		PHO							1 ☐ Yes ANO
		급	10e. Street and Number				10f. Zip C	ode			10g. Citizen of	What Cour	ntry?
		ral		r Hill Ro			213				U.S		
50		y Funeral	11. Maritel Status 1 Never Married 2 Marri	Armed For	12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give		13. Was Decedent of Hispanic Origin? (S If Yes, specify Cuban, Mexican, Puert 1 ☐ Yes 2 ☐ No Specify:			to Rican, etc.) 14. Race - Black, Specify:			an Indian, etc. ite
00		d by	3X Widowed 4 □ Divorcad	Yeer or Da	tes:						Opeon		
5		Completed	15. Decadent (Specify only highes	's Education it grade completed)		18e. D	18e. Decedent's Usual Occupetion (Give kind of work done during most of work life. DO NOT use retired)			ing	16b. Kind of B	usiness/ind	dustry
12		du	Elementery/Secondary (0-12)	College (1-	4or 5+)		Interior Decorator						
7			12 17. Fether's Name (First, Middle, a	(agt)		1110	erior De	CO		- (Final Middle			Wait
and		Be	Thomas	McGovern					18. Mother's Neme		<i>Maiden Suman</i> Herrmani		
Z	should by the Mental marked	10	40.14			T	etter i e i e i e i e i e i e i e i e i e i						
Ma	12 sl h and r ls n		19e. Informent's Name/Relations						and Number or Run				
	Healt Healt Incr		Mrs Linda Q. Co	sper (Daug	thter)	13	640 Por	la	r Hill R	oad, P	hoenix,		land 21131
200	or of the second		1 Burial 2 Cremation		Idle		isposition (Name cremetory or oth			1000			
tim	the tant		4 Donation 5 Other (S)		St	. Jo	seph Cen	-		30-97	Fleming	, New	York
Baltimore,	permit. Peges 1 and 2 should b Department of Health and Menta Important: if Item 27 is marked eny Injury or other traumatic e once.		21. Signature of Funeral Service I		obe, 8	21-	22. Name end Ruck Tow		ss of Fecility Tuneral	Home,	T		York Rd. n, Md.2120
			23a. Part1. Enter the disease, or shock, or heart failure. List				enter the mode	of dyln	ng, such as cardiac o	or respiratory ar			Approximate Intervel Between
	Physician /Medical Examiner	niner	Immediate Cause (Final disease or condition resulting in death)	a			C AX	CI	NONT -	METAS	A)IC	 	1 40-024
,09	rtificate be executed ng physicien and s as the buriel-trensit	al Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	c	Due to (d	or as a co	nsequence of):						
ox 68760,		VMedical	resulting in death) Lest										
Вох	that the death cer ed by the ettendir deteched for use	Physician/								1 200 2011			
P.O.	the c	lys	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.						en in Part I.	23b. Did tobacco use contribute to the cause of			
			***							101	Yee 2 UNO	3∐ Prot	bably 4 Unknown
of Vital Records,	been s	Completed by	ervi i - i							24a. Was perfo	en eutopsy rmed?	ava	ore autopsy findings ailable prior to mpletion of cause death?
R	The law ate hes b page 2 s	mo								100	es 2 No		Yes 2 No
ta	certificate rector, pag		25. Was case referred to medical						Ge Blace of Doct				165 2010-
>	Physician: The I this certificate hural director, page	To Be	examiner?	Hospitai:	nationt O	CD/Outo	ationt 20 DOA	Oth	er: 4 D Number 14e			(01	
	F F Is		27. Menner of Deeth	28e. Dete of		ER/Outpo		. Injur	4 Li Nursing Ho		now Injury occur	. (-)	0
Division	Attending Ph ir death. actor: Atter th by the funeral	Certification:	1 Naturel 5 Pending		, Day Year)	Inju	iry M		k? Yes 2 □ No				
18	or Attendi	flee	3 ☐ Suicide 6 ☐ Could n	ot be 28e. Placa o	of Injury - At he	ome, farm	, street, fectory, o	offica		28f. Location (S	Street and Numb	er or Rura	l Route Number,
ā	5 4 5 5	ert	4 ☐ Homicide determin	bullding	g, etc. (Specif	y)				City or Tox	m, Stete)		
	Hospita 24 hours Funeral	edical C	29a. Certifier (Check only one) 1 Certifying 2 Medical E	Phyelcian: To the bearing: On the bearing:	ils of examina	wiedge, d	leeth occurred et or investigation, in	the tin	ne, dete and place, pinion, deeth occurr	end due to the ded et the time,	cause(s) and ma dete end piece,	anner es st end due to	eted. the cause(s)
	To the within to To the comple	Me	29b. Signature end title of certifier	1 1	1	-	29c. l	icens	e number		29d. Date signe	d (Month.	Day, Year)
	->-0		SHII	11 1/1/							. /	100	
-	1		30. Name end/address of person v	M XXX	and the	n 00-1 (T		- 5	0482.		12/26/	17/	
7	.)		Stephen Glasse	· ·	•			Ros	ad, Pikes	rille '	Marulan	יור ד	08
6	Sta	175	31. Dete filed (Month, Day, Year)					1/00	a, LIVER	, TTTC , 1	ar y raile	. 212	
	Registr	0.00	DEC 3 0 1997	guian	Strar's Sign	pandal							

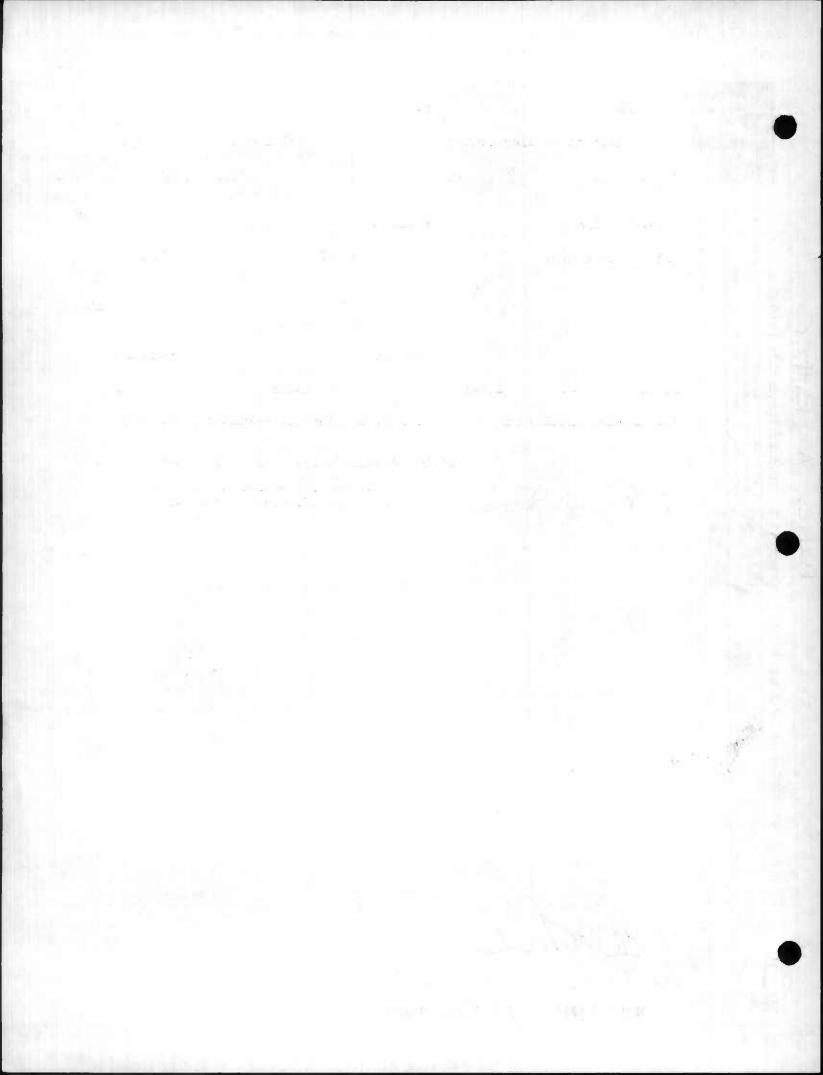


State of Maryland / Department of Health and Mental Hygiene 7

mista		Decedent's Neme (First, Middle, L	ast)	I V	A TOP	3 1 10		2. Dete of I			Ve	3. Tim	e of Deeth						
sician edical		Robert	John Reda				A 11	Decem	ber	24 , 1	1997	09:	52 an						
miner		. Fecility Neme (If not institution, g					4b. City, Town, o		eth 4	c. County									
	4.	Frederick Memo					Freder				ederi								
al or	2:	Social Security Number 6. 18-70-6717 Suel Residence of Decedent	Sex 7. 1MM 2□ F	Age (In yrs.	last birthday) Yrs.	Months Deys	If Under 24 Hr Hours Min		Birth Dey, Yea) 9	1960	9. Birthpl Count Balti	ece (Ste try) MOTE	te or Forei						
		Da. Stete 10b. County					10	Od. Inside	City Limit										
ģ	Ma	aryland Freder	ick Co.	Mt.	. Airy								es 2NN						
Director	10	e. Street end Number				10f. Zip Code			10g. C	Citizen ot V	Whet Coun	try?							
		3671 Samhill Dri	ve			21771-	3948		Uh	nited	Stat	es							
by Funeral	11	. Maritel Stetus 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced	Armed Force 1 Yes 2 It Yes, Give	12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒No It Yes, Give		 S. Is Wes Decedent of Hispenic Origin If Yes, specify Cuben, Mexican, P I□ Yes 2 (X) Specify: 		Specify Yes or I rto Rican, etc.)		14. Rece - American Indien, Black, White, etc. Specify: White			,						
		15. Decedent's E	Yeer or Det	es:	16a Deced	ecedent's Usual Occupation			16h	16b. Kind of Business/Industry									
Completed	-	(Specify only highest gi	rade completed)	e completed) (Give kind of work life. DO NOT use			uel Occupation ork done during most of working use retired)			Kill of Di	2311103371110	ustry							
E		12	04	or 5+)	Syst	ems Anal	vst	Defen			se Contractor		tor						
Be		. Fether's Neme (First, Middle, Las	st)					eme (First, Midd	dle, Maiden Surneme)										
2	George V. Reda Carol An								n Schubert										
	19e. Informent's Neme/Reletionship (Type, Print) (Wife) 19b. Melling Address (Street end Number or Rural Route Number, City or																		
	-	rs. Debra Jean (n	ee Goslir		A	Samhill	Drive	Mt. Air	-										
	20	e. Method of Disposition 1Ñ Buriel 2 ☐ Cremetion 3 [Removel trom St		emetery, crem	sition (Neme of setory or other ple	ce)	Dete	20c.	Location -	City or To	wn, State	N.						
	4 Donetion 5 Other (Specify) St. Joseph Ch. Cemetery 12/27/97 Fullerton Signeture of Funeral Service Licensee Jeffrey L. Gair 21. Signeture of Funeral Service Licensee Jeffrey L. Gair 22. Name and Address of Facility Ruck Towson Funeral Service Licensee Jeffrey L. Gair										on, M	lary]	Land						
A COUNTY	21	Jeffug 7	Jeffre Jav	y L. (Gair 22	. Ne <i>m</i> e end Addre	ss of Fecility Ru 1(ack Tows 150 York	on I	Tow	al Ho son,M	me, id. 2	Inc. 21204						
Iner	di	nmediate Ceuse (Finel sease or condition sulting in deeth)	a. Arteriosclerotic Cardiovascular Disease Years Due to (or es e consequence of):										rs						
Examiner	Se	equentielly list conditions,	l b	Due to (or es e consequence of):									110						
	I C.	use. Enter Underlying									Due to (or es e consequence of):								
Aedical	re	equentially list conditions, any, leading to immediate uses. Enter Underlying ause (Diseese or Injury et initiated events sulting in death) Lest	c	Due to (or	r es e consequ	ience of):													
Aedical	re	suiting in death) Lest			·						İ								
Aedical	re	art II. Other significant conditiona	contributing to deat		·		en in Pert I.				ntribute to								
Physician/Medical	re	suiting in death) Lest	contributing to deat		·		en in Pert I.				ntribute to								
by Physician/Medical	re	art II. Other significant conditiona	contributing to deat		·		en in Pert I.	1[24e, We		2□ No	3 Prob	ably 4	Unknown						
by Physician/Medical	re	ort II. Other significant conditiona Renal Cell Car	contributing to deat		·		ren in Pert I.	24e. We	Yes	2□ No opsy	3 Prob	re autopolication	Unknown sy tindings or to of cause						
Completed by Physician/Medical	Pe	nt II. Other significant conditiona Renal Cell Car Nephrectomy	contributing to deat		·			24e. We	es en eut formed?	2□ No opsy	3 Prob	re autopolieble prinpletion deeth?	Unknown sy tindings or to of cause						
Be Completed by Physician/Medical	Pe	nt II. Other significant conditiona Renal Cell Car Nephrectomy	contributing to deat	h but not resu	·	derlying cause giv	26. Place of Dr	24e. We pe	Yes es en eutrormed? Yes ::	2□ No opsy 2 X No	24b. We eve con ot d	re autopoliceth?	Unknown sy tindings or to of cause						
To Be Completed by Physician/Medical	Per Per Per Per Per Per Per Per Per Per	Nephrectomy Wes case reterred to medical exemine? Nenner of Deeth Menner of Deeth Care Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 2 No Menner of Deeth Care Solves 3 No Menner of Deeth Care Solves 3 No Menner of Deeth Care Solves 3 No Menner of Deeth Care Solves 3 No Menner of Deeth Care Solves 4 No Menner of Deeth Care Solves 4 No Menner of Deeth Care Solves 4 No Menner of Deeth Care Solves 4 No Menner of Deeth Care Solves 4 No Menner of Deeth Care Solves 4 No Menner of Deeth Care Solves 4 No Menner of Deeth Care Solves 4 No Menner of Deeth Care Solves 5 No Menner of Deeth Care Care Solves 5 No Menner of Deeth Care Care Solves 5 No Menner of Deeth Care Care Solves 5 No Menner of Deeth Care Care Solves 5 No Menner of Deeth Care	Hospitel: 1 Inp	h but not result not r	EEV/Outpetient 28b. Time of Injury	derlying cause gives a second of the second	26. Place of Do	24e. We per 1 Ceeth (Check only Home 5 Re 28d. Describ	es en eutrormed? Yes Youne) sidence e how inj	2 No opsy 2 X No 8 □Otherury occurr	3 Prob 24b. We eve eve con oil d 1 Cer (Specify red	re autop. lleble pringletion deeth?	■ Unknowsy tindings or to of cause						
Certification: To Be Completed by Physician/Medical	Pe 25	Nephrectomy Wes case reterred to medical exeminer? Menar of Deeth Menner of Deeth Menner of Deeth Mender of Deeth Solvicide Menner of Deeth Could not idelermined	Hospitel: 1 Input 28e. Dete of (Month, on be all 28e. Plece of building	h but not results that into the set of the s	ER/Outpetient 28b. Time of Injury	derlying cause gives a second of the second	26. Place of Deter: 4 □ Nursing yet k? Yes 2 □ No	24e. We per 1	yes en eutrormed? Yes yone) sidence e how inj (Street & own, Ste	2 No opsy 2 No 8 Otherwry occurred Numbers	3 Prob 24b. We eve con old 1 Prober (Specify red	re autopuleble primpletion (leeth? Yes 2	■ Unknowsy tindings or to of cause						
edical Certification: To Be Completed by Physician/Medical	Pe Pe 25 27 29	nt II. Other significant conditiona Renal Cell Car Nephrectomy i. Wes case reterred to medical exeminer? 120 Yes 2 No Menner of Deeth 1 20 Accident 3 Suicide 10 Could not I determined ii. Western 10 Certifying P (Check only one)	Hospitel: 1 In Inc. 28e. Dete of (Month, on the case)	h but not result not r	EF/Outpetient 28b. Time of Injury	derlying cause gives a second of the second of the tire estigation, in my o	26. Place of Drief: 4 □ Nursing yet k? Yes 2 □ No	24e. We per 1	Yes as en eut formed? Yes yone) sidence e how inj (Street cown, Ste e cause(a, date et	2 No opsy 2 X No 8 Other ury occurr end Number fe) s) and me	3 Prob 24b. We every condition of d 1 Cert (Specify red) er or Rural er or Rural	re autopy lebbe primpletion deeth? I Yes 2 Route N eted. the caus	₩ Unknown sy tindings or to of cause No umber,						
Certification: To Be Completed by Physician/Medical	Pe Pe 25 27 29	Nephrectomy Wes case reterred to medical exeminer? Nener of Deeth 1 2 Accident 3 Suicide 4 Homicide Net II. Other significant conditiona Renal Cell Car Nephrectomy Nephrectomy Sues as reterred to medical exeminer? Table 1 2 No Sues as reterred to medical exeminer? Sues as reterred to medical exeminer? Sues as reterred to medical exeminer? Sues as reterred to medical exeminer.	Hospitel: 1 Inp	h but not result not r	EF/Outpetient 28b. Time of Injury	derlying cause gives a second of the time of time of the time of time of the t	26. Place of Drief: 4 □ Nursing yet k? Yes 2 □ No	24e. We per 1	Yes Property of the second of	2 No opsy 2 X No 8 Otherwise occurrence of Numbers of Numbers occurrence of Numbers of	3 Prob 24b. We everyone of d 1 C er (Specify red	re autopulleble prinpletion deeth? I Yes 2 Route Note the cause of t	■ Unknown sy tindings or to of cause No umber, e(s)						



		1. Decedant's Nama (First,	Middla, Las	st)			tificate of		2. Deta of D	Reg. No.	Year	3. Tima of Death	
ysiciar Nedica	ıl .	MARIE		Α.		RITTER			Decen	1ber 23,	1997	8:05 A	
amine	r	4a. Facility Nama (If not ins						4b. City, Town, or L Baltime		,			
		St. Elizabe 5. Social Sacurity Number	6. S						8. Daia of B		I/A	an /State or Foreign	
neral ector		215-32-1571 Usual Rasidance of Dacado	1	□M 2∏F				Hours Min.	(Month, D	ay, Year) .2, 1906	Countr	ca (Steta or Foreigy) Md.	
12		10a. Stata 10b. C			10c. Cit	ty, Town or Loc	ation				100	d. Inside City Limit	
be notified at	ğ	Md. N/	'Δ			Baltimo	ro				1 ☑ Yas 2		
ruct.	Director	10e. Street and Number				Darcamo	10f. Zip Coda			10g. Citizan of N	What Countr	y?	
unit be		3320 Bensor	Ave.				21227	7		USA			
	by Funeral	11. Marital Status 1 Nevar Marriad 2 3 Widowed 4 Div		Armed Forcas 1 Yas 2	1 ☐ Yas 2 ☑ No		Was Decedant of Hispanic Origin? (Specify Yas or if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Yas 2 ☑ No Specify:			r No- 14. Race - American Indian, Black, White, atc. Specify: White			
"natural", pical Ex		15. De	edant's Ed	lucation	16a Decedent's Usual Occupation					16b. Kind of Bu			
the Medical	Completed	(Specify only Elementery/Secondary (0	highast gra	da complatad) Collega (1-4o	r 5+)	(Giva k life. D	ind of work dona O NOT usa ratire	during most of world)	most of working			,	
F C	3	17. Fathar's Nama (First, M	idella Last)	4		Educa	tor	40 Mathada Nasa	- /First Affalal	Educat			
event,								18. Mother's Nem	ie (First, Middli				
traumatic	-	Frank	J. Ritter Adele stationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Nu							J. Rapp			
tract		Mr. William		,, ,				es St. Ba				<i>(</i> 006)	
any injury or other tra once.	1	20a. Mathod of Disposition		0, 2220114	20b. F	Piece of Dispos	ition (Name of		Data	20c. Location -		n, Stata	
7 0		1 Burial 2 Crama			a		atory or other ple		20 /07	m	10-7		
in a	-	4 ☐ Donation 5 ☐ Oth 21. Signeture of Funeral Se			HIL	-	rvice Co		29/97	Towsor	i, Ma.		
DUCe.		100	0	a				son Funer	al Home	, Inc.			
	-	23a. Part1. Enter the disea shock, or heart failure	775	- Color				Rd. Tows				Approximata	
ical iner		Immediata Causa (Final disaasa or condition rasulting in deeth)		a. Com	20 1. 'n Dua to (0	or as a conseque	of For	lin voonler	Difene		1	Ansat and Death	
Fxaminer		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying											
edical Examir	S	Ceuse (Diseasa or Injury that initiated avants rasulting In death) Last Dua to (or as a consequence of):									1		
4				d							t		
lan L	0										i		
Physician/M	200	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								23b. Did tobacco use contributs to the cause of deat			
by Ph									1	Yes 2 2 No	3 Proba	bly 4 ☐ Unkno	
Completed									24a. Wa peri	s an autopsy omad?	com	a autopsy finding ebla prior to pletion of causa eath?	
Com	5								10	Yas 2 No	10	Yas 2□ No	
Be	0	25. Wes casa rafarred to m axaminer?	-					26. Plece of Dee	th (Check only	ona)			
P	2	1 ☐ Yas Ž⊠ No		Hospitai:		ER/Outpatiant	3□ DOA Oth	4 - Mulaling Inc		ldenca 6 □Oth			
atlon:	allon.	27. Mennar of Deeth 1 Netural 5 P 2 Accident	ending vastigation	28a. Dete of In (Month, D	jury Dey Year)	28b. Time of injury	28c. Injur Wor M 1 🗆	y et rk? Yes 2 □ No	28d. Describe	8d. Describe how injury occurred			
Certification:		3 ☐ Suicida 6 ☐ C 4 ☐ Homicida d	at, factory, office		28f. Location City or To	(Street and Numb own, Stete)	er or Rural i	Routa Number,					
edical (Clear	29a. Cartifiar t Car (Check only one) 2 Mag	tifying Phy dical Exam	ysician: To the besiner: On the basis and manners	of axaminat	wiadga, daath d tion and/or inva	occurrad at the tirestigation, in my o	ne, date end piace, pinion, daath occur	end dua to the red at tha tima	cause(s) and ma , data and pieca,	innar as stat end due to t	ted. he cause(s)	
7		29b. Signatura and titla of p	ertifies	,			29c. Licans	a number	I	29d. Data signe	d (Month, De	ay, Year)	
Med		411 0	A,V	1			D3	4952		12 2	3 57		
		1 11 11	1/6	mer-	part.		0	1 (0 2		,	- (
		30. Nama and addrass of pe		complated cause of	death (Item	1 23e) (Type, P	rint)	Cohom	ll ~				



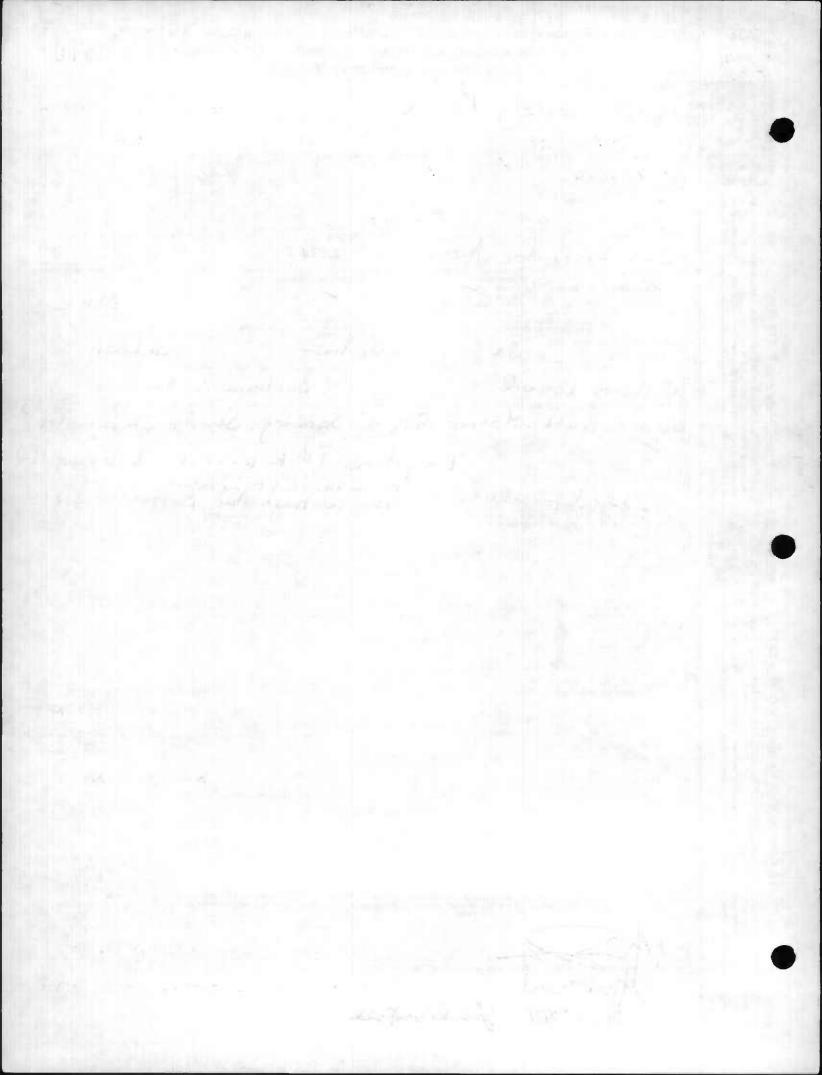
K	DUND		tems: 23 pa		-f per MEO 1	/5/98 reb	•			Reg. No.	Yeer 3. Tir	me of Death		
	Physici /Medic		Lynette	AS.	hely K	bund			DECEMBE	R 19, 199	9:2	3P.M.		
j.	Examir	er	4e Facility Neme (II						Location of Deeth					
\vdash			UNION MEM 5. Social Security N			(In yrs. last birtho	day) If Under 1 Y		s. 8. Date of Birt	h	9. Birthplece (Si	ate or Foreign		
	Funeral Director		218-23-0 Usual Residence of	6396 11	JM 200/F	10 Y	Months De	eys Hours Mir	1. (Month, De	y. Year) 1987	9. Birthplece (St Country)	d		
	yland		10a. Stete	10b. County					de City Limits					
	fler death with the Merylan flerms 23a or 28a-f show finer must be notified at	Director	Md	/	VA	Bah	4 more				19	Yes 2□No		
	19 or 19	Dire	10e. Street end Nur		, 1		10f. Zip Co			10g. Citizen of W	/het Country?			
	ath v	Funeral	328	IIches				1518	0*-VN-	U	154			
	ter de	- Lu	11. Menitel Status	ed 2 Married	Armed Forces?	Armed Forces? If Yes, spe			Specify Yes or No- rto Rican, etc.)	14. Rece - American Indien, Bleck, White, etc.				
21215-0020	ural', o	by	3 Widowed	4 Divorced	If Yes, Give Year or Detes:			M6 Specify:		Specify.	Diac	k		
S.	n 72 na	Siete		15. Decedent's Edition only highest grad	de completed)		ecedent's Usuel O Give kind of work di ife. DO NOT use re	coupation one during most of wi atired)	orking	16b. Kind of Bu	siness/industry			
212	i within jiene. r than the Mo	Completed	Elementery/Second	ndary (0-12)	College (1-4or 5-	+)	Stode			Sch	100-			
	Hy Start	Bec	17. Father's Nema	(First, Middle, Last)	0			18. Mothar's Ne	eme (First, Middle,	Maiden Sumam	e)			
X	should be nd Mental merked umetic ev	To	Willia	m kou	LNOW			Darb		ara tratt				
Maryland	0 0 0		19a. Informent's Na	State Zip Code)	21223									
	f Heelth fem 27 other t		Dar Dara PRatt - Notter YOG W. Saratoga St. Apt. 2. 20b. Method of Disposition Date 20b. Location									<u>4</u> d		
Baltimore,	Pages nent of I mt: if Ite		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State cemetery, crematory or other placel)											
				5 ☐ Other (Specify, neral Service Licens		KING	Memoral A	ddress of Fecility	12.50.11	Kand	alls tow	2) 1/6		
n	Departr Departr Imports eny Inje		Harsh Funeral Home West											
		H	23a, Pert , Entar th	a disaese, or comp	licetions that caused	the death. Do no	t enter the mode of	dving, such as cardia	the lac or respiratory a	Salto rrest.	Hd 2	dmeta I Batween		
	Physician /Medical Examiner	10	Immediate Cause (disease or condition resulting in death)	Finel	a. SMOKE INF		nsequence of):				Onset	end Death		
60,	be executed ician and buriel-transit	Examine	Sequentielly list con if any, leeding to lm cause. Enter Unde Ceuse (Disease or	nditions, mediete rlying	Due to (or es e consequence of):									
189	death certificete b e attending physic of for use as the b	Physician/Medical	thet initiated events resulting in death) Lest Due to (or es e consequence of): d.											
BOX	atten for u	cian	D						000 004		. 12 . 4 . 4 . 4			
P.O.	hat the		Part II. Other signifi	cant conditions co	ntributing to death bu	t not rasulting in t	ne undarlying caus	a given in Pert I.			3 ☐ Probably	40 Unknow		
Vital Records,	v requires been sign should be	Completed by								en eutopsy rmed?	24b. Wara euto aveilable p completion of death?	orior to		
<u> </u>	The The page	Cou							Uso.	Yes 2□No	Yes	2 No		
100	Physician: The lav this certificate hes ral director, page 2	Be	25. Was case reference exeminer?		Manaital.				eeth (Check only o	ona)				
-	this c	2	1)X Yes 2 ☐ 27. Manner of Deeth	INO	Hospitel: 1 Inpatient 25 ER/Outpetient 3 DOA					Residence 8 Other (Specify)				
	0 0 0	tion	1 Neturel	5 Pending Investigation	28e. Dete of Injun (Month, Day	Year) 28b. Tin	P.M	Injury at Work? 1 ☐ Yes 💢 🗓 No		28d. Describe how Injury occurred House Fire				
ō	E & 5 3	62	X2X☐ Accident 3 ☐ Suicide	6 ☐ Could not be	12/19/97 28e. Plece of Inju	n, street, fectory, of		28f. Location (: City or Tox	Street and Numb wn, Stete) 328	(X) No House Fire 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 328 Ilchester Ave.				
ivision of	or Attending I after deeth. Director: After in by the fune	artific	4 Homicide	determined	building, etc. (Specify) Home City or Town, Stete) 328 10									
ivision of	Hospital or Attandin 24 hours after deeth. Funeral Director: Aft tely filled in by the fur	lical Certification:	29a. Certifier (Check only	1☐ Certifying Phy	Home sician: To the best of ther: On the basis of	axamination and/			e, end due to the	cause(s) end ma	nnar as stated.			
ivision of	o the Hospital or Attandinition 24 hours after deeth. The Funeral Director: After mpletely filled in by the fun	Medical Certific	29a. Certifier (Check only one)	1□ Certifying Phy	Home	axamination and/	or invastigation, In	my opinion, death occ	ce, end due to the curred at tha tima,	cause(s) end ma deta end piece, a	nnar as stated. and due to the ca	use(s)		
ivision of	To the Hespital or Attanding in within 24 hours after death. To the Funeral Director: After completely filled in by the funeral process.	edica	29a. Certifier (Check only one)	1☐ Certifying Phy	Home sician: To the best of ther: On the basis of	axamination and/	29c. Li		ce, end due to the curred at tha tima,	cause(s) end ma deta end plece, a 29d. Date signed	nnar as stated.	use(s)		

State Registrar

DEC 3 0 1997

32. Registrer's Signeture

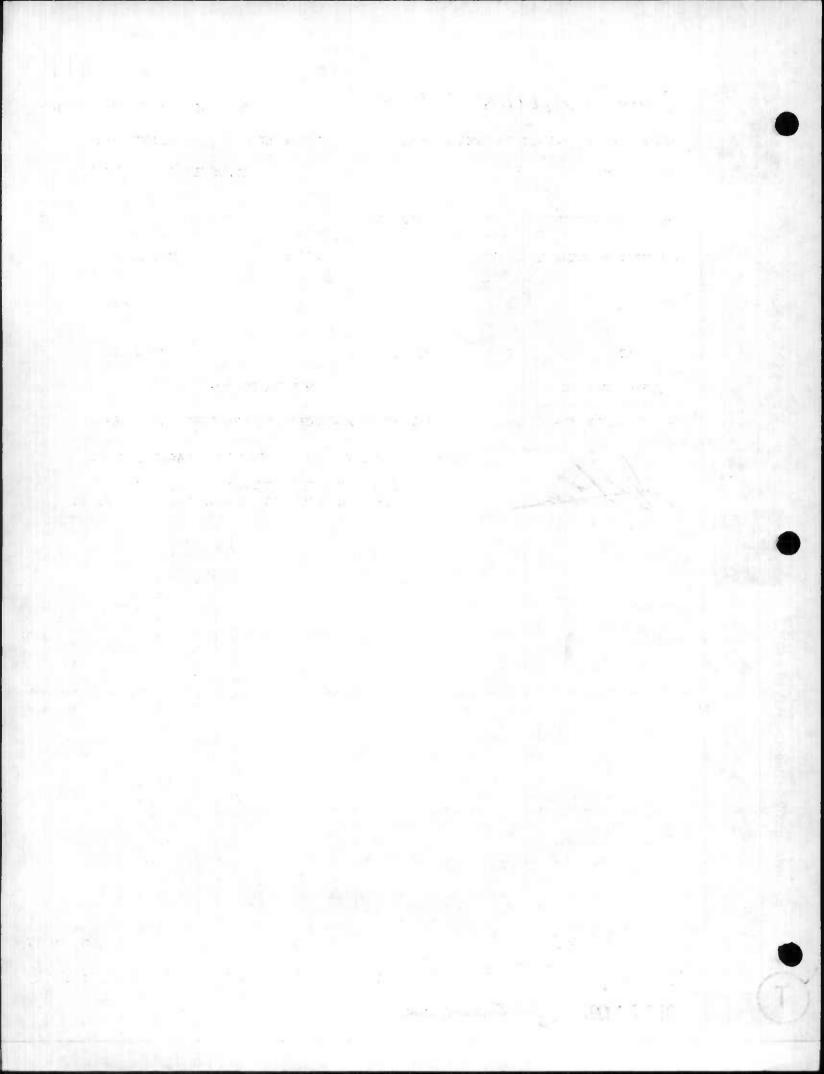
Julia Davidson Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth RIUTORT COLLINS **Physician** HNN Month DECEMBER 19, 1997 7:30AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SHADY GROVE ADVENTIST NURSING HOME ROCKVILLE MONTGOMERY 5. Sociei Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 10/05/1915 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign Country)
MARYLAND **Funeral** 1□M 2☑F Months Deys 82 YES Director 216-01-5870 Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits show items 23a or 28a-f shortness must be notified at 1 ☐ Yes 2 ☐ No Directo BALTIMORE CATONSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 801 WINTERS LANE APT. 233 21228 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 21 No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. The Medical Examiner Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. 1 ☐ Never Merried 2 ☐ Marrled 21215-0020 6 1 Yes 2 No Specify: by Specify: WHITE 3€Widowed 4 Divorced "natural" Completed 15. Decedent's Education 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 NURSE RED CROSS Baltimore, Maryland nent of Health and Mental Hy nt: if item 27 is merked 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be SAMUEL COLLINS MYRTLE CARTER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) LYNN O'CONNOR /DAUGHTER 422 UPSHIRE CIRCLE GAITHERSBURG, MD 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Burlei 2 Cremetion 3 Removei from Stete permit. Page Department of Important: If any Injury or once. LOUDON PARK CEMETERY 12/27/97 BALTIMORE, MD 5 Other (Specify) 22. Neme end Address of Fecility
STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVE. CATONSVILLE, MD 21228 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediate Cause (Final CONGESTIVE HEART FAILURE YEARS diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner PULMONARY FIBROSIS YEARS The law requires that the death certificate be executed the bunel-transit Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Box 68760. attending physician Physician/Medical Due to (or as a consequence of): P.O. Pert II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by i 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Division of Vital Records, þ 24b. Were autopsy tindings aveilebie prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? has certificate 1 Yes 2 No 1 Yes 20 No or Attending Physician: Be 25. Wes cese referred to medicel exeminer? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetienf 3 ☐ DOA 2 1 Yes 2♥ No Other: 4 Nursing Home 5 Residence 8 Other (Specify) After this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1 Neturel death. 1 Yes 2 No 2 Accident Director: 6 Could not be determined 3 Suicide in by t 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled Hospital edicai 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Madical Exeminar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier 29b. Signeture and till 29c. License number 29d. Date signed (Month, Dey, Year) D35792 DECEMBER, 29, 1997 couse of deeth (Item 23a) (Type, Print); SO, W. EDMONSTON DR, ROCKVILLE, MD-20852

State Registrar 31. Dete tiled (Month, Dey, Year)
DEC 3 0 1997 32. Haristrer's Signeture



State of Maryland / Department of Health and Mental Hygierie

3941 Certificate of Death 2. Date of Deeth 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month **Physician** LUDWIG RIEDEL 7:00 a.m. December 27, 1997 /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Good Samaritan Hospital Baltimore City N/A If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Yeer 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 100 M 2□ F Months Days Yrs. 213-10-5009 91 Director Dec. 1, 1906 Germany Usual Residence of Deceden the Maryland 10a. State r 28a-f show 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No Directo Parkville Baltimore Md. 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? r than "naturel", or items 23s or the Medical Examiner must be 7405 Park Drive 21234 United States Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No 11. Merital Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married If Yes, Give Year or Dates: 1 ☐ Yes 2 ☑ No Specify: þ White 3X Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiana. Elementary/Secondary (0-12) Coilege (1-4or 5+) 8 Butcher Retail other traumetic event. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) . Pagas 1 and 2 should be file mant of Haalth and Mental Hy lant: If them 27 is marked oth jury or other traumatic even Be Adam Riedel To Maria Wolf 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) (P.O.A.) 3 Randell Ave. 21128 Mr. Norbert Luken Perry Hall, Maryland altimore. 20b. Piace of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Buriat 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) permit. Page Department of Important: If any Injury or once. 12/31/97 Baltimore Maryland Moreland Memorial 21. Signature of Funeral Service Licensee Milton J Knight Jr 22. Name end Address of Facility Leonard J. Ruck, Inc. 5305 Harford Rd. Baltimore, Maryland 21214 23a. Part1. Enter the disease, or complications that any ed the doubt. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List or y one cause on has a line. Approximate Intervai Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner Due to (or es e consequence of Examiner The lew requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last and burial-frer Due to (or as a consequence of) physician rasa 2001 Physician/Medical tha Due to (or as a consequence of) USB 25 attanding for use as ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No signed be del Records, þ 24b. Were autopsy findings available prior to Completed 24e. Wes en autopsy peen completion of cause of deeth? 1 Yes 2 No cartificata Division of Vital Attending Physician: funarel diractor, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2NNo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Deeth 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 28e. Date of Injury (Month, Dey Year) After 5 Pending Investigation 1 XNatural Hospital or Attending
 24 hours after death.
 Funerel Director: After 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end menner stated. edical 29a. Certifier To the Hosp within 24 hou To the Fune completely fi Que 29c. License number 29b. Signature and title of certilier 29d. Date signed (Month, Day, Year) (mi December 29,1997 D 30661 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

5670 B The Alameda Baltimore, Maryland

State Registrar Dr. Sireesh Tripuraneni, M.D.

31. Date filed (Month, Dey, Year)
DEC 3 0 1997

State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month Day **Physician** 11:58 AM Mary Elizabeth Resau 22 1997 December /Medical 4a Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Greater Baltimore Medical Center Towson Baltimore Birthplace (Stata or Foraign Country) If Under 24 Hrs. 8. Date of Birth (Month, Day, Yaar) 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) If Under 1 Year **Funeral** Days Months Hours 1□ M 2\ F 212-07-6174 88 Yrs December 22,1909 Maryland Director Usual Residence of Decedent 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28e-f show the Medical Examiner must be notified at 1 ☐ Yes 2X No Baltimore Towson Maryland Director 10e Street and Number 10f Zip Code 10g. Citizen of What Country? 8434 A Charles Valley Ct. 21204 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 220 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Spacify: altimore, Maryland 21215-0020 Specify: White à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast greda completed) 16b. Kind of Business/Industry filed within 72 Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) salesperson real estate 12 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maidan Sumema) Be is marked of permit. Pages 1 and 2 should be Department of Health and Mental Important: If Item 27 is marked o Maude C. Clarke Charles E. Wilford, Sr. Lo 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) Howard J. Resau/husband 8434 A Charles Valley Ct. Towson, MD 20b. Placa of Disposition (Nama of camatery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremetion 3 ☐ Removal from State 6 4 ☐ Donation 5 ☐ Other (Spacify) Greenmount Crematory 12/24/97 Baltimore, Maryland 22. Neme end Address of FacilityMitchell-Wiedefeld Home, Inc. 6500 York Rd. 21. Signature of Funerel Service Licenses Melil 21212 Baltimore, MD Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, nock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Ceuse (Final disease or condition resulting In death) /Medicai Pulmonary Examiner Due to (or as a consequence of): Myocard Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequenca of): edical Due to (or es e consequence of) Box 687 8 Physician/M 89 ğ 23b. Did tobecco use contribute to the ceuse of deeth? Part II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 1 Yes 2 Yo signed by 3 Probably 4 Unknown à 8 24b. Were eutopsy findings avellable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed page 2 han 1 Tyes 1 Tyes 2) No director, 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 2 No 1 Inpatient 10 2 ER/Outpatient 3 DOA 100 27. Manner of Death 1 Natural 2 Accident 28a. Date of Injury (Month, Day Yaar) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 5 Pending investigation if or Attending a after death. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Ē 4 Homicide To the Hospital o within 24 hours at To the Funeral D Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edical (Check only one) 29b. Signatury and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) #401 21204 Anderson M. Renick, Jr. 7600 Osler Dr. Towson, MD

DHMH 16 Rev 6/95

State

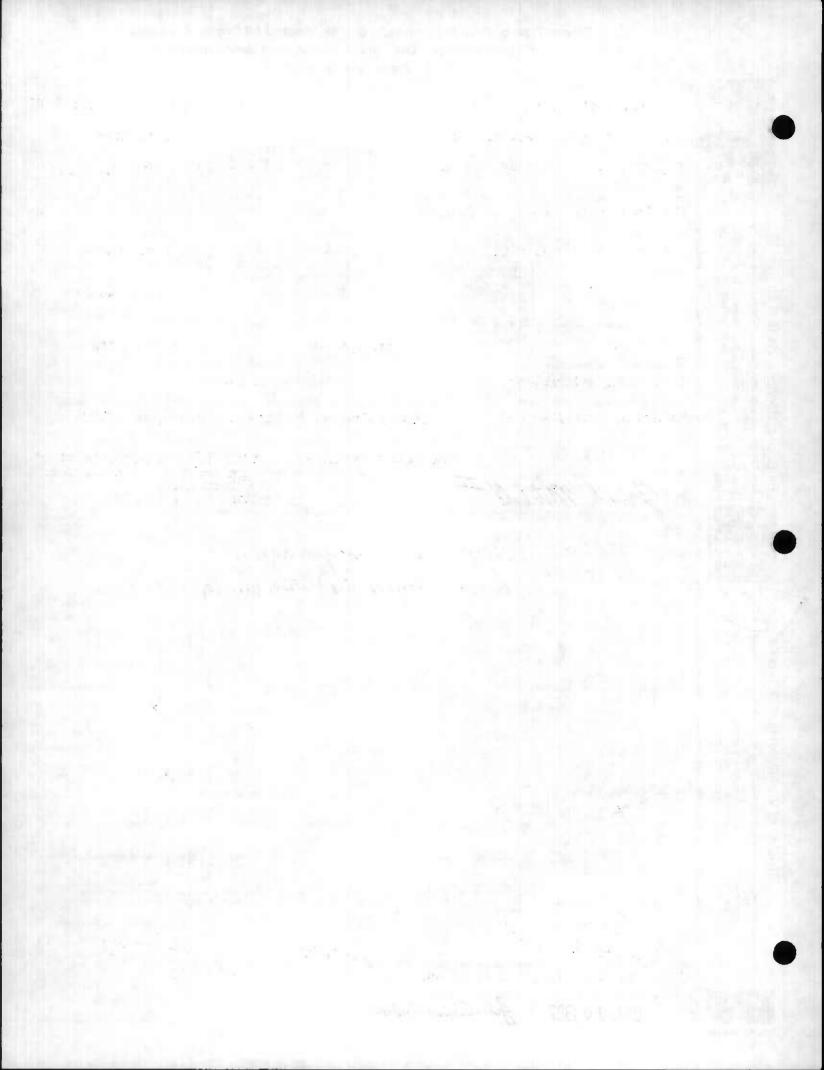
Registrar

31. Date filed (Month, Day, Year)

DEC 3 0 1997

32_Registrar's Signature

Nia Davidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death JOHN DECEMBER 25 1997 6:40 A.M 9 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death SURNIE ANNE HRUNDEL HRUNDEL JOSTITAL ORTH GLEN 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, July 02 If Under 1 Yaar If Under 24 Hrs. 5. Social Security Number 6. Sex 9. Birthplace (State or Foreign Country) Pennsylvania M 2 F Months Days Hours Min 71 200-16-5522 July 1926 Usual Residence of Decedent 10h. County 10c. City, Town or Locetion 10d. Inside City Limits 1 Yes 2 No Linthicum Anne Arundel Co. 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21090 USA 600 E. Maple Road 12. Wes Decedant Evar In U.S. Armed Forces? 1944-10 Yes 2 No If Yes, Give 71 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11 Marital Status 14. Race - American Indian Black, White, atc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify. white 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired)
Chief
Naval Engine Room Officer 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) U.S. Navy 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Katherine Munley John Herbert Ries 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Charles H. Byron (Personal Rep.) 416 E. Cross Street, Baltimore, Md. 21230 20b. Place of Disposition (Neme of 20a. Method of Disposition Dec.27 20c. Location - City or Town, State cemetery, cremetory or other place) 1 ☐ Burial 2 Cremation 3 ☐ Removel from State Metro Crematory Inc. 4 ☐ Donation 5 ☐ Other (Specify) 1997 Catonsville, Md. 21. Signeture of Funeral Service Licensaa 22, Name end Address of Facility McCully-Polyniak Funeral Home 130 E. Fort Ave. Baltimore, Md. 21230 NO 23a. Pert1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Between Onset and Death SEPTIC. Immediate Ceuse (Final SHOCK disease or condition resulting in death) Due to (or as a consequence of): FAILURE CHRONIC RENAL Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ANEMIA 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performad? 1 Yes 2 No 1 Yes 2 No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Dinpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Date of Injury (Month, Dey Year) 27. Mapher of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygient Important: If Item 27 is marked other that any injury or other traumatic avent, the ones in the property of the present in the property of the present in the property in t Baltimore, **Physician** /Medical **Examiner** physician s the buna Box 68760 use as attending for use as ed by the a P.O. signed l Records, peen WE page 2 The certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funaral director; p

Physician

/Medical

Examiner

Funeral

Director

n usen Institutif, or frems 23a or 28a-f show the Medical Examiner must be nutried at

il Hygiena.

death

Director

Funeral

À

Be Completed

0

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

edicai

29a. Certifiar

29b. Signature and title of certifian

Date filed (Month, Day, Year)

DEC 3 0 1997

State Registrar 30. Name and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

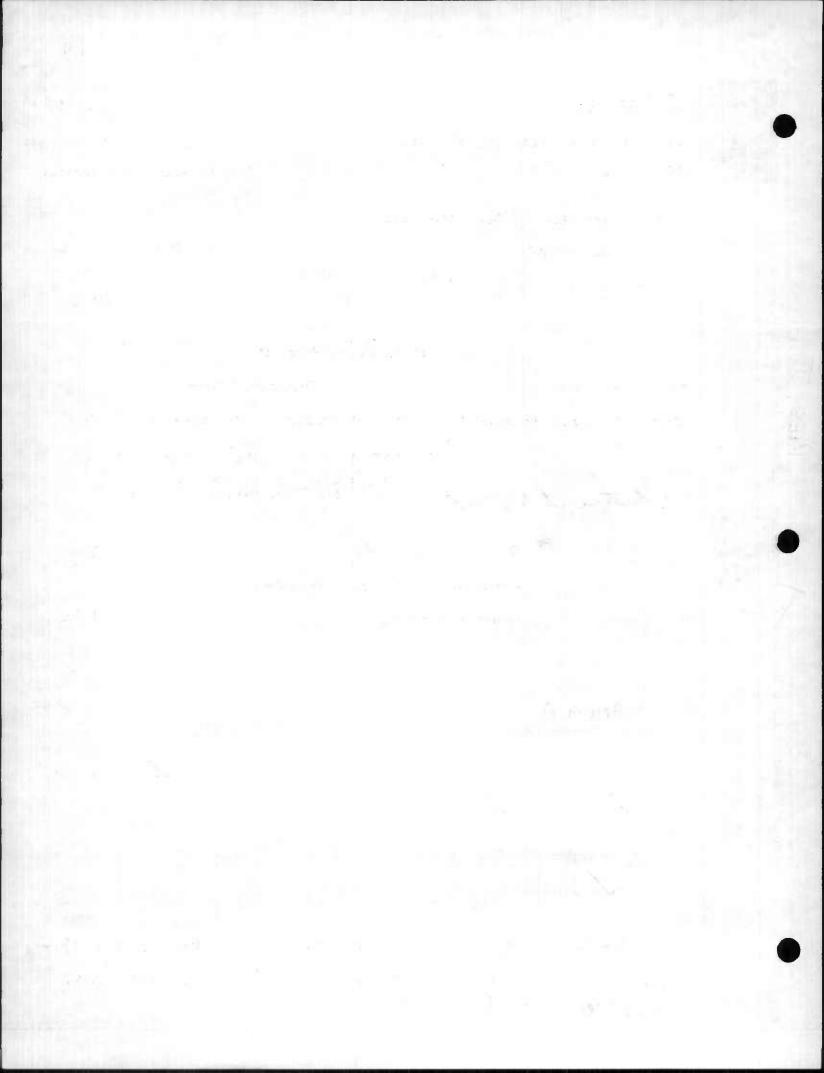
29c. Licensa number

Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the causa(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated.

29d. Date signed (Month. Day, Year)

CHON BURME, MD 21061 Dave.



· 97-7448-005

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

110 005	riease Type of Fillt in black indenble link. Assure All Copies Are Legit
RTTTANY	State of Maryland / Department of Health and Mental Hygiene,

TANY	nded #2 perMEO G755 1		Maryland / D	epartmer Certifica			ind M		Dag No	391	15
Physician	1. Decedent's Name (First, Middle, Brittany		n					2. Date of Dea Month DECEMBE	th 12/24/8	7 _{yaar} 8	3. Time of Death 3:55A.M.
/Medical Examiner	4a Facility Nama (If not institution, SOUTH BOUND 695)	4	b. City, Tov		ocation of Death	4c. County BALTI		
	5. Social Sacurity Number 215-25-4167 Usual Residence of Decadent	5. Sex 1 □ M 2 X K	Age (In yrs. lest birt	Months	Days	If Under 2 Hours	24 Hrs. Min.	8. Date of Birt (Month, De) Feb. 27	h, Year) 2,1989	9. Birthplac Country	a (State or Foreign
	10a. State 10b. County	Baltimore	10c. City, Town		Rive	r				10d.	Inside City Limits
	10e. Street and Number			10f. Zi	ip Code				10g. Citizen of V	Vhet Country	?
after death with or items 23s or injust must be injust. Funeral Di	21 Clearwat	er Ct.				212	220		U	SA	
	11. Marital Status DEMover Married 2 Marrie 3 Widowed 4 Divorced	12. Was Decede Armed Force d 1 Yes 2 If Yes, Give Year or Date	s? Dino	13. Was Dece If Yes, spe 1 \(\subseteq Yes		ispanic Origin, Mexican, Specify:	gin? (Sp , Puerto	ecify Yes or No- Rican, etc.)	14. Rac Bled Specify	a - American ck, Whita, etc	
r, me Moses Ess Completed by	15. Decedent's (Specify only highest Elementery/Secondery (0-12)	Education grede completed) College (1-4e		Decedent's Usu (Give kind of w life. DO NOT	ork done o use retired	ation during most	of work	sing	16b. Kind of Bu		itry
o Be Co	3rd 17. Fathar's Nama (First, Middle, L Edward L. H		ſr.	11/	d			e (First, Middle,	Meiden Sumen		
T L	19a. Informent's Name/Relationshi			Mailing Addres	s (Street a			al Route Numbe			ode)
any injury or other traumatic event, the Mi ance To Be Comp	Sheila Ransor 20a. Method of Disposition XXBurial 2 Cremation		cemeter	21 C16 Disposition (Ne	me of			Date Date	20c. Location -		, State
uni	4 Donation 5 Other (Special Service Li		Cedar	Hill 22, Nama a				12/29	Glen	Burni	e, MD
ysician ank he burial-transit Loal Examiner	Immediate Cause (Final disaasa or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events	ab	Due to (or as a c	consequence of):	ry					nset and Death
	rasulling in death) Last	d									
Physic	Part II. Other significant condition	h but not resulting in the underlying cause given in Part I.				V/		V		ne cause of death	
Completed by								24e. Was perfo	en eutopsy med?	availa	autopsy findings able prior to elelion of causa ath?
Con								X	res 2□No	1/07	/as 2□ No
After this certification funeral director	25. Was case referred to medical axaminar? 1 ☑ Yes 2 ☐ No	Hospital:	otions of FD/O	tpetient 3□ D	Oth			th (Check only o		as (Canally)	VA DUIA II
	27. Menner of Death 1 Natural 5 Pending 2 Accident Invastigs	28a. Date of I			28c. Injun Work	v at			now Injury occur		COLCA
completely filled in by the fune Medical Certification	3 Sulcide 3 Sulcide 4 Homicide 6 Could not be determined 28e. Place of Injury - At home, farm, streel, factory, offica building, etc. (Specify)						1 1200		Street and Number, State)	end Number or Rural Route Number,	
Funer staly fill dical		Physician: To the be	s of examinetion and								
within 24 hours after deat To the Funeral Director: completely filled in by the Medical Certificat	29b. Signature and title of certifier	and manner	INO	25	e. Licansa	a number			29d. Date signe	d (Month, De	y, Year)
) (AA .										
6	30. Neme and address of person w	ho completed cause of	of death (Item 23a) (O.C.		oct.	Baltim	ECEMBER		

the the street of the crossed and the season TREES, IN ALTHOUGH The same of the sa Salay of the Land Tell and The state of the s THE RESIDENCE OF THE PROPERTY OF THE PARTY O material section for the last

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

EDWARD	
RANSON	JF

1. Decedent's Nama (First, Middla, Last)

Certificate of Death

2. Date of Deeth

4c. County of Deeth

10g. Citizen of What Country?

USA

Physician /Medical Examiner

Edward

Ranson, Jr.

3. Time of Deeth

4e Facility Nama (If not Institution, giva street and number) SOUTH BOUND 695 AT NORTH POINT BLVD.

DECEMBER 24, 1997 4b. City, Town, or Location of Death

8:55A.M.

Funeral Director

> an "natural", or items 23s or Medical Examiner must be o Herns 23a

'natural'

Hygiene. ther then

2 should be fi h and Mental H is marked of

Pages 1 and 2 s ment of Health an ant: If them 27 is r ury or other traus

Physician

/Medical

Examiner

edical

Physician/M

à

Completed

Be

0

Certification:

edical

000

E

8

DB06 2

conficults

200

Baltimore,

ag II

5. Sociel Security Number 218-94-1477 Usuei Residence of Decedant 6. Sax 7. Aga (In yrs. last birthday) KOM 2 F 33

NORTH POINT If Under 1 Yeer | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

BALTIMORE Birthpiaca (Stata or Foraign Country)

Director

Funeral

þ

Completed

10s State 10b. County 10c. City, Town or Location

Yrs.

Jan.21,1964

Baltimore

Middle River 10f. Zip Code

10d. inside City Limits 1 Yas 2

Black

10e. Street and Number

21 Clearwater Ct. 12. Was Decedent Ever In U,S. Armed Forcas?

21220 Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.)

14. Race - American Indian. Black, Whita, atc.

1 Navar Married 2 200 mied 3 Widowed 4 Divorced

1 Yas 2 16 16 Yes, Giva Yaar or Detes:

1 Yas 2 K No Specify:

16b. Kind of Business/Industry

15. Decedant's Education (Specify only highast grada completed) Elementery/Secondary (0-12)

Collega (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Custodian

Schools Public

Balto. Co.

17. Fathar's Nama (First, Middla, Last)

Edward Ranson, Sr. L.

18. Mothar's Nama (First, Middla, Meiden Sumeme) Mary E. Farmer

19a. Informant's Name/Raletionship (Type, Print)

19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code)

Sheila Ranson/wife

20b. Piaca of Disposition (Nama of cematary, crametory or other place)

21 Clearwater Ct. Balto., MD 21220 20c. Location - City or Town, Stete Data

20e. Method of Disposition

¥Suriai 2 ☐ Cramation 3 ☐ Ramovel from Stata □ Donation 5 □ Othar (Specify)

Cedar Hill Cemetery

12/29 Glen Burnie, MD 22. Name and Addrass of Facility 1701 Laurens St.

21. Signatura of Funerel Sarvice Licensea

Markon Unter the disaese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in heart failure. List only one cause on each line.

James a. Morton & Sons Funeral Home Approximata Interval Batween Onsat and Death

Immediata Causa (Final diseasa or condition rasulting in daath)

MULTIPLES THOMES Dua to (or as e consequance of):

Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Couse (Diseese or injury that initiated events rasulting in daath) Last

Dua to (or as a consaquance of): Dua to (or as a consaquanca of):

Pert if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was en autopsy performed?

24b. Wara autopsy findings availabla prior to complation of cause of deeth?

Yes 2 No

111 Penn Street, Baltimore, Maryland 21201

26. Plece of Death (Check only ona)

1 Yas 2□ No

25. Was casa rafarrad to medical exeminer? 1 Yas 2 No

27. Manner of Deeth

1 Naturai

2 Accidant 3 Suicida

4 Homicida

Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year)

28b. Tima of injury 12 24 97 0815A M

28c. Injury at Work? 1 Yas 2 No

Othar: 4 Nursing Home 5 Rasidance 6 Other (Specify) ROADWAY 28d. Dascribe how injury occurred ODJECT Driver OE abo, IMPDU Fixed

28e. Placa of injury - At home, ferm, street, factory, office building, atc. (Specify)

28f. Location (Streat and Number or Rural Routa Number, City or Town, Steta) 695 ATHORTHPOINT, BANGING IS COM

29e. Cartifiar (Check only one) 1 Certifying Physician: To the best of my knowledge, daeth occurred at tha tima, deta and place, and dua to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, deta end piece, and dua to the cause(s) and manner stated.

29b. Signatura and titla of certifier

5 Pending

invastigation

6 Could not be

29c. Licansa number O.C.M.E.

29d. Date signed (Month, Day, Year) DECEMBER 25,1997

30. Nama and addrass of parson who completed causa of death (item 23e) (Type, Print)

HARYARWS St. Deta filed (Month, Dey, Year)

D. KORGU MM 32. Ragistrar's Signatura

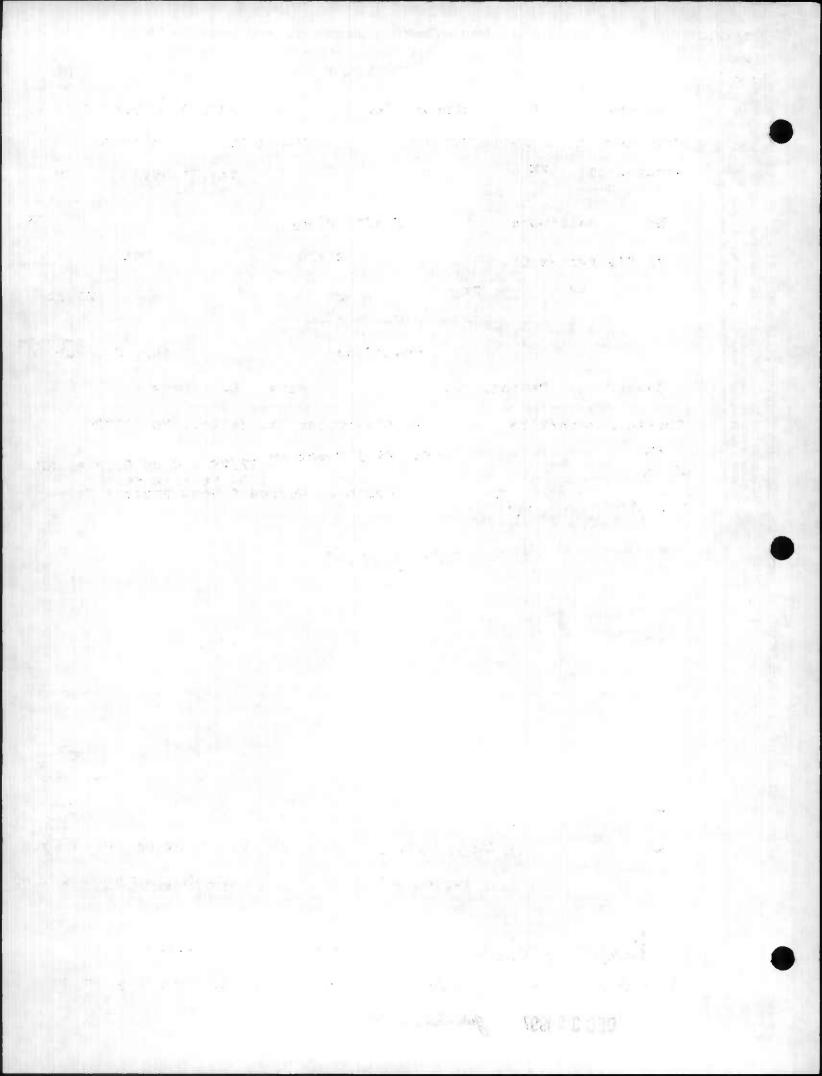
DEC 3 0 1997

Julia Davidson-Randall

Registrar

of Vital Records, P.O. if or Attending after death.

To the within 2 To the



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygien® Item: #1 Per KB Per FH Film G-754 12-30-97RC Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death **Physician** SHANNON December 14 1997 10:21 p.m. /Medical 4e. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BAHIMORE CITY
If Under 24 Hrs. 8. Date of Birth
Hours Min. 2001 Hopkins 6. Sex HOSPITAL Sohns if Under 1 Year 5. Social Security Number Birthpiace (State or Foreign Country) **Funeral** Months Days 1□ M 2♥ F Director 2 Days Dec 12, 1997 Maryland N/A Usual Residence of Decedent the Maryland 10a. State 10b. County 10c, City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show trsumstic event, the Medical Eventmen must be nothed at 1 Yes XXXVo Directo Pennsylvania Airville 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 45 Wenzel Road 17302 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 14. Race - American Indien, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 ☐ Yes 2 X No If Yes, Give Yeer or Dates: 1 X Never Married 2 ☐ Married 1 ☐ Yes 2 📉 No þ 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) n/a n/a permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other event. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Willard Gregory Shepherd Betty Gunther Ann 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Willard Gregory Shepherd/father 45 Wenzel Road, Airville, Pennsylvania 17302 20c. Location - City or Town, Stete Date 1 X Buriel 2 Cremation 3 Removel from State 4 □ Donation 5 □ Other (Specify) Dulaney Valley Mem. Grdns.12/18/97 Timonium, Maryland 22. Name and Address of Facility DUG (h. Clary Lemmon Funeral Home 10 W. Padonia Road, Timonium, MD 23a. Part I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on mach line. Approximate Intervai Betw Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical ACIDOSIS, HYPOTENSION, BRADYCARDIA 3 HOUKS Examiner HYPOPLASTIC LEFT HEART DISEASE Examine ZDAYS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical Due to (or as a consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 ☐ Unknown NONE þ Completed 24a. Was an autopay performed? 24b. Were eutopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 No

25. Was case referred to medical examiner? 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 1 Natural 5 Pending 2 Accident investigation

6 Could not be

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

29e. Certifier

3 Suicide

4 Homicide

t Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the ceuse(a) and manner as stated.

[Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the ceuse(s) and manner stated.

29b. Signeture and title of certifier ·alison Gusor, MD

29c. License number RES-000

28. Place of Death (Check only one)

29d. Date signed (Month, Day, Year) DECEMBER 15, 1997

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

AUSON ENSOR, JOHNS HOPKING HOSPITAL, 600 N. WOLFE ST., BALTIMORE, MD 21287 31. Date filed (Month, Day, Year)
DEC 3 0 1997

Registrar



Saltimore, Maryland 21215-0020

P.O. Box 68760

Records.

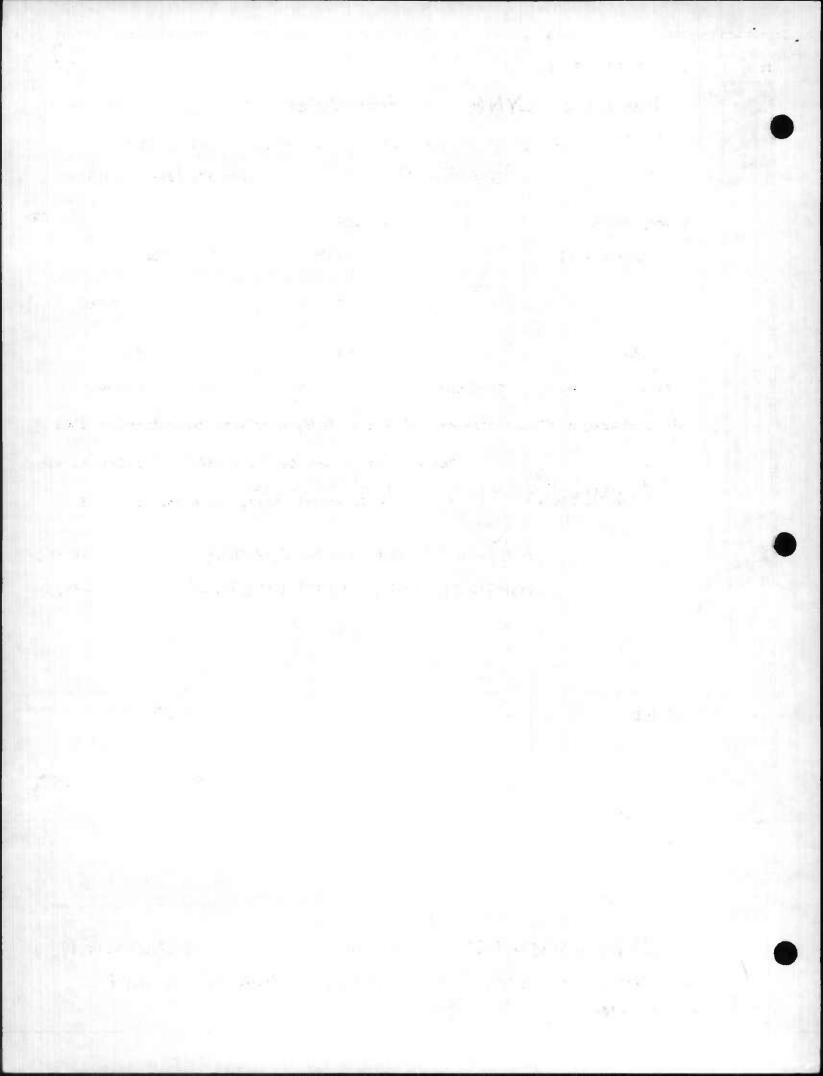
Division of Vital

Hospital or Attending PI
 24 hours after death.
 Funeral Director: After the

To the Hospital within 24 hours a To the Funeral C completely filled

Certification:

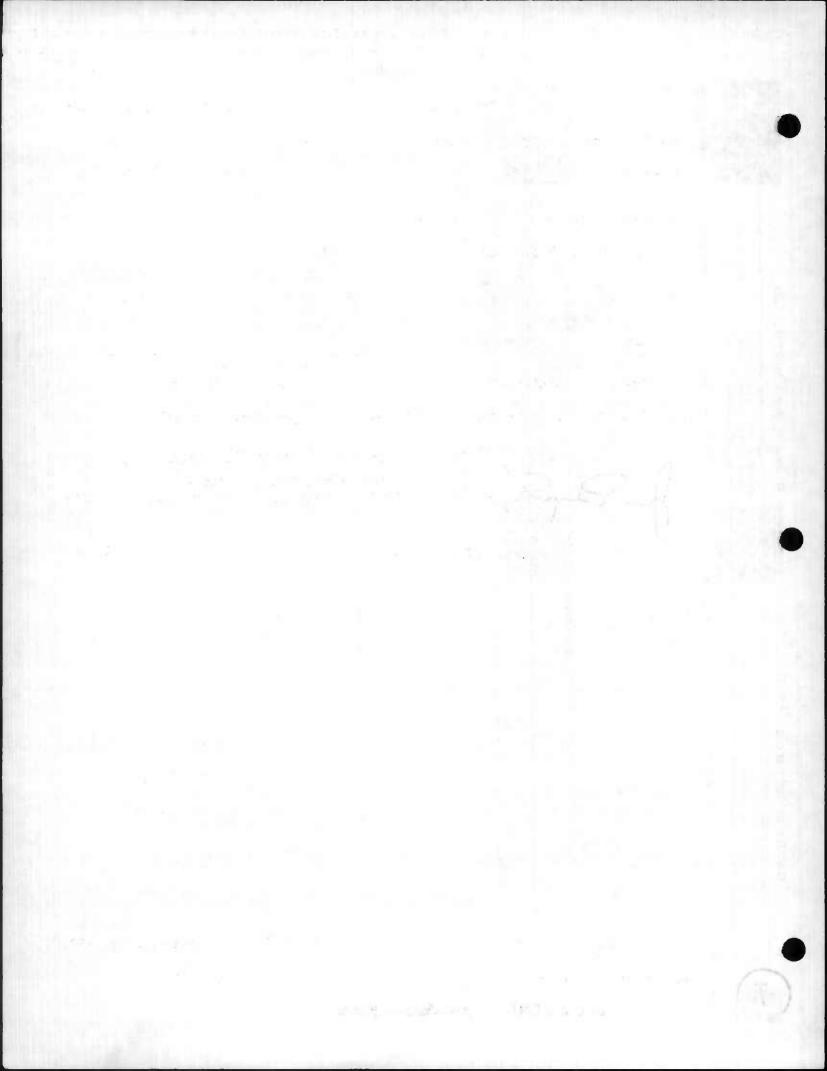
edicai



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 394 | 8

				Ce	rtificate c	of Death		Reg. No.	0.	7710
Physician		1. Decedent's Name (First, Middle, Li	ast)	IC AV W		1,7376.1	2. Data of De	ath	Vene	3. Time of Death
Physician /Medicai		Helen R.			Decemb	er 29,1	997	1:00 P.M		
Exam		4a. Facility Name (If not institution, gi	ve street and number)			4b. City, Town, or				
		Franklin Square	Hospital Cen	ter		Rosedale		Balti	more	
Funera Directo	_		Sax 7. Age (In)	yrs. last birthday) Yrs.	if Undar 1 Ye Months Da			y, Year) , 1916		leca (State or Foreig try) Land
land	and and	10a. State 10b. County	10c.	City, Town or Lo	cation				1	0d. Inside City Limits
the Mary 28a-f sho	Director	Maryland Baltimor	re i	Essex	10/ 7: 0 4					1 Yaa 2 No
eth with		1000 Apt 913 Fran			10f. Zip Cod	21221			SA	
filed within 72 hours efter deeth with the Maryland Hygiene. ther than "naturel", or floms 23a or 28a-f show ent, the Madical Examiner must be mortified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3X Widowed 4 Divorced	12. Was Decedant Ever in Armad Forces? 1 ☐ Yes 2 No If Yes, Give Year or Datas:		Was Decedent of Yes, specify C	of Hispanic Origin? (Suban, Mexican, Pual No <i>Specify</i> :	Specify Yes or No- to Rican, atc.)		ca - Americ ck, Whita, Whita	atc.
72 h netu	etec	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a. Dece	dent's Usuai Oc	cupation ne during most of wo	orkina	16b. Kind of B		
2 should be filed within 72 ho end Mental Hygiene. Is marked other than "natur aumatic event, tre Medical	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	lite.	DO NOT use rel Housewi	tired)	, and a	Own	Home	
be file d othe	Be	17. Father's Name (First, Middle, Last)			18. Mother's Na	Name (First, Middle, Maiden Sumame)			
Vents Aents rked	To	George W	ittstadt			Hanna	Во	zman		
DE Z		19a. Informant's Name/Relationship Donald R. Little,				eet and Number or R Avenue Es				Code)
1000		20a. Mathod of Disposition 1 X Burial 2 Cremation 3 E 4 Donation 5 Other (Speci	Ramoval from State	b. Placa of Dispo cemetery, crer ak Lawn	natory or other	placa)	Date /1998	20c. Location	-	wn, State aryland
permit. Peges Depertment of Important: If It any injury or once.		21. Sur ature of Funeral Service Lice		22	Name and Ad Bruzdzi	dress of Fecility NSK1 Fune	ral Home	PA		-
Physician	_	23a. art . Enter the disease, or com hock, or heart failure. List only	olications that caused the done cause on each line.			Eastern Adying, such as cardia			Land	Approximate Interval Between Onset and Deeth
/Medicai Examiner		immediete Cause (Final disease or condition resulting in death)	a. Cancer of	the lung					1	year
D =	ine									
icate be axecuted physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Olsease or injury that initiated events	Due to	o (or as a consec	juenca of):					77-
certificate be axecuted inding physician and use as the buriel-transit	Medical	that initiated events resulting in death) Last	uanca of):							
attend for us	lan/		0.							7.77
e deeth he atten	Physician	Part II. Other significant conditions	given in Part I.	23b. Did tobacco use contribute to the causa of deat						
as that the de igned by the a be dateched	by Phy						饭	res 2□ No	3 Prot	ebly 4 Unknow
aw requires to been single 2 should	Completed						24e. Was perfo	an autopsy med?	ave cor	ore autopsy findings elieble prior to expletion of cause death?
a - 0	Son						101	es 2X No	1 🗆	Yes 2 No
ician: Th certificata rector, pag	Be	25. Was case referred to medical examiner?				26. Place of De	ath (Check only o	ne)		
D 80 Z	2	1 Yes 2⊠ No	Hospital: 1 Inpatient 2	ER/Outpetien	t 3 DOA	Other: 4 D Nursing I	Home 5 Resid	lence 6 Oth	er (Specify)
ding h. After fune	ation:	27. Manner of Death 1 ⊠ Natural 5 ☐ Pending 2 ☐ Accident investigatio		28a. Date of Injury (Month, Day Year) 28b. Time of Injury M 1 Yes 2 No			28d. Describe h	28d. Describe how injury occurred		
tal or Attendent is efter deat al Director: led in by the	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						m, State)		l Route Number,
To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by	edical	29a, Certifier 1 Certifying Pt (Check only one) 2 Medical Exam	nysician: To the best of my l minar: On the basis of exam and manner stated.	knowledge, death Ination and/or inv	occurred at the restigation, in m	s time, dete and place by opinion, death occ	a, and due to the ourred at the time,	causa(s) and madata and place,	anner as st and due to	ated. the cause(s)
within 2 To the comple	X	29b. Signatura and title of cartifiar	440			ense numbar		29d. Data signe	d (Month, I	Day, Year)
		Name of the last o	M.D.			18487		Decembe	r 29,	1997
7		Dr. Myo Thant 90	completed cause of deeth (I			timore, Ma	ryland 2	1237		
St	ate	31. Date filed (Month, Day, Year)	32. Registrar's 8		72. s. m					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth December arie 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Geriatrics Baltimore hns Hooking if Under 1 Yeer If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthpiece (State or Foreign Country) Months Deys (Month, Day, Year) 02/02/1917 Hours 212-09-5102 80 Maryland Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 【XNo Maryland Baltimore N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8260 Bullneck Ct. 21222 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritei Stetus 14. Rece - American Indien, Bleck. White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 ☑ No Specify: White 3 Widowed 4 Divorcad 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collage (1-4or 5+) Unknown Factory Worker Canning 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Hugh McEvoy Katherine Smith 19a. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Robert McEvoy / Nephew 8457 Main Ave., Pasadena, Maryland 21122 20b. Pleca of Disposition (Nema of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition Date 15 Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Garden of Faith Cemetery 12/29/97 Baltimore, Maryland 21 Signature of Funeral Service Lice 22. Name end Address of Fecility Hoffmann-Skarda Funeral Home 3218 Hudson Street, Baltimore, Maryland 21224 23a. Pert1. Enter the disease shock, or heart feilurg 3218 Hudson Street, Baltimore or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, and only one cause on each line. Approximete Interval Between Onset and Death immediete Cause (Final Dehydration disease or condition resulting in deeth) Embolic Cerebrovascular accident Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disaase or injury thet initieted avants resulting in daeth) Lest Coronary after
Due to (or its e consequence of Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown mellitus, Hypertension, aortic valve ent; s/p CABG, gastric ulcer, 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of death? Ventilator dependent Seizurs asThma

25. Wes case referred to medical examinar?

1 Yes 2000 Hospital Inpatient 2 ER/Outpetient 3 DOA Other: 4 DOA 1 Yes 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Mennar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 2 Accident 5 Pending Invastigation 1 ☐ Yes 2 ☐ No 6 ☐ Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata)

Examiner Box ŝ P.0. eigned by Records, Division of Vital 芸

Examine Physician/Medical þ Completed Be 2

4 Homicide

29a. Certifier

Certification: Medical

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

Funeral

Director

item 27 is merked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

d 2 should be filed within 72 th and Mental Hygiena. 7 is merked other than "na

permit. Pages 1 and 2 should be file.
Department of Health and Mental Hys.
Important: If item 27 is merter

Physician /Medicai

the Maryland

Baltimore, Maryland 21215-0020

Affer death. or Attend after death Director: To the Hospital of within 24 hours at To the Funeral D

> State Registrar

295. Signature and title of certifier

fix Certifying Phyeician: To the best of my knowledge, deeth occurred et tha tima, date end plece, end due to the causa(s) and mannar as stated.

2 Medicat Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, date and place, and dua to the cause(s) end menner stated.

29c. License number

29d. Date signed (Month, Dey, Year)

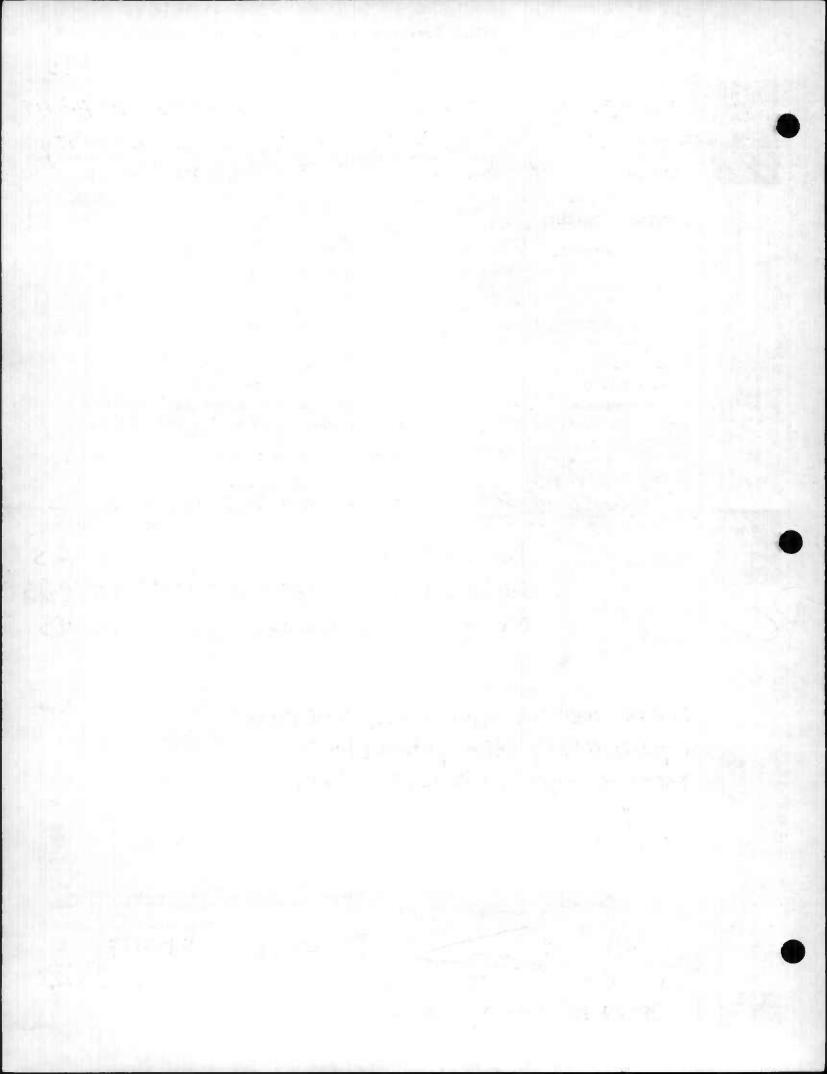
DelT M

21224

30. Name and eddrass of person who completed cause of death (Item 23e) (Type, Print)

wee nough mi MO 5505 Hophus

31. Date filed (Month, Day, Year)
DEC 3 0 1997 Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item:27 per MD G-754 12/30/97 dh Item:18 per FH G-754 12/30/97 dh Certificate of Death Reg. No. 1. Decedant's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Deeth Month **Physician** 08:50 AGNES VERONICA SPENCER 12 an /Medical 4a. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SHOCK TRAUMA CENTER BALTIMORE BALTIMORE CITY If Under 1 Yaar If Undar 24 Hrs. 8. Deta of Birth
Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpleca (Steta or Foreign Country) **Funeral** 1 M 2 F Months Deys 59 151-28-8323 **Director** NJ 6 30 38 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 Yes 2 □ No MD BALTIMORE CITY BALTIMORE Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ETTING ST. 21217 2024 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give 11. Merital Status Wes Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14 Race - American Indian Bleck, White, etc. hours after 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: BLACK P 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry filed within Hygiane. Elementery/Secondery (0-12) College (1-4or 5+) HOMEHAKER 12 domestic other 18. Mother's Neme (First, Middle, Maiden Sumame) Mary Dorsey 17. Fether's Neme (First, Middle, Last) permit. Peges 1 and 2 should be file Depertment of Health and Mental Hy Important: if item 27 is marked oth any linjury or other traumatic event 2018. Be Sugar Payne Dorsey Jack Manderville 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Baltimore, MD 21218 HOPE PURGAT - DAUGHTER 954 ARGONNE DR 20b. Plece of Disposition (Name of cemetary, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata Burial 2 Cremation 3 Removel from Stete King Memorial Park 12/30 Randallstown, MD ature of Funeral Service Licensae 22. Nama and Address of Facility James A. Morton & Sons Funeral Home 1701 Laurens St. Balto., MD 23a Fail Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respired, or heart feiture. List only one cause on each line. Physiclan /Medical immediate Cause (Finel VENTRICULAR disaase or condition rasulting in death) FIBRILLATION minutes Examiner Due to (or es e consequence of): HEMORRHAGE INTRACRANIAL 1 hours physicien and the burief-transit be executed Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events rasulting in death) Last Due to (or es e consequence of): Box 68760 PUNCTURED LEFT VENTRICLE 7 hours Physician/Medical Dua to (or as a consequence of): LEFT HEMOTHORAX 7 hours 950 0 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. ed by the a 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably Wunknown Right Femur Fracture signed l Records, þ 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed Anoxic Brain Injury peeu pega 2 s 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes casa referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) Certification: To 1 Yes 2 No After this 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? af or Attendent.

ars after deeth.

aral Director: After the fu 1 Natural 2 B Accident Attending 5 Pending Investigation Motor Vehicle Collision 1 ☐ Yes 2 No 12 27 97 op, offica

City or Town, State) 01:00 M 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and prace, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. Street 24 hours a Hospital Medicai 29e. Certifier (Check only one)

State Registrar

31. Dete filed (Month, Dey, Year) DEC 3 0 1997

bet free litte

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

29b. Signeture and title of certifier

PHILIP

MILITELLO MD SHOCK TRAUMA 32. Registrar's Signature

a Davidson-Randell

29c. License number

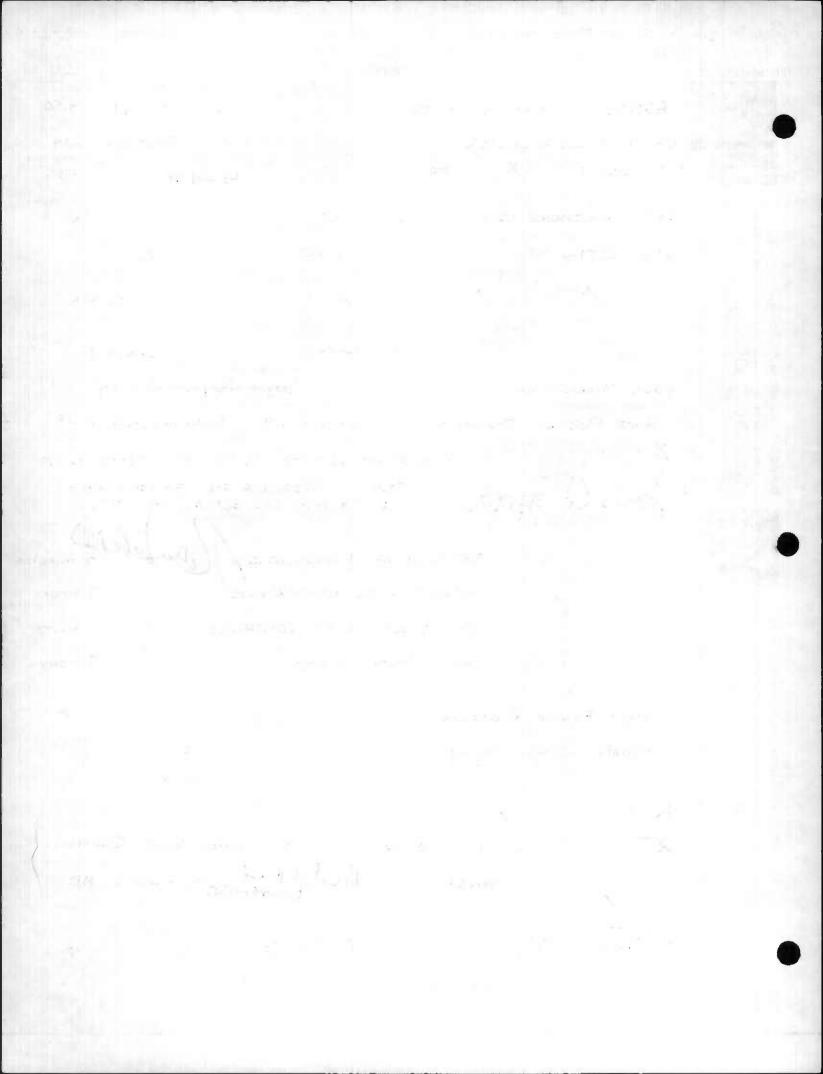
1866

29d. Data signed (Month, Dey, Year)

12-27-97

DHMH 16 Rav 6/95

within 2 To the I To the



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

	_						ath		Reg. No.			
Physician /Medical Examiner	1	1. Decedent's Name (First, Middla, La 6 h N P ALT'S 4a. Facility Name (If not institution, giv	RJAMU	15 15	, 5-	4b. C	ity, Town, or L	2. Data of De Month ocation of Death	Day DR Z8	Year 997	Time of Dea	
Funeral		5. Social Security Number 6. S		(In yrs. last bin	thday) If Und	lar 1 Year If	Under 24 Hrs.	8. Data of Bird		9. Birthplace Country)		
Director		251-70-6603 Usual Residence of Decedent	10XM 20 F	55	Yrs. Month	s Days H	ours Min.	Harch	6,1942	Country)	C	
f show		10a. State 10b. County	14)	10c. City, Town	n or Location						nsida City L	
ms 23a or 28a-f show		10e. Street and Number	4	W 00		Zip Code 2/24			10g. Citizen of			
F, or the	2	2	11. Marital Status 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1			edant of Hispa becify Cuban, M	,	ecify Yes or No Rican, atc.)	- 14. Rac Bla Specif	ce - American Inck, White, etc.	ndian,
- 3	non-biesen	15. Decedent's Et (Specify only highest grade) Elamentary/Secondary (0-12)	ade completad) Collaga (1-4or 5+	18a.	-	sual Occupation work done during usa retired)		ing	16b. Kind of B	usiness/industri e Mea	han,	
end Mental Hygiane. Is marked other than sumatic event, the M	3	17. Father's Nama (First, Middle, Last) Day 'A Samu 19a. Informant's Name/Relationship (el	19b.		18.	Mother's Nam	Ham	Maiden Suman		(e)	
Department of Health end Mental Hygiane. Important: If Item 27 Is marked other than any Injury or other traumatic event, Item once. To Be Comp		Alisa Samuel. 20a. Method of Disposition 1) Burial 2 Cremation 3	S - Daygh Removal from Stata	fer 2	Disposition (A	EUS W.C	my Ct	Date Date	allaws 20c. Location	Oity or Town,	2/24 State	
Departma Important any Injury once.		4 □ Donation 5 □ Other (Specification of Funeral Service Licer		KING	22. Name	and Address of	Facility We	1-2-98	Kanad	allstow.	212	
weician		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused tona cause on each line	the death. Do n	not enter the m	300 Code of dying, su	Clabox uch as cardiac	or respiratory si	enue rrest,	Inte	roximate rval Betwe et and De	
nysician Medical kaminer		Immediate Cause (Final disaase or condition resulting in death)	Athafo	the death. Do na.	Sie Consequence o	a Rdio			enue mest, Disaps	Inte	rval Betwe	
ing physicien and east the buriel-transit		Immediate Cause (Final disaase or condition	b.	seb Ro Dua to (or as a c	consequence o	ardiv				Inte	rval Betwe	
by the attending physician and its constraint and i	F	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	a.A. the for D	Dua to (or as a co	consequence of) Rdiv	Vasc	23b. Did t		Inte Ons	rval Betweet and Developed and	
gned by the attending physician and important be detached for use as the buriel-transit by Physician/Medical Examiner	F	Immediate Cause (Final disease or condition resulting in death) Sequentiatly list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that Initiated events resulting in death) Last	a.A. the for D	Dua to (or as a co	consequence of)	Vasc	23b. Did 1	lobacco use co	entributa to the 3 Probebly	cause of c	
ificate has been signed by the attending physician and minimp or, page 2 should be detached for use as the buriel-transit aurin e. Completed by Physician/Medical Examiner	F	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last	a.A. the for D	Dua to (or as a co	consequence of):):): cause given in	VASC.	23b. Did 1 1 24a. Was perfo	lobacco uae co Yes 2 No an autopsy med?	entributa to the 3 Probebly 24b. Wera a available complete of death	cause of cau	
To Be Completed by Physician/Medical Examiner	F	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Part II. Other significant conditions or cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last	a A ha for D b c d Hospital: 1 □ Inpatien	Dua to (or as a coue to (or a))))))))))))))))))))))))))))))))))))	consequence of consequence of the underlying	cause given in	Part I.	23b. Did 1 1 24a. Was perfo	lobacco uae co Yes 2 No an autopsy med? Yes 2 No yes 2 No yes 2 No yes 6 Oth	entributa to the 3 Probably 24b. Wera a available completed of death 1 Yas	cause of cau	
To Be Completed by Physician/Medical Examiner	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or injury that Initiated events resulting in death) Last Part II. Other significant conditions or example of Death 1 Matural 5 Pending Investigation 2 Accident 5 Could not be	a. A. The A. D. b. D. c. D. d. Ontributing to death but Hospital: 1 Inpatien 28a. Date of Injury (Month, Day) 28e. Place of Injury 28e. Place of Injury	Dua to (or as a count to (or a	consequence of consequence of the underlying the treatment 3 to the underlying the treatment of the underlying	of Rdiv	Part I. Place of Daat	23b. Did 1 1 24a. Was performe 5 Preside 28d. Describe N	Nobacco use co Yes 2 No an autopsy med? Yes 2 No yes 2 No yes 2 No yes 2 No yes 2 No yes 2 No yes 2 No yes 2 No yes 2 No yes 2 No yes 2 No yes 2 No yes 2 No yes 2 No	entributa to the 3 Probably 24b. Wera at available complete of death 1 Yast	cause of cau	
It of the foundation of the conficult of	F 2	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last 25. Was case referred to medical examiner? 1 1 1 1 2 2 No 27. Manne of Death 1 1 Natural 1 Natural 2 Accident 1 Could not be datermined	b. D c. D d. D Hospital: 1 Inpatien 28a. Date of Injury (Month, Day) 28e. Place of Injury building, atc.	Dua to (or as a coue to	consequence of consequence of the underlying the underlying the underlying Mrm, street, factor, death occurrent, and the underlying Mrm, street, factor, death occurrent, and the underlying Mrm, street, factor, death occurrent, and the underlying Mrm, street, factor, and the underlying	cause given in 26 OOA Other: 28c. Injury at Work? 1 Yes ony, office	Part I. Place of Daat Nursing Ho 2 \(\text{No} \)	23b. Did to 1 24a. Was performe 5 Aesic 28d. Describe to 28f. Location (\$ City or Tow	lobacco use co Yes 2 No an autopsy med? Yes 2 No how injury occur Street and Numb causa(s) and me	entributa to the 3 Probably 24b. Wera at available complete of death 1 Yast ner (Specify) red	cause of d cause of d utopsy find a prior to licitor of caus 2 No	
24 hours offar death. Funeral Director: After this certificate has been signed by the attending physician and managed by the funeral director, page 2 should be detached for use as the buriel-transit of the funeral director, page 2 should be detached for use as the buriel-transit of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the function of the funeral director of the function of th	F 2	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that Initiated events resulting in death) Last Part II. Other significant conditions of the conditions of the cause of the conditions of the cause of the ca	b	t 2 ER/Out Tyear) 28b. T In Tyear) 1 The symmetric sym	consequence of consequence of the underlying the underlying Mrm, street, factor death occurred for investigation.	cause given in 26 OOA Other: 28c. Injury at Work? 1 Yes Ory, office d at the tima, d on, in my opinio	Part I. Place of Daat Nursing Ho 2 No ata and place,	23b. Did to 1 24a. Was performe 5 Aesic 28d. Describe to 28f. Location (\$ City or Tow	lobacco use co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street and Numb wn, State) ceusa(s) and ma data and place,	anner as stated, and dua to that	cause of d to depend on the cause of d to d	
It of the foundation of the conficult of	F 2	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury lintal initiated events resulting in death) Last Part II. Other significant conditions or cause. Enter 1 Other significant conditions or cause. Enter 1 Other significant conditions or cause. In the cause of the cause	b. D c. D d. D montributing to death but ontributing to death but on	t 2 ER/Out Tyear) 28b. T In Tyear) 1 The symmetric sym	consequence of consequence of the underlying the underlying Mrm, street, factor death occurred for investigation.	in Cause given in Cau	Part I. Place of Daat Nursing Ho 2 No ata and place, death occurrencer	23b. Did to 1 24a. Was performe 5 Anesic 28d. Describe to City or Toward due to the ed at the time, of the control of the cont	lobecco use co Yes 2 No an autopsy med? Yes 2 No dence 6 Oth now injury occur Street and Numb wn, State) ceusa(s) and madata and place,	anner as stated, and dua to that	cause of d cause of d utopsy findia prior to licin of cause 2 No ta Number, causa(s)	
24 hours offar death. Funeral Director: After this certificate has been signed by the attending physician and managed by the funeral director, page 2 should be detached for use as the buriel-transit of the funeral director, page 2 should be detached for use as the buriel-transit of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the function of the funeral director of the function of th	2 2	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Part II. Other significant conditions or injury that Initiated events resulting in death) Last Part II. Other significant conditions or injury that Initiated events resulting in death) Last Part II. Other significant conditions or injury that Initiated events resulting in death) Last Part II. Other significant conditions or injury that Initiated events resulting in death 1 1 1 1 1 1 1 1 1	b. D c. D d. D montributing to death but ontributing to death but on	bus to (or as a count to (or a	tonsequence of consequence of the underlying the underlying the underlying to the underlying the	in Cause given in Cau	Part I. Place of Daat Nursing Ho 2 No ata and place, death occurrencer	23b. Did to 1 24a. Was performe 5 Anesic 28d. Describe to City or Toward due to the ed at the time, of the control of the cont	lobacco use co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street and Numb wn, State) ceusa(s) and ma data and place,	anner as stated, and dua to that	cause of d tutopsy find a prior to iden of cause The second of the sec	

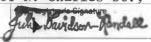
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Dev **Physician** Dorothy Wack Shenton December 18, 1997 7:39am /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Pickersgill Baltimore Towson If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Yeer 5. Sociel Security Number 6 Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Deys 1 M 2 X F Months Yrs. Director 213-05-6812 April 19, 1908 89 Maryland Usuel Residence of Decedent the Maryland 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2X No Director Maryland Baltimore Towson 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 615 Chestnut Avenue 21204 Funeral USA death 11 Maritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Bece - American Indien Bleck, White, etc. hours after 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Dates: Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 X Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled w. Capartment of Health and Mental Hygien important if flem 27 is marked other the any injury or other treasment. 12 Legal Secretary n/a Law 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Henry Wack 2 Bertha Wooden 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Harry W. Shenton, Jr./Step-Son 13413 Bladon Road, Phoenix, MD 21131 20a. Method of Disposition 20b. Piece of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete Date 1 X Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Druid Ridge Cemetery 12/20/97 Pikesville, Maryland 22. Name end Address of Fecility Lemmon Funeral Home Clary Bryan 10 W. Padonia Road, Timonium, Maryland 21093 23a. Part1. Enter the dis sused th death. Do not enter the mode of dying, such es cardiec or respiretory errest, Approximete Intervel Between Onset end Deeth **Physician** Immediete Ceuse (Final diseese or condition resulting in deeth) /Medical Metabolic & Hypoxic Encephalopathy 2 Weeks Examiner Due to (or es e consequence of): Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of) 6876 2 Physician/Medical 中山 Due to (or es e consequence of) 28 BSU Box 報 ð P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? B 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Multiple Cerebral Infarctions Records. þ 24b. Were eutopsy findings evelleble prior to Completed 24a. Wes en eutopsy performed? Renal Failure completion of cause of deeth? The 1 ☐ Yes 2 🕅 No certificate 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 🖾 Nursing Home 5 🗆 Residence 6 🗀 Other (Specify) Certification: To 1 ☐ Yes 2 ☒ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 報 27. Menner of Death 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Affact Attending 1 Naturel 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident or Attend after death Director: 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 4 Homicide To the Hospital o within 24 hours at To the Funeral D Medical 29e. Certifier 1to Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceusé(s) end manner es steted.

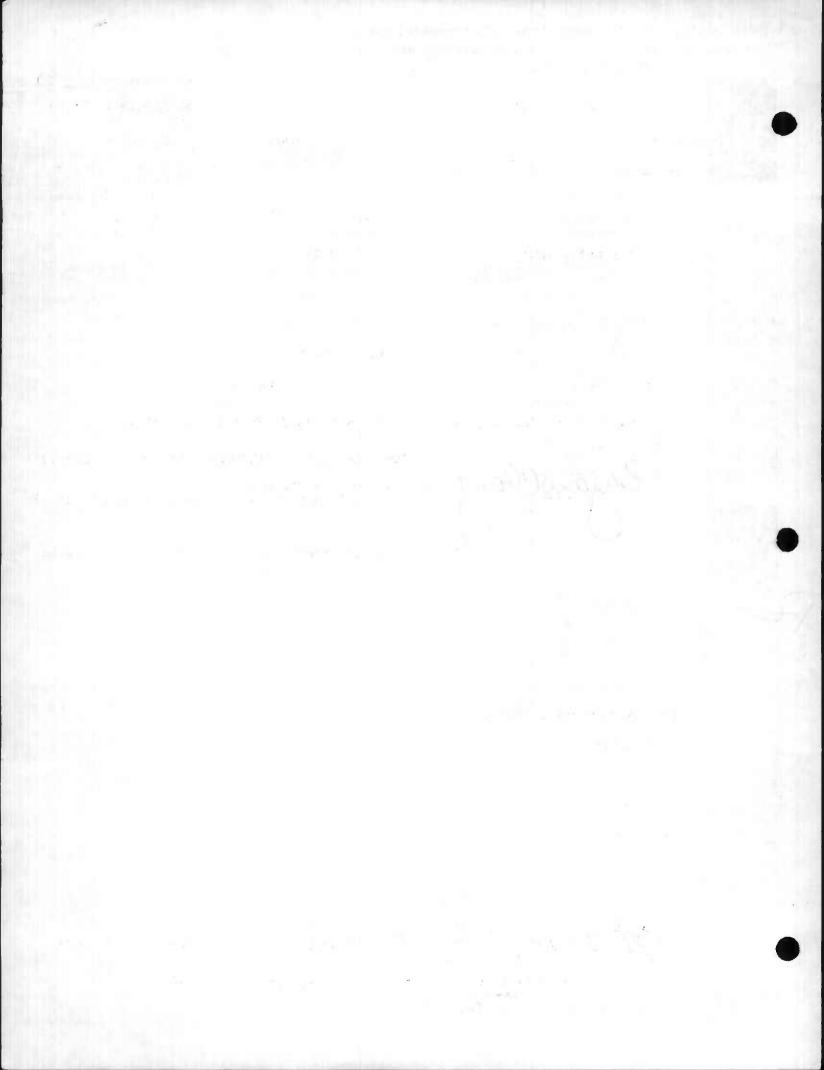
2 ■ Medicaf Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end manner steted. (Check only one 29b. Signature are title of certifier 29c. License number 29d. Dete signed (Month, Dev. Yeer) W. D25205 December 18, 1997 30. Name and address of person who completed cause of death if em 23e) (Type, Print) 6701 N. Charles St., Baltimore, Maryland W.A. Riley, MD

Registrar

DEC 3 0 199

31. Dete filed (Month, Dey, Year)





97-7330-510 97-272

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygierie Certificate of Death

MICHELLE	STORM
----------	-------

		ı
П	Physician	ı
	/Medical	ŀ

1. Decedent's Name (First, Middle, Last) Michelle

Storm

2. Dete of Death DECEMBER 3. Time of Death 1:37P.M.

1 Yes 2 No

Examiner

Funeral Director

the Maryland death

7 is marked other than "natural", or itema 23a or 28a-f show treumatic event, the Manical Examinar must be notified at Director Funeral þ Completed

se filed within 7 al Hygiene. . Pages 1 and 2 should be file ment of Health and Mental Hy ant: If Item 27 is marked oth jury or other treumatic even permit. Page Department Important: If any injury on

Baltimore.

Physician /Medical Examiner

Examiner Physician/Medical 2 286 3 Division of Vital Records, by Completed Be 10 4 Certification:

or Attendation of the or attendation of the To the Hospital within 24 hours a To the Funeral I

Lynn 19,1997 4b. City, Town, or Location of Death 4a Fecility Name (If not institution, give street and number) 4c. County of Death FEDERAL & CASTLE STREET BALTIMORE N/A If Under 24 Hrs. 8. Date of Birth (Month, Day, Yeer)
Mar 14 19 If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplaca (State or Foraign Country) 1□M 2X F Months Deys 20 163-58-8270 PA Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8177 Grayhaven Rd 21222 USA 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes ≥ 2X No If Yes, Give Year or Datas: Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - American Indian. Bleck, White, etc. 1 Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) 9 Homemaker Own Home 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Jay Michael Storm Clara J. Rice 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Clara Strickland / mother 8177 Grayhaven Rd Baltimore, MD 21222 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, Stete Dec 2' 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Lumbee Mem. Gardens Lumberton, N.C. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Connelly Funeral Home of Dundalk 7110 Sollers Point Rd 23a. Part1. Enter the discase, or complications that caused the deeth. If not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feller. List only one ceuse on each line. Approximete tnterval Between Onset and Death Immediate Cause (Finat disease or condition resulting in deeth) . Blunt force injuries head and strungulation Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in deeth) Last Due to (or es e consequence of): Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Was en eutopsy performed? 1 PYes 2 □ No 25. Wes cese referred to medicel examiner? 26. Place of Death (Check only one) Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Realdence Continue (Specify) STREET Yes 2□ No

Registrar

State

edicai

and 31. Date filed (Month, Dey, Year)

29b. Signature end title of certified

27. Menner of Death

1 Neturel

2 Accidant

4 Homicide

(Check only one)

3 Suicide

29a. Certifier

DEC 3 0 199

5 Pending

investigation

6 Could not be determined

owler 111 Penn Street, Baltimore, Maryland 21201 32_Registrar's Signature The Davidson Randell

28e. Date of Injury Fred 8b. Time of Injury (Month, Dey Year)

smeet

1337

28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify)

12-19-97

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

28c. Injury et Work?

29c. License number

O.C.M.E.

1 Yas 2 No

DHMH 16 Rev 6/95

and Stranged

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Castle

Federal and

28d. Describe how injury occurred Subject

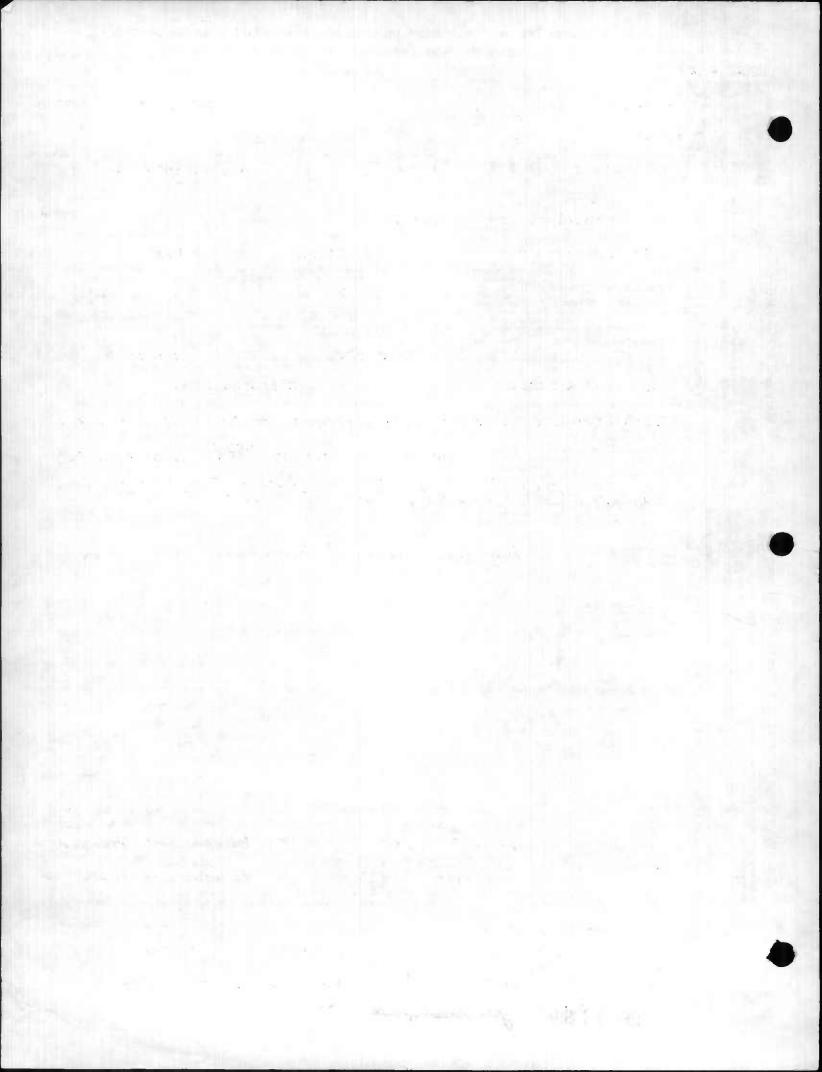
bearen

1 Cartifying Physician: To the best of my knowledge, death occurred et the time, date and plece, end due to the ceuse(s) end manner es stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner staffed.

29d. Data signed (Month, Dey, Year)

DECEMBER 20, 1997

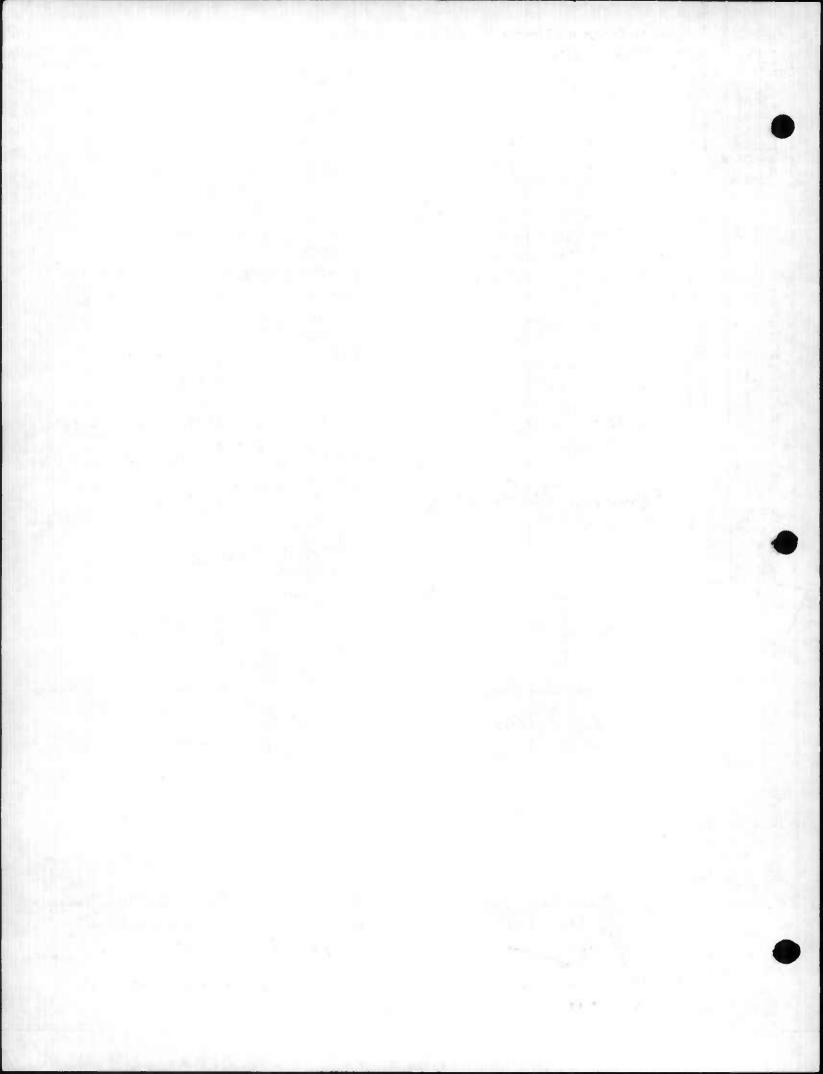


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Deeth **Physician** Catherine Sorrentino December 25 1997 1:25 AM /Medical 4a. Fecility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Eastpoint Nursing Home Eastpoint Baltimore If Undar 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** Days 1□M 2XF Months 216-20-6862 Yrs. 86 Director MD Dec 23 1911 Usual Rasidance of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or itams 23a or 28a-f show traumatic avant, the Modical Examiner must be notified at 10d. Insida City Limits Director N/A MD 1 XYes 2 No Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 510 S. Oldham St. 21224 USA Funeral 12. Was Decedant Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Datas: Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 72 hours after 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2X No Specify: þ Specify: 3 □ Widowed 4 □ Divorced White Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry pemit. Peges 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "n any injury or other traumatic avant. Elamantary/Secondary (0-12) Collega (1-4or 5+) Homemaker 8 Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Charles E. Sass Anna T. Nevins 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 510 S. Oldham St. Jean Sass /niece Baltimore, MD 21224 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata Dec 26 1 Buriel 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Metro Crematory 1997 Catonsville, MD 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility
Connelly Funeral Home of Dundalk 7110 Sollers Point RD 21222 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** Cerebral Hemmoshage
Dua to (or as a consequence of): Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner Physician/Medical Examiner Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Box 68760, physician that initiated avants rasulting in death) Last 100 Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contributa to the causa of death? signed by t 1 □ Yes 2 No 3 □ Probably 4 □ Unknown ementia ρ 24b. Wara autopsy findings aveilable prior to complation of cause of daath? 24a. Was an autopsy performed? Completed peed certificate 1 Yas 1 ☐ Yes 2 No 25. Was casa rafarred to medical exeminer? Be 28. Placa of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) P 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this After this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) Certification: 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 2 Accident or Attending 5 Panding eftar daath. Director: Aft d in by the fur Invastigation 1 Yas 2 No 6 Could not be datarminad 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide To the Hospital or within 24 hours eft. To the Funeral Dic completaly filled in Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medicai (Check only one) 29b. Signature and two of certifie 29c. Licansa number 29d. Deta signed (Month, Day, Year) 12-26-97 30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print) Mohammed Ahmed, M.D. 9512 Harford Rd Baltimore, MD 21234 32. Registrar's Signature State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. Nor 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth Dey Elizabeth L. Schwartz December 23 1997 8:00PM 4a Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth 1419 Vesper Ave. Dundalk Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number Birthplece (Stete or Foreign Country) 7. Age (In yrs. lest birthday) Months 10 M 20 F 75 Yrs 219-14-0357 Dec 15 1922 N. Carolina Usuel Residenca of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Baltimore Dundalk 10f. Zlp Code 10e. Street end Number 10g. Citizen of Whet Country? 1419 Vesper Ave. 21222 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Bank Teller Banking 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Joseph Litrenta Marianne DeLuca 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1419 Vesper Ave. Lewellyn Schwartz /husband Baltimore, MD 21222 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) Dec 29 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ₺ Burlel 2 □ Cremetion 3 □ Removel from State Sacred Heart of Jesus 1997 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, MD 21. Signature of Funeral Servica Licensee 22. Name end Address of Fecility Connelly Funeral Home of Dundalk Connelle 7110 Sollers Point Rd 23a. Pert1. Enter the disease, or complications that caused the death. In not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. Ust only one cause on each line. Immediete Ceuse (Finel Multiple 2 yens disease or condition resulting in death) Due to (or es e consequenca of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☑ Go 3 ☐ Probably 4 ☐ Unknown Olisbetes

Physician /Medical Examiner

Physician

· /Medical

Examiner

Director

Funeral

À

Completed

Be

MD

Funeral

Director

7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Mandal Examinet must be notified at

al Hygiene.

permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy
Important: if item 27 is marked other
any Injury or other traumatic event.

the Maryland

hours after

Baltimore, Maryland 21215-0020

Examiner Physician/Medical A Completed 25. Wes case referred to medical examiner? Be 2

buriel-transit physician the 80 950 signed by the e hes certificate funeral director, this Certification: death.

Records, P.O. Division of Vital or Attand after death Director: To the Hospital within 24 hours a To the Funeral C

filled in by completely

Registrar

31. Dete filed (Month, Dey, Year)

edicai

DEC 3 0 1997

29b. Signeture end title of cartifier

1 Yes 2 No

5 Pending

investigation

6 Could not be determined

27. Mennér of Death

2 Accident

3 Suicide

29e. Certifier

4 Homicide

(Check only one)

1 Naturel

Registrer's Signeture

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveilable prior to completion of cause of deeth?

1 Yes 2 No

1 ☐ Yes 2 No

26. Piece of Deeth (Check only one)

Other: 4 Nursing Home 5 Aesidenca 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 28d. Describe how Injury occurred

1 ☐ Yes 2 ☐ No 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es stated. 2 Madical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, and due to the ceuse(s) and manner steted.

29c. License number

038409

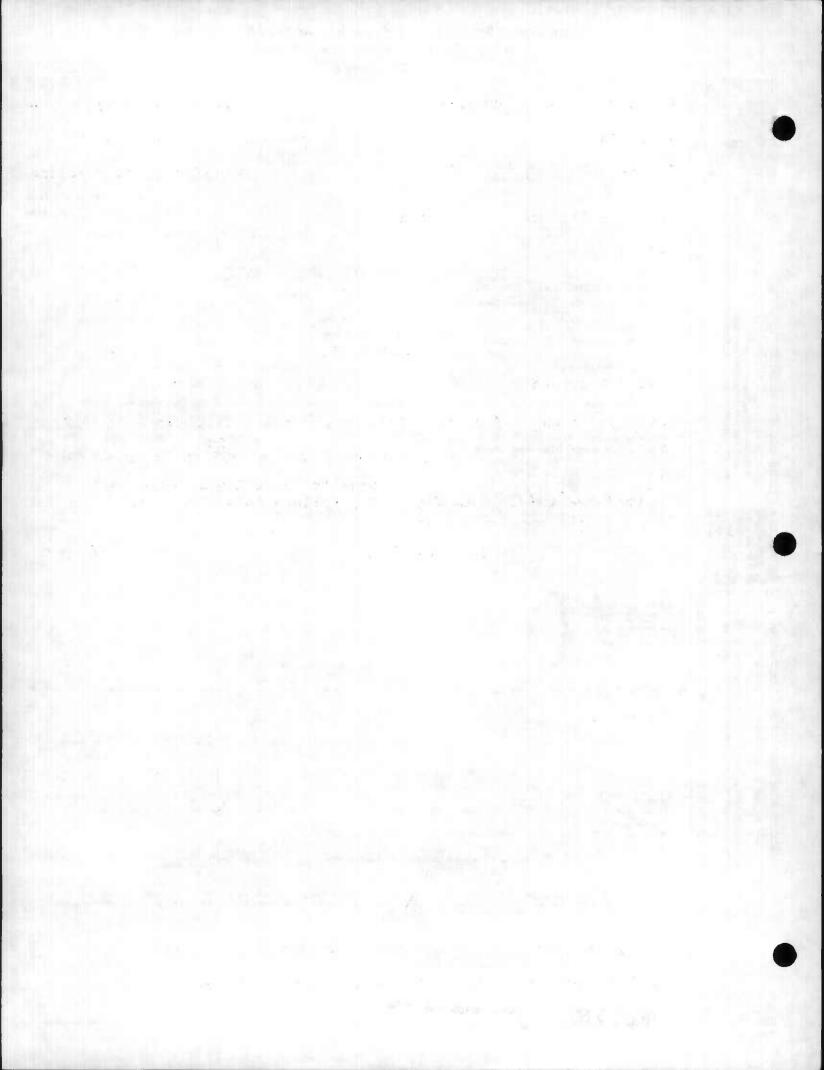
29d. Date signed (Month, Dey, Year) 12/24/97

30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print)

28e. Dete of Injury (Month, Dey Year)

William Sharfman, M.D. 4940 Eastern Ave. Baltimore, MD 21224

28b. Time of



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Month ANTHONY J. SCALIO, SR. DECEMBER 24 1997 2:10 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner BALTIMORE 125 WEST CLEMENT STREET N/A 8. Date of Birth (Month, Day, Year) April 1 19 5. Social Security Number If Undar 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foreign Days 1 M 2 □ F 75 218-05-7427 Yrs 1922 Mary land Usual Rasidence of Decedent 10a State 10b County 10c. City, Town or Location 10d. fnside City Limits Director 1 Yas 2 □ No Md. n/a Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 125 West Clement Street 21230 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 □Yes 2 □ No If Yes, Give Yaar or Datas: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2X No Specify: white Be Completed by WWIT 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Inspector United Fruit 12 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Giacomo Scalio Santa Balsamo 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 125 West Clement Street, Baltimore, Md. 21230 19e. informant's Name/Ralationship (Type, Print) Norma Joan Scalio (Wife) 20b. Place of Disposition (Name of cemetery, cramatory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, State Dec. 27 1 X Burial 2 Cremation 3 Removal from State GLen Haven Memorial Park 5 Othar (Specify) Glen Burnie, Md. 21. Signature of Funeral Service Licensea 22. Name and Address of Facility
McCully-Polyniak Funeral Home
130 E. Fort Ave. Baltimore, Md. 21230 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death eriosclerotic Cardiovascular Disease Immediata Cause (Final disaasa or condition rasulting in death) Examiner Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performad? Pancy to penin troke 25. Was casa referred to medical examinar?

1 Yas 2 No 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 27. Manner of Death 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending Investigation 1 Yes 2 No 3 Sulcide 6 Could not be 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homleide

Box 68760, The law requires that the death P.O. Records, 8 certificate of Vital # Division Attending Altar after death Director: A 6

Funeral

Director

th and Mantal Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Madical Examination must be notified at

Pagas 1 and 2 should be filed within 72 hours after tent of Health and Martel Hygiene.
Int: If Item 27 Is marked other than "natural", or Item
INT or other traumatic event, ITEM 50 at 12

Department of Important: If any Injury or

Physician

/Medical

Examiner

Baltimore, Maryland 21215-0020

the Maryland

death

To the Hospital o within 24 hours at To the Funeral D Medical

Certification: To

þ Be Completed

State Registrar 29b. Signatura and title of cartifier

29c. Licanse number

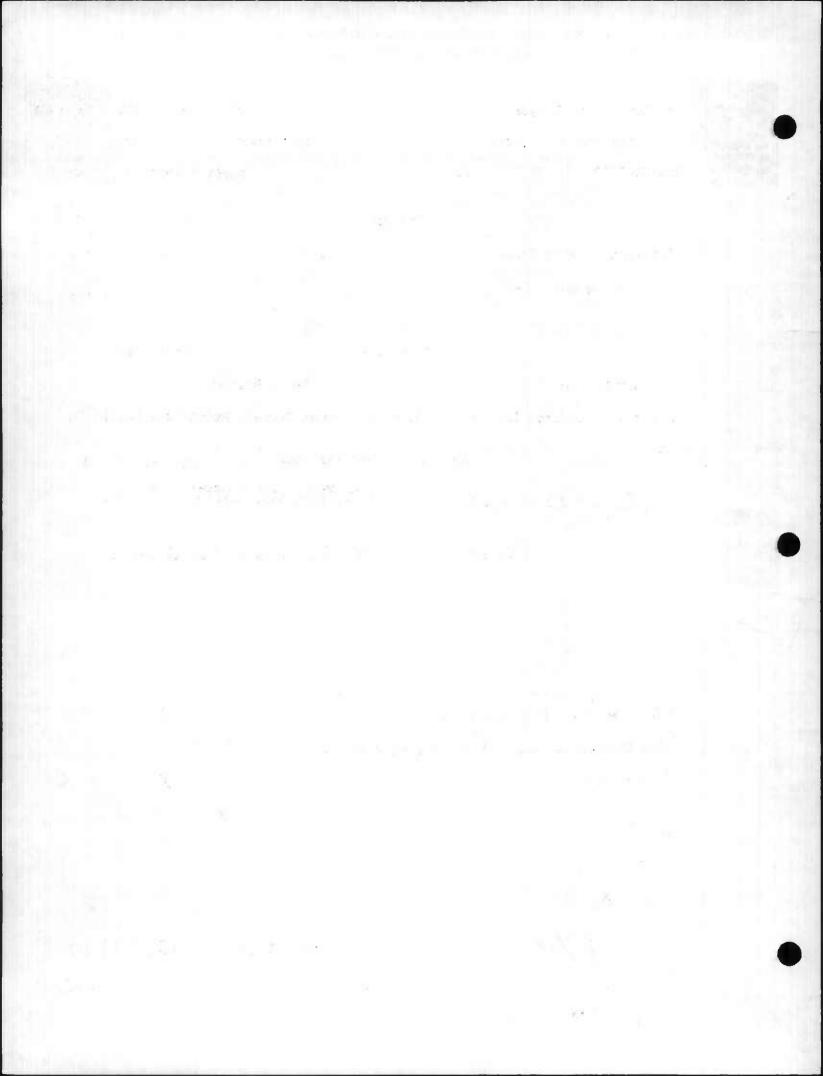
11 Certifying Physician: To tha best of my knowledge, daath occurred at the time, date and place, and due to the ceuse(s) and mannar as statad.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29d. Data signed (Month, Day, Year)

30. Name and addrass of erson who completed cause of death (Itam 23a) (Type, Print)

mD 1319 Light St. Balto, MD 21230

31. Data filed (Month, Day, Year) 30 Registrar's Signature DEC 3 0 1997

29a. Certifier (Check only one)



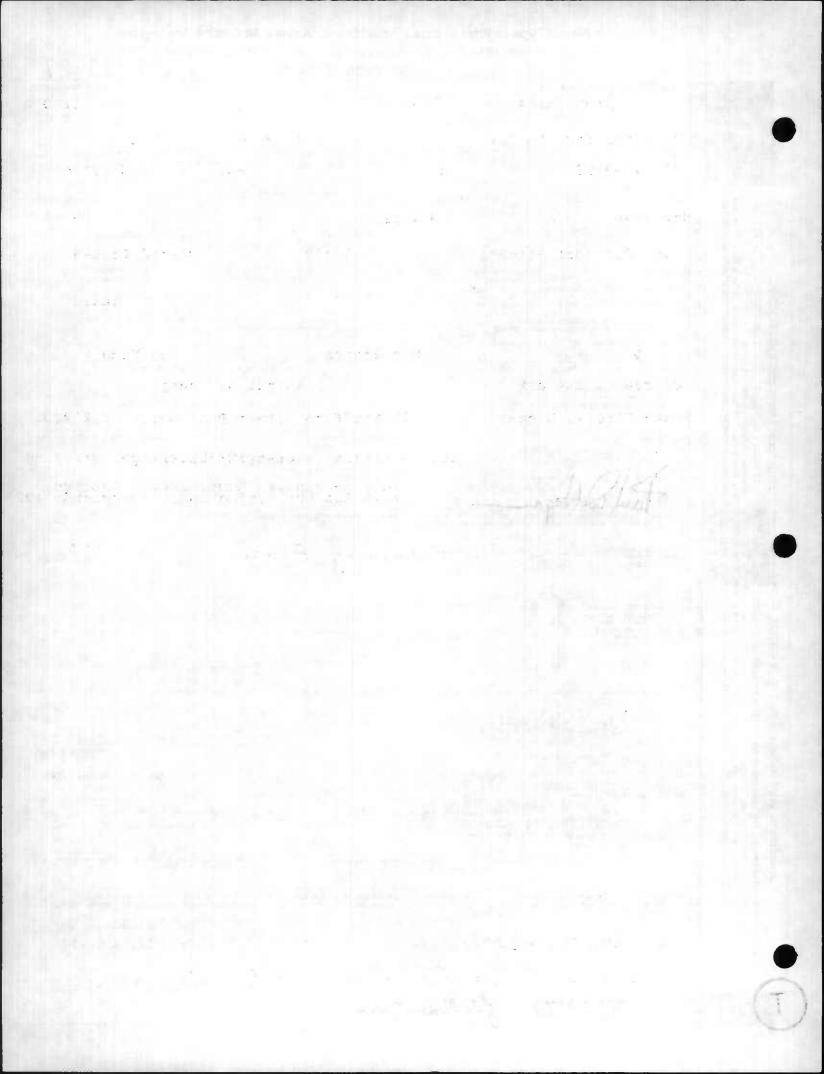
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month GERTRUDE **Physician** STELART 4:00pm 1997 Dec 24 /Medical 4a Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3203 Stafford Street Baltimore H Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. Aug. 3, 1923 Maryland 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** 1□M 2₩F Months 217-14-3999 74 Yrs. Director Usual Rasidence of Decedant the Marylenc 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or freme 23a or 28a-f ahow the Medical Examiner must be notified at 1⊠Yas 2□No Director N/A Maryland Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 3203 Stafford Street 21229 United States Funeral death 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Biack, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Heelth and Mantal Hygiene. Important: If item 27 is merked other than "natural", or fler any injury or other traumatic evant. Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 XNo Specify: Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grade complated) Elementary/Secondary (0-12) College (1-4or 5+) 9 Hosekeeper Own Home 18 Mother's Name (First Middle Maiden Sumame) 17. Father's Nama (First, Middla, Last) George W. Stewart Kostka S. Young 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) Susan Thomas, Niece 3203 Stafford Street Baltimore, MD 21229 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 Burlal 2 □ Cramation 3 □ Removal from Stata St. Augustine Cemetery12/30Elkridge, Maryland □ Donetion 5 □ Other (Specify) Ambrose Funeral Home, In 1328 Sulphur Spring Road Inc. Arbutus Maryland 21227 Jag au 23a. Partí. Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Deeth **Physician** many /Medical Immadiata Causa (Final Fibrosis ulmonary year disaasa or condition rasulting in daath) Examiner Examiner certificate be executed physician end s the burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last Dua to (or as a consequenca of): Division of Vital Records. P.O. Box 68760 Physician/Medical Dua to (or as a consequence of) 98 esn 20 Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yes 2 No 3 Probably 4 Number Hypertension ò 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy parformed? pege 2 1 Yas 2 NO 1 ☐ Yas 2 No certificate Attending Physician: funeral director 25. Was casa raferred to medical axaminar? Be 26. Place of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this Certification: 27. Manner of Daath 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Time of After 5 Pending invastigation 1 Natural aftar daath. Diractor: Aft 1 Yas 2 No 2 Accident 6 ☐ Could not be detarmined 3 ☐ Suicide 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 | Homicide 6 To the Hospital o within 24 hours at To the Funerel D filled 1 Certifying Phyeician: To the best of my knowledga, daath occurred at tha time, date and place, and due to tha causa(s) end manner es stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, data and place, and due to the causa(s) end manner steted. 29a. Certifier Medical (Check only one) 29b. Signatura and titla of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) D-40521 Millioney December 29,1997 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) 3350 WILKENS AVENUE SUITE 302 DR OCHANEY

32. Redstyar's Signature

BALTIMORE, MD

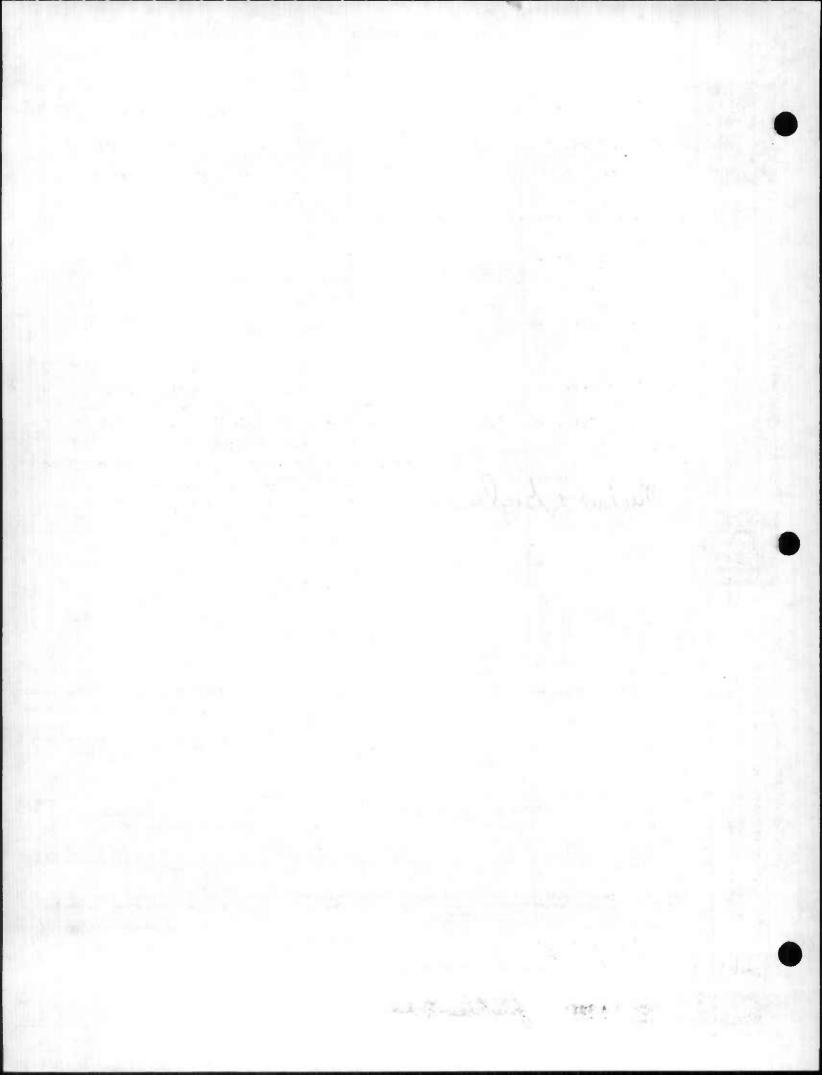
DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	1 December 16 Norma (First 1 Statella 1 o	-41	Ce	ertificate of	Death	1.500.45	Reg. No.	0 7	7 4 0
ian	1. Decedent's Name (First, Middle, Last)					2. Dete of De Month	eath Dey	Year	3. Time of Deeth
cal	Earl M. Th				4b. City, Town, or Location of Deeth 4c. County				12:40 P.
ner	Crofton Convaleso 5. Sociel Security Number 6.5 579 24 1157	ent Center	yrs. lest birthdaj 71 Yrs.		Crofton	8. Date of Bi	Anne	Arunde 9. Birthplece Country)	e (State or Foreig
	Usual Residence of Decedent 10e. State 10b. County	100	. City, Town or I	conting					
5	Maryland Anne An		Gambri]						inside City Limits
Director	10e, Street and Number		Odmorri	10f. Zip Code			10g. Citizen of V		
2	1912 Norfolk Dri	Ve		21054				State	
by Funeral	11. Marital Status 1 Never Married 12 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? ★☑ Yes 2 ☐ No If Yes, Give	in U,S. 13	. Was Decedent of It Yes, specify Cub		Specify Yes or No to Rican, etc.)	5- 14. Rac Bled	e - American ick, White, etc.	Indian,
Completed	15. Decedent's E (Specify only highest green states) (Specify only highest green states) (Specify only 12) 12	ducation ide completed) College (1-4or 5+)	(Giv life.	edent's Usuel Occup e kind of work done DO NOT use retire	pation during most of wo d)	orking	16b. Kind of Bu Automor Distril	tive	iry
Be C	17. Father's Name (First, Middle, Last,				18. Mother's Na	me (First, Middle	, Meiden Suman	ne)	
To	Maurice Thomaser						ngebrets		
	19a. Informant's Name/Relationship (****		ling Address (Street					
	Dorothy M. Thomas 20a. Method of Disposition			2 Norfolk			S Maryla		
	XI Burial 2 Cremation 3			position (Neme of emetory or other ple					
	4 ☐ Donetion 5 ☐ Other (Specification of Funeral Service Liceration		Veterans		У	Chelten	ham Ma	ryland	
	22. Name and Address of Fecility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Marylan								5
	23a. Part1. Enter the disease, or com shock, or heert feilure. List only	plicetions that caused the one cause on each line.	death. Do not e	nter the mode of dyl	ng, such as cerdie	c or respiratory a	rrest,	Ap	proximete erval Between
	Immediate Cause (Final disease or condition resulting In deeth)	a. metosta	tie (or as a conse	lung	·Canel	'		On	7 monte
Iner		b	0 (01 43 0 001131	squence our					
al Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (or es e consequence of):						4	
n/Medical	that Initiated events resulting In deeth) Last	d	o (or as a conse	quence of):					
sicia	Pert II. Other significant conditions o	ontributing to death but not	resulting in the	undertylna ceuse ais	ven in Part I	23h Did	tobacco uss cor	ntribute to the	a cause of doath
by Physician/M		Similaring to doubt out not	resulting in the	underlying cease give	POLITIF CILL.		Yes 2□ No		ly 4 □ Unknow
Completed	120c					24a. Was	an eutopsy ormed?	eveilat	autopsy findings ble prior to etion of cause th?
						1 🗆	Yes 2 No	1 □ Ye	es 2 No
To Be	25. Was case referred to medicel exeminer? 1 □ Yes 2 No	Hospital:	2	Oth	15.1	eth (Check only			
	27. Menner of Deeth Naturel 5 Pending Accident Investigation	28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury Injury 28c. III				Home 5 ☐ Residence 8 ☐ Other (Specify) 28d. Describe how injury occurred			
Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of injury - /	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)				28f. Location (Street end Number or Rural Route Number, City or Town, State)		
edical	29a. Certifler (Check only one) 2 Medical Exam	ysician: To the best of my liner: On the basis of exame end manner stated.	knowledge, dea ninetion end/or Ir	th occurred at the tir nvestigation, in my o	ne, dete and place pinion, deeth occu	e, end due to the urred et the time,	ceuse(s) end me date end place, e	enner es stated and due to the	d. ceuse(s)
Me	29b. Signature end title of certifier			29c. Licens	e number		29d. Date signed	d (Month, Day	, Year)
	1 Bern	9		D2	9571		12/1	9/97	
-	30. Name end address of person who	completed ceuse of deeth (Item 23a) (Type				, -/,	11/	
	Paul B. Berez, M.				n Maryla	nd 21114	+		
	31. Date filed (Month, Dey, Year)	Regionar's Si							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** lliam Occember 24,1497 /Medical 4e. Fecllity Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Bulto VA Rehab Extended Care Center
5. Social Security Number 6. Sex 7. Age (In vrs. lest birthday) If Under 1 Y Baltimore If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) 9. Birthplece (Stete or Foreign **Funeral** 10M 20 F Deys 12-20-678 December 23, 1923 Maryland Director Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits mast be notified at 1 X Yes 2 No Director Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21206 5713 Benton Heights Avenue United States Funeral 12. Wes Decedent Ever In U.S.

Armed Forces?

1 [X Yes 2 □ No If Yes, Give Yeer or Detes: 1944-1946 Harme 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. traumatic event, the Wedical Examiner filed within 72 hours efter 1 Never Married 2 Married 21215-0020 ò 1 ☐ Yes 2 X No Specify. by Specify: 3 ☐ Widowed 4 ☐ Divorced White 'natural', Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry then Elementery/Secondery (0-12) College (1-4or 5+) Hygiena. School-Office Supply Co. General Manager .. Peges 1 and 2 should be filed w tment of Health and Mental Hygier tant: If Itam 27 Is marked other th jury or other traumatic event, in altimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Charlotte Storch William J. Taylor, Jr. 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Mary S. Taylor/Wife 5713 Benton Heights Avenue Baltimore, Maryland 21206 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 X Burial 2 Cremetion 3 Removel from State Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) Parkwood 12/27/97 Baltimore, Maryland Cemetery 21. Signeture of Funerel Service Licensee Brian A. Willem 22. Name end Address of Fecility Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road Baltimore, Maryland 21214 23e. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel Cardiac Arres diseese or condition resulting in deeth) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest the burial-trai . Atherosclerosis of Box 68760 Physician/Medical P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Onknown Records, þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? 1□ Yes 2 No 1□Yes 2010 this certificate Division of Vital Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Hoursing Home 5 Residence 6 Other (Specify) 2 Iuneral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Aftar 5 Pending investigation 1 Neturel death. 1 Yes 2 No eral Director: A 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) or A aftar 4 T Homicide To the Hospital within 24 hours a To the Funeral Completely filled Cortifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

| Cortifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. 29e, Certifier Medical (Check only one) 29b. Signeture and title of certifie 29c. License number 29d. Dete signed (Month, Day, Year)

Balto VA Rehab Extended Care

30. Name end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

Javid

31. Dete filed (Month, Day, Year)

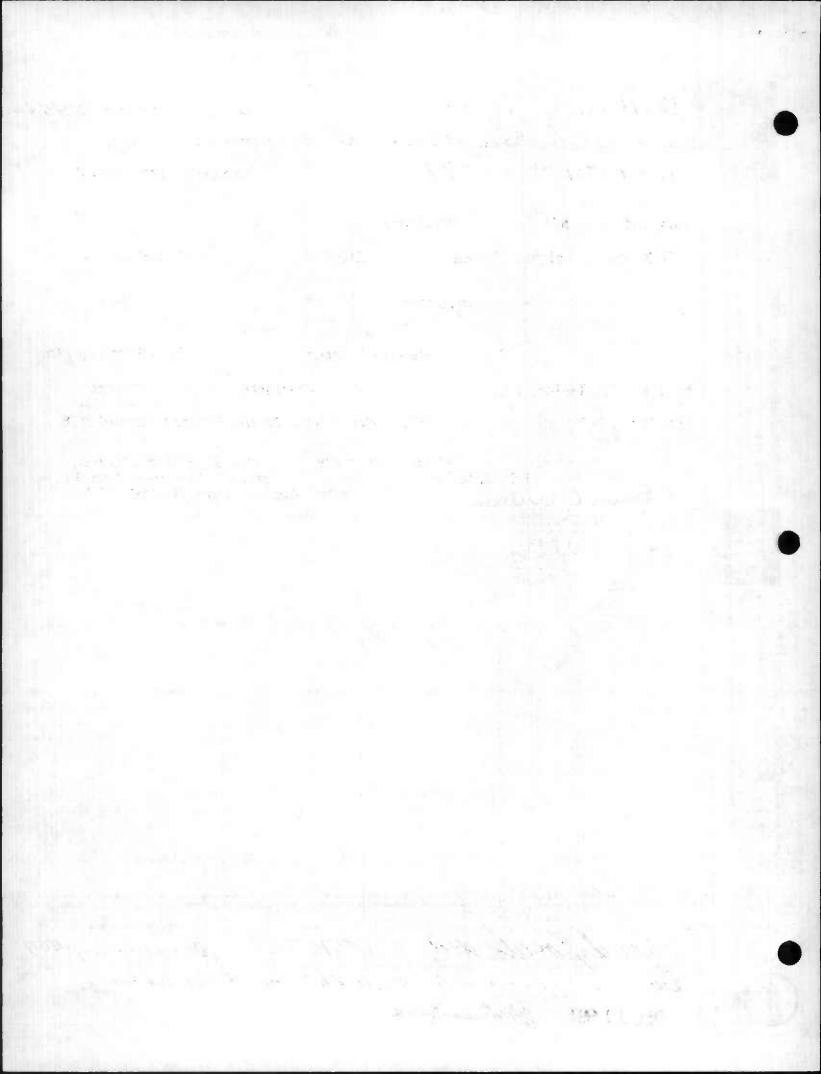
DEC 3 0 1997

Us MP

32. Registrer's Signeture

Registrar

State



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. Item: 1 per MD G-755 1/16/98 dh 1. Decedant's Nama (First, Middla, Last) Joseph Frank Taylor Jr. 2. Date of Death 3. Tima of Death Day **Physician** December 27 97 4a. Facility Nama (If not Institution, give streat and number) /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner Good Samaritan Hospital Baltimore 7. Aga (In yrs. last birthday) H Undar 1 Yaar H Undar 24 Hrs. 8. Date of Birth (Month), Day, Year) 5. Social Sacurity Number Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 □ F Yrs. 56 June 24, 1941 Director 219-38-6000 Maryland Usual Basidanca of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 23a or 28a-f ahow 10d. inside City Limits traumatic avant, the Medical Examiner must be notified at 1 X Yas 2 □ No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? United States 21214 3302 Echodale Avenue daath Funeral 14. Race - Amaricen Indian, Black, Whita, atc. 12. Was Dacedent Ever In U.S. Armed Forcas? or Harns 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puarto Rican, etc.) 1 and 2 should be filed within 72 hours after Haalth and Mental Hygiane. 1 X Yas 2 □ No If Yas, Giva Year or Dates: 1960-64 1 X Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: by 3 Widowed 4 Divorced White Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grade complated) 18b. Kind of Business/Industry Baltimore Gas & Elamentary/Sacondary (0-12) Collega (1-4or 5+) 1 Yr. Gas Supply Electric Company 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meidan Sumama) Be 0 Joseph F. Taylor, Sr. Margaret Eileen Taylor 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stete, Zip Coda) permit. Pages 1 and 2 s
Department of Haalth an
Important: If Item 27 is a
any injury or other trau
once. Joseph F. Taylor, Sr. / Father Same as item # 10e. 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1
☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 12/29/97 4 ☐ Donation 5 ☐ Othar (Specify) Parkwood Cemetery Baltimore, Maryland 21. Signature of Funaral Service Licansee, Timothy S. Harman 22. Name and Address of Facility Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road Baltimore, MD 21214 23a. Part1. Entar tha diseasa, or complications that ceused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician /Medicai Immediete Ceuse (Finel disaasa or condition rasulting In daath) Sepsis

Dua to (or es a consequance of): Examiner Physician/Medical Examiner Diabets Mellitus physician and the burial-transit cartificata be axecuted Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Causa (Diseasa or Injury that initiated avents rasulting in death) Last Box 68760. END STAGE ROUAL DESCASE Dua to (or as a consequence of): USB P.O. ed by the datached 23b. Did tobacco use contribute to the cause of death? Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 1 ☐ Yes 2 (No 3 □ Probably 4 □ Unknown Division of Vital Records. by 24b. Wara autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy 1 Yas Z□No 1 ☐ Yes 3 No Be 25. Was cesa rafarrad to medicel examinar? 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this funaral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? Aftar Attending 1-Natural 5 Panding Invastigation daath. 1 ☐ Yas 2 ☐ No 2 Accidant 4 hours after death 3 Sulcida 6 Could not ba 281. Location (Streat end Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 2 4 Homicide 5 filled in Hospital 24 hours Funeral 12 Cartifying Phyalclan: To tha best of my knowladga, daath occurred at the time, date end plece, end due to the ceusa(s) and mannar es steted.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the ceusa(s) and mannar stated. Medicai 29a. Cartifian To the Hosp within 24 hor To the Fune complately fi (Check only one) 29b. Signatura and titla of certifier 29c. License number 29d. Data signed (Month, Day, Yaar) 30. Nama and address of person who completed ceuse of deeth (Item 23e) (Type, Print)

Loch Peven Blist Batimor, MD 21039. 2995

DHMH 16 Rav 6/95

State Registrar Samanitan

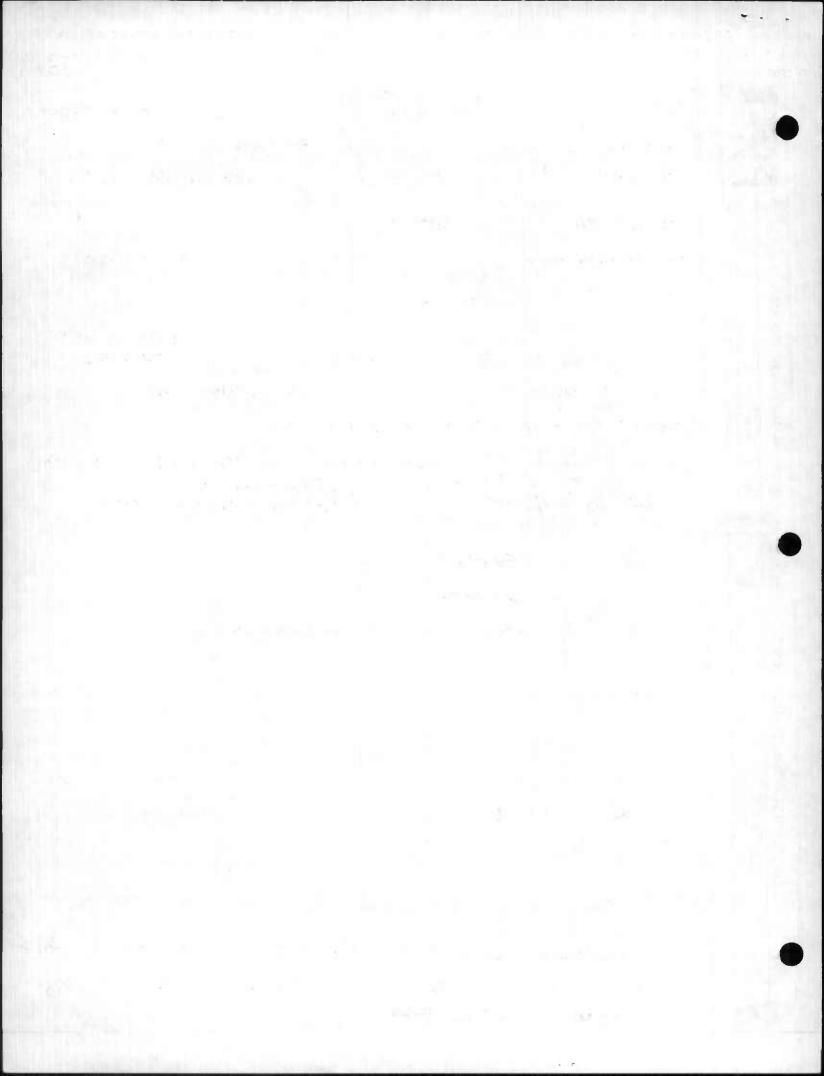
31. Data filed (Month, Day, Year)

DEC 3 0 199

Hospital

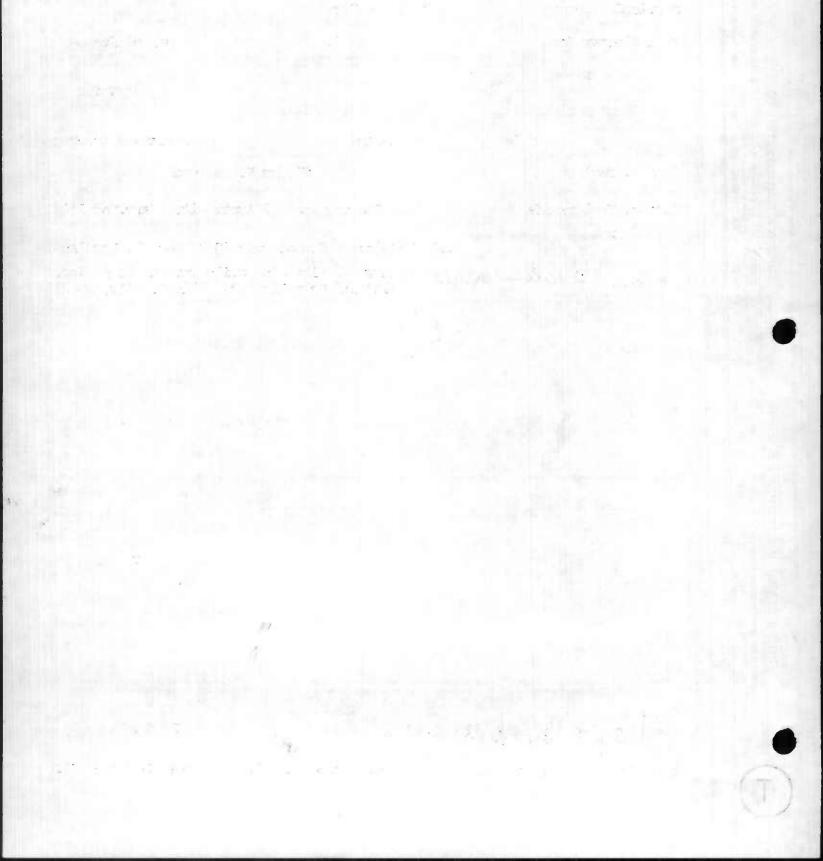
22. Registrer's Signeture

5601



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

	_part I,27 per MEO G-7	State of Maryl 54 12/30/97 dh		rtment of F		ental Hy	rgiene Reg. No. 7	39	431	
Physician /Medical	ANDREW CHF	Decedent's Name (First, Middle, Last) ANDREW CHRISTIAN TAYLOR			4b. City, Town, or Lo	Month Day Year DECFMBER 16 1997 20			3. Time of Desth 2034 P	
Examiner Funeral	4a Facility Name (If not institution, g HOWARD COUNTY 5. Social Security Number 6.	HOSPITAL	yrs. last birthday)	If Under 1 Year	COLUMBIA If Under 24 Hrs.	8. Date of Bi	HOWAR	RD	ce (State or Foreign	
Director	131-46-2917 Usual Residence of Decedent	1XM 2□ F 39	Yrs.	Months Days	Hours Min.	Jan 13			ngton DC	
28e-f show	10a. State 10b. County Maryland Howar		City, Town or Loca	ation tt City				100	d. Inside City Limits 1 ☐ Yes 2 ☑ No	
	10e. Street and Number 8261 Glenman Roa			10f. Zip Code 21043			10g. Citizen of V	What Country		
turel, or theme 234 Example mental	11. Maritef Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever i Armed Forces?	lf.	as Decedent of I	Hispanic Origin? (Spean, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		ca - American ck, White, et	c.	
than "name in a market in a medic	15. Decedent's (Specify only highest of Elementary/Secondary (0-12)	Education rade completed) College (1-4or 5+)	16a. Decede (Give k life. De Engine		pation during most of worki ad)	ng	16b. Kind of B	usiness/indu	stry	
d out	17. Fether's Name (First, Middle, La. Jack E. Taylor		- Engin	ccı	18. Mother's Name		, Maiden Suman		dustry	
f Heelth end Menta tem 27 is marked other traumatic ev	19e, Informent's Neme/Relationship				t and Number or Rura	I Route Numb	er, City or Town,			
	Lisa W. Taylor/W 20a. Method of Disposition 1 □ Burial 2 MCremetion 3 4 □ Donetion 5 □ Other (Spec	□Removel from State	b. Placa of Disposi cemetery, creme	ition (Name of atory or other pla	Road Elli Crematoryl	Dete	20c. Location -	City or Tow	n, State	
Department of Important: If any injury or phose.	21. Signeture of Funeral Service Lic 23a. Part1. Enter the disease, or co shock, or heart failure. List on	ike El	Funeral licott C	City, I	Inc. MD 21043 Approximate Intervel Between					
Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death) a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH CORONARY THROMBOSIS Due to (or as a consequence of):									
physicien and sthe burial-transit	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or injury that initiated events	C	o (or as a consequ							
death certificate e attending physical for use as the storan/Medic	resulting in deeth) Łast	■ d	o (or as a conseque	ence or).						
as thet he death certiful gioned by the attending to be deteched for use as by Physician/Me	Part II. Other significant conditions	contributing to death but not	resulting In the und	derlying cause gi	ven in Part f.			ontribute to t	the cause of death	
been signed to should be determined by Pl						24a. Wa:	s an autopsy ormed?	24b. Were avail com	e eutopsy findings lable prior to pletion of cause	
8 8 6 0						1	Yes 2□No	of de	eeth? Yes 2□ No	
is certificate hadirector, page	25. Wes case referred to medical examiner?	Hospital:		Ot	26. Place of Death	(Check only	one)			
After th funaral funaral	1 X Yes 2 No 27. Manner of Death 1XX Natural 5 Pending 2 Accident Investigat	28a. Dete of Injury (Month, Day Year	2 ER/Outpatient 28b. Time of Injury	28c. Inju	4 LI Nursing Ho		idenca 6 Oth			
Ital or Attending P irs after death. •al Director: After it lied in by the funara Certification:	3 Suicide 6 Could not determine		28f. Location City or To	(Street and Numl wn, State)	ber or Rural i	Route Number,				
within 24 hours after deat To the Funeral Director: completaly filled in by the Medical Certifica		Phyelcian: To the best of my aminer: On the basis of examend manner stated.								
To the To the comple	29b. Signar re and title of certifier	me Shile	OW,	29c. Licen O.C.N		1	29d. Date signe DECEMBER			
	30. Name and addresslof person wh	A. Konsu			n Street,	Balti	nore, Ma	ryland	d 21201	
State Registrar	31. Date filed (Month, Day, Year) DEC 3 0 19	32. Apgistrar 6	idson-Pand	elle i						



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Day Year Month 27,1997 Linda VAUGHN 4:27 PM December 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Franklin Square HOspital Center Rosedale Baltimore Birthplaca (State or Foreign Country) 7. Age (In yrs. last birthday) If Under 1 Year Months Days 8. Date of Birth (Month, Day, Year) 1 M 2 F 248-25-8045 Mar 26, 1960 Usual Residence of Decedant 10d. Inside City Limits 10a State 10c. City, Town or Location 10b County 1 Yes 2 No mo 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 2/206 13. Was Decedent of Hispanic Origin? (Specify Yes or Noif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 5006 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 14. Race - American Indian, 11. Marital Status Black White etc. 1 Never Marriad 2 Married 1 Yes 2 No Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) NIA 10th Un = mployed N/A B. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Bethea Dorthy Vaughn Leroy bether 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ba 1 tu, MD 20b. Place of Disposition (Name of cemetery, crematory or other placa) APIC Ygughn Denview Way 20a. Method of Disposition Jan 2 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State OShell Mem 4 □ Donation 5 □ Other (Specify) 13a 1 to 199 21. Signature of Fuperal Sarvica Licansee 22. Name and Address of Facility Betts Haq N. Caroline 54 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line. Approximate Intarval Batween Onset and Deati Immediate Cause (Final disease or condition rasulting in death) a Cerebral Hypoxia 2 Days Due to (or as a consequence of): b. Myocardial Infarction 2 Days Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequenca of): Due to (or as a consequence of): 23b. Did tobacco use contributa to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 Yes 200 No 3 ☐ Probably 4 ☐ Unknown 24b. Wera autopsy lindings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yas 2 XNo 1 ☐ Yas 2 ☐ No 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how injury occurred

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Funeral

Director

the Marylend

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylen Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Europher must be notified at once.

Physician/Medical Examiner physician the bune The law requires that the death eug signed by the þ Completed peen certificate or Attending Physician: Be To 24 hours efter death.
Funeral Director: After this etely filled in by the funeral di Certification:

Division of Vital Records, P.O. Box 68756

Pulmonary Hypertension, Sarcoidosis, Pulmonary

Fibrosis, Schizophrenia

25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death

5 Pending invastigation 1 Natural 2 Accident 6 Could not be datarminad 3 Suicide 4 Homicida

28a. Date of Injury (Month, Day Year) 28b. Time of

28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifie (Check only one) 1 Cartifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. 29c. License number 29d. Date signed (Month, Day, Year)

29b. Signature and title of certified

RD# 02129

December 27, 1997

30. Name and address of person and completed cause of death (Itam 23a) (Type, Print)

Harsh Bhushan MD 9000 Franklin Square Dr Balto, Md 21237
31. Date filed (Month, Day, Year)

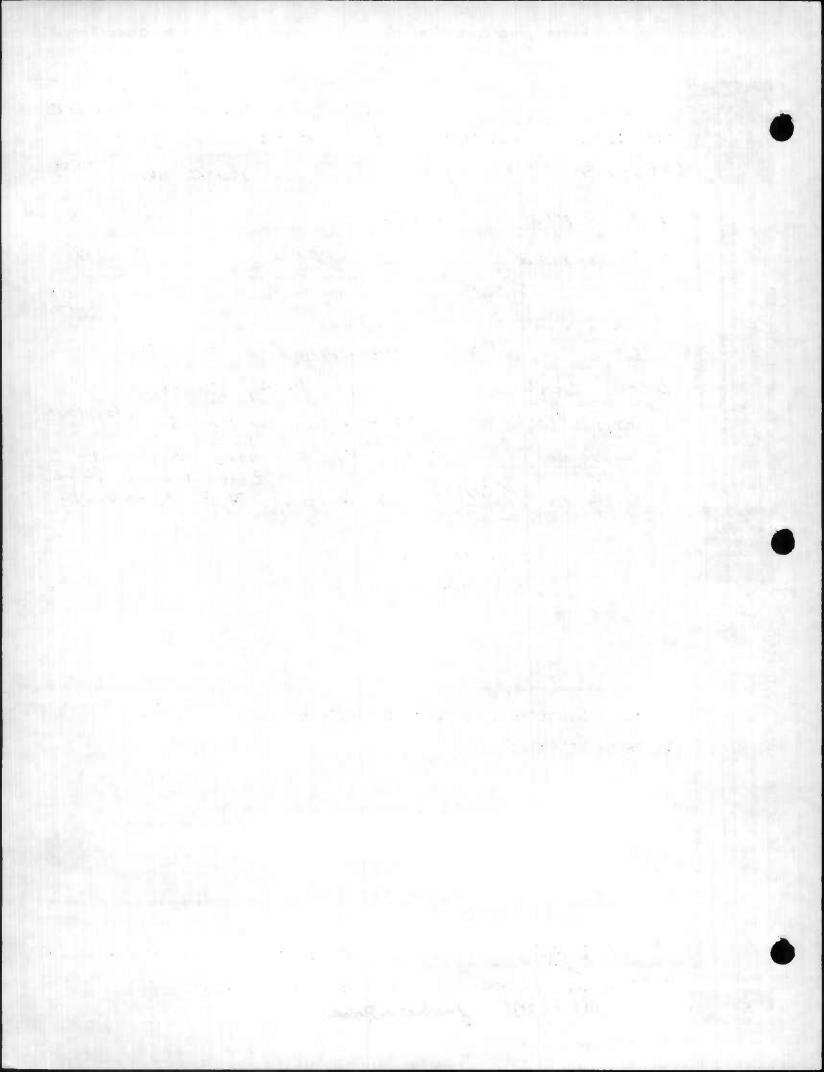
DEC 3 0 1997

Julia Savidson Rondon Julia Davidson

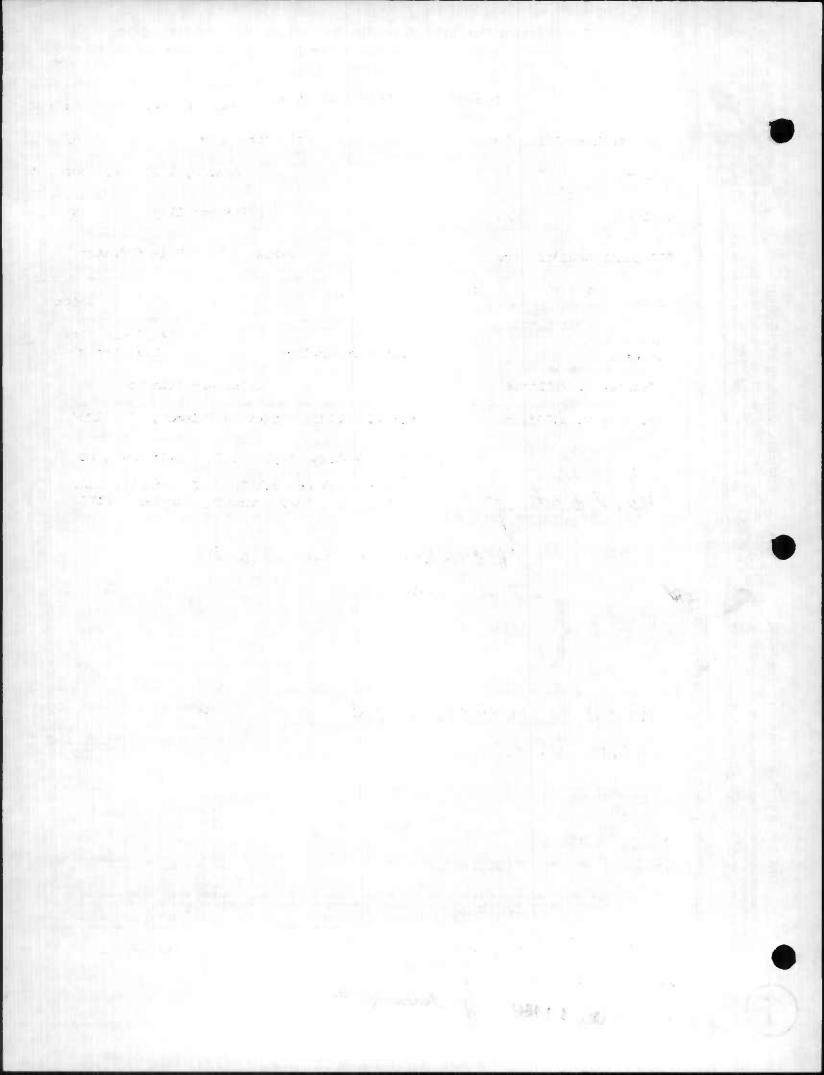
State Registrar

Medical

within 2



Item:31 per V	/R G-754 12/30/97 c		Maryland		artmeni rtificate					giene 7	39	433	
	1. Decedent's Name (First, Mid	ddle, Last)		17.1		7.7.2.3	lliam	g	2. Date of De Month		Yeer	3. Time of Deeth	
Physician /Medical			erett	EI	vin		lliam		Decemb	er 24,	1997	9:45 PM	
Examiner	4a Facility Name (If not institu					4			cation of Death	4c. County	of Death	N/A	
	610 South Bo 5. Social Security Number		eet '. Age (In yrs. las	st hirthday)	If Under	1 Year	If Under:		e City	th	9 Birtho		
Funeral Director	216-30-1117	1 M 2 □ F	63	Yrs.	Months	Deys	Hours	Min.	8. Dete of Bir (Month, De Dec. 8	lece (Stete or Foreign try) cimore, MD			
P .	Usual Residence of Decedent 10a. State 10b. Cour	Sh.	100 City	Town or Lo	ontion						1.	10d. Inside City Limits	
the Merylar 28s-f show notified st								Ba	ltimore	City		1 Ži Yes 2 □ No	
U20 us after death with the Maryle start for terms 23s or 28s-f sho examiner must be notified at by Funeral Director	10e. Street and Number				10f. Zlp	Code				10g. Citizen of V	Whet Coun	itry?	
23a or	610 South Box	ıldin Street	t				- 21	224		United	Stat	es	
ter death	11. Maritel Stetus 12. Was Decedent Ever in Armed Forces?			13.	Wes Deced	lent of H	spanic Orl	gin? (Spe	ecify Yes or No Rican, etc.)	14. Rec	e - Americ ck, White,		
or the	1 Never Married 2 M	arried 1 Yes 2	≥ No		1 ☐ Yes 2				Thous, oto.,	Specify			
d 21215-0020 filed within 72 hours after death with the Meryland Hydrien. Hydrien. into than "natural; or items 23s or 28s-f show ant, the Medical Examiner must be nothed as a Completed by Funeral Director	3 Widowed 4 Divorce		les:	16a Dana	dontin I lava	ol Occurs	atlan			16b. Kind of B		White	
ind 21215-00 be filed within 72 ho tal Mygiona. d other than "neture event, the Medical Be Completed	15. Decedent's Education 16a. Decedent's Usuel Coc. (Give kind of work don life. Do NOT use retir					rk done d	du <i>ring</i> mosi)	t of worki	ing	Balti			
d 212 filed with Hygiena. ther ther ent, the	Elementery/Secondery (0-12 6 Years	College (1-4	40f 5+)	Paint	er Su	per	visor				lic Works		
al Hyper and a series of the vent, v	17. Father's Name (First, Midd						18. Mothe			, Maiden Sumen			
larylan 2 should be and Mental s marked o humatic eve	Everett E.		<i>c</i> -							y Lumsde			
Maryland d 2 should be file ith and Mental Hy 77 is marked othe traumatic event.	19a. Informant's Name/Relation Mrs. Mary T.		re		-					er, City or Town, imore, M		Code) L224	
Haali Haali other	20e. Method of Disposition		20b. Pla	ca of Dispo	sition (Nem	ne of			Date	20c. Location			
Pages ent of nt: If if	1 ☑ Burial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		tate	netery, crer k Lawr				/29/	1997	Baltim	ore,	MD	
Baltimore, Maryland 212' permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: If item 27 is marked other than any injury or other traumatic event, the M page. To Be Comp	21. Signature of Funeral Servi			22	Name an	d Addres	s of Facilit	by		Dunda	1 le 7	'na	
Ba Perm Depa Impo	Hoaly d	Jestovel h								Dunda Marylan		.222	
	23a. Part1. Enter the disease, shock, or heart failure. L	or complications that cause on eed	used the deeth. ch line.	Do not ent	er the mod	e of dyln	g, such es	cardiac o	or respiretory e	rrest,	1	Approximate Interval Between	
Physician //Medical	Immediate Cause (Final	6 1 10	410/	4. 4		1			11-			Onset end Death	
Examiner	diseese or condition resulting in death)	· CAR	CINU Due to (or	NA	OF	6	UNG	7	with		i		
D Z		- Dis		retas	stasi	9							
60, ib executed sician and bunet-transit	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	6 .	Due to (or e	es e conseq	uence of):								
3760, tte be execut hysician and he bunel-tran	Couse (Discose or Injury	c											
2 2 2 2	regulting in deeth) last												
Box 68 auth certifica attending ph for use es ti		d											
O. B ne death the attended for ysicia	Pert II. Other significant cond	itlons contributing to dea	th but not result	ing In the u	nderlying c	ause giv	en in Part I		23b. Did	the cause of death?			
P.O. Box 68 that the death certifica ed by the attending ph detached for use as it	ASHD	14 (11)	ERTE	1151	ON				₩.	Yes 2□ No	3 Pro	bably 4 Unknown	
vision of Vital Records, P.O. Box 68 Attending Physician: The law requires that the death certifica ector: After this cartificate has been signed by the attending ph by the funeral director, pege 2 should be detached for use as th iffication: To Be Completed by Physician/Med	717114	,	6116		UVV		_	75	240 18600	an autopsy	24h W	ere autopsy findings	
Vital Records, sicion: The law requires the certificate has been signe irector, page 2 should be completed by	TEPTIC	ULCER								ormed?	av	ailable prior to mpletion of cause death?	
Reclambe law									10	Yes 2 No		Geath? ☐Yes 2☐No	
f Vital Royalclan: The Laysiclan: The Laysiclan: The Laysicland director, page	25. Was case referred to medi	cal	-				26 Place	of Deeti	h (Check only			1 1 45 2 1 1 1 0	
of Vi	examiner?	Hospital:	patient 2 E	R/Outpetier	nt 3 DO	Oth	OF!			denca 8 Oth	er (Specif	(y)	
Division of or Attending Physical Colorator: After this Director: After this in by the funeral diffication: To	27. Menner of Death 1⊌ Netural 5 ☐ Pen	ding 28a. Date of (Month,	Injury 2 Dey Year)	8b. Time of Injury		8c. Injun			28d. Describe	how injury occur	Ted		
Slo tor: A the fi	2 Accident inve	stigation	X	X	M		Yes 2□		20/ Leastion /	Street and Num	has as Bus	al Route Number,	
Division or Attendiate deeth Director: A in by the feetificati	4 Homicide dete	mined 200. Place 0	of Injury - At hom g, etc. (Specify)	ie, farm, str	eet, factory	, office			City or To	wn, Stete)	oer or mure	ir Hobie Wulliber,	
spital nours neral / filled	29e. Certifier 1 ☐ Cartif	ying Physician: To the b	est of my knowl	edge, death	occurred (et the tin	ne, date en	d placa,	end due to the	ceuse(s) end m	enner as s	teted.	
Division of National Physical Course Hospital or Attending Physical Within 24 hours after this completely filled in by the funeral director. After this completely filled in by the funeral director After this completely filled in by the funeral director After this completely filled in by the funeral director of the following the filled in by the funeral director of the filled in by the funeral director of the filled in by the funeral director of the filled in by	(Check only 2 Medic	al Examiner: On the bes and menne	ils of examinations of stated.	n end/or in	vestigetlon,	, in my o	pinlon, dea	th occurr	ed at the time,	date end plece,	end due to	the cause(s)	
withi vithi com	29b. Signature end title of certi	1 / //			290	. Licens	number			29d. Date signe	d (Month,	Day, Year)	
	Mulal	dans 1	my		1)/5	085	5		12/21	5/97		
	30. Neme and address of person	on who completed cause	of deeth (Item 2	23a) (Type,	Print)	1			,	0			
State	31. Date filed (Month, Day, Yes		gistur's floral	3 //	Manda	R. V	My	541	te 40	7			
Registrar	12/28/1 DEC	3089/	0				5 1						

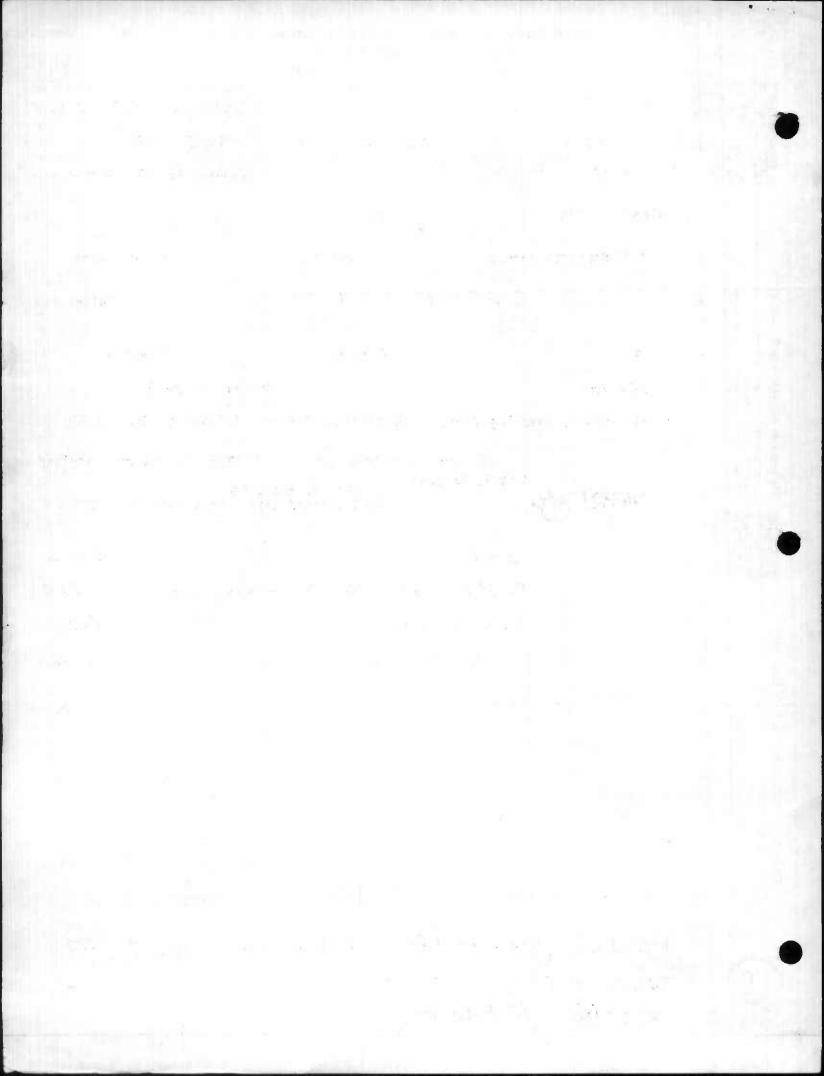


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** ROBERT WOOD 16:00 F /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner SAMARITAN GOOD HOSPITAL BALTIMORE N/A 7. Aga (In yrs. last birthday) | If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth | Months | Davs | Hours | Min. | (Month, Day, Year) 5. Social Sacurity Number Birthplaca (Stata or Foraign Country) **Funeral** 1**⊠** M 2□ F Yrs. 214-01-6724 Director January 18,1909 Virginia Usual Rasidance of Decedent the Marylend 10e State 10h County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23s or 28a-f show traumstic event, the Medical Examiner insults on critical Maryland N/A Baltimore 1 Yas 2 No Director 10g. Citizan ot What Country? 10e. Street and Number 10f. Zip Coda 2820 Hamilton Avenue 21214 United States Funeral 12. Was Dacedant Ever In U,S. Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Datas: WW I 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Marriad permit. Pages 1 and 2 should be filed within 72 hours eft Department of Health and Mental Hygiene. Important: If tem 27 is marked other than "naturel", or any injury or other traumatic event. Baltimore, Maryland 21215-0020 1 ☐ Yas 2 📉 No Specify: Specify: p WW II Whi te 3 X Widowad 4 Divorced Completed 16a. Decedant's Usuat Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cotlega (1-4or 5+) Plumber 8 Plumbing 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Sumama) Be John Wood Martha (unknown) 19a. tnforment's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 1353 Gittings Avenue Mrs. Patricia C. Sweeting/Daug. Baltimore, Md. 20b. Placa of Disposition (Nama of cametary, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) 12/30/97 Most Holy Redeemer Baltimore, Maryland 21. Signatura of Funaral Sarvice Licensee Mark T. Zavoyna 22. Nama and Addrass of Facility Leonard J. Ruck, Inc. 23a. Part1. Enter the disease, or completations that ceused the death. Do not anter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Baltimore, Md. 21214 Approximete Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final SEPSIS DAYS disaase or condition rasulting in daath) Examiner CONGESTIVE FXILVRIE -transil Saquantially list conditions, if any, laading to immadiata ceusa. Enter Underlying Ceusa (Disaasa or Injury that initieted events rasulting In daeth) Last pue physician of the buriel P.O. Box 68760 IABETES Physician/Medical HOERTENSION ò Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco usa contribute to the cause of death? ate has been signed by page 2 should be detect 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Wara autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 No certificate To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: After this certifica 25. Was cesa rafarrad to medice Be 26. Piaca of Daath (Chack only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Lo 1 Yas 2 10 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Dev Year) Certification: 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Natural 2 Accidant 5 Panding 1 Yes 2 No Invastigation 6 Could not be determined 3 Suicide 28f. Location (Straat and Number or Rural Routa Numbar, City or Town, Steta) 28e. Plece of tnjury - At home, ferm, straat, factory, office building, etc. (Spacify) in by 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, dete end plece, and due to the ceusa(s) and mannar as stated.

2 Medical Examinar: On the basis of axamination end/or invastigetion, in my opinion, death occurred at the time, dete and plece, and due to the causa(s) and manner stated. Medical 29a. Cartifiar 29b. Signature and title of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) anedi 470 30. Nama and eddress of person who completed ceusa of daath (Itam 23a) (Typa, Print) HOPKINS SOHNS HOSPITAL 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State

DHMH 16 Ray 6/95



	1. Decedent's Name (First, Middle,	-0		ASHING		1	2. Date of De Month DECEME		Year	ime of Death	
Physiclan /Medical Examiner	4a Facility Name (If not institution,	The second secon		HSHING			Location of Deat	h 4c. County	of Death	00 A	
Funeral Director	5. Social Security Number		ige (In yrs. last bi	rthday) If Under Yrs. Months		If Under 24 Hr. Hours Mir	s. 8. Date of Bir	th	9. Birthplace (S Country)	State or Foreign	
how	Usual Residence of Decedent 10e. State 10b. County	1		m or Location			Securit	jen ny roo	10d. Ins	side City Limits XYes 2 □ No	
firer death with the Maryland free must be notified at fore must be notified at	MARYLAND NIT	DE DRIV		101. Zip		06		10g. Citizen of V		gres Z No	
urs after elf, or its Frantise by Fur	3 ☐ Widowed 4 ☐ Divorced	t Ever in U,S.	13. Was Deced		dispanic Orlgin? (an, Mexican, Pue Specify:	Specify Yes or No rto Rican, etc.)	- 1	14. Race - American Indian, Bleck, White, etc. Specify: BLACK			
d within giene.	15. Decedent' (Specify only highest Elementery/Secondary (0-12)	s Educetion grade completed) College (1-4or		life. DO NOT us	rk done	during most of wo	orking		usiness/Industry	OUTINGC	
Sve fi	17. Father's Name (First, Middle, L.		RSON			18. Mother's Na	Maiden Sumam	IBTON			
permit. Pages 1 and 2 should Department of Health and Mer Important: if Itam 27 is marke any injury or other treumatic once.	19e. Informant's Name/Reletionsh SHEILA HILL 20a. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Other (Sp. 21. Signature of Funeral Service L	(MOTHER) 3 □Removal from State	20b. Piace comete	22. Name an	SIDE me of other pla EMI ad Addre	ce) ETERY ass of Facility CROWN	BALTIA	PORE, III. 20c. Location - LANS. DO	City or Town, St DUNE, MI	S QI QOQ iate PARYLANI E	
Physician /Medical Examiner	23a. Part1. Enter the disease, or of shock, or heert tellure. List of immediate Cause (Final disease or condition	omplications that a senty one ceuse on h			le of dyi				Appro	oximate val Between t end Deeth	
	resulting in death)		ceuse. Enter Underlying								
axecuted n and ial-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	Due to (or as a	consequence of):					 		
axecuted n and ial-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b		consequence of):							
axecuted n and ial-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert II. Other significant condition	b c d	Due to (or as e	consequence of):		ven in Pert I.		tobacco use co Yes 2□ No	ntribute to the c		
certificate be axecuted nding physician and use as the burial-transit	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert II. Other significant condition	b c ds contributing to death	Due to (or as e	consequence of):		ven in Pert I.	1 🗆		3 Probably 24b. Were au available	4 Unknown	

31. Date tiled (Month, Day, Year)

DEC 3 0 1997

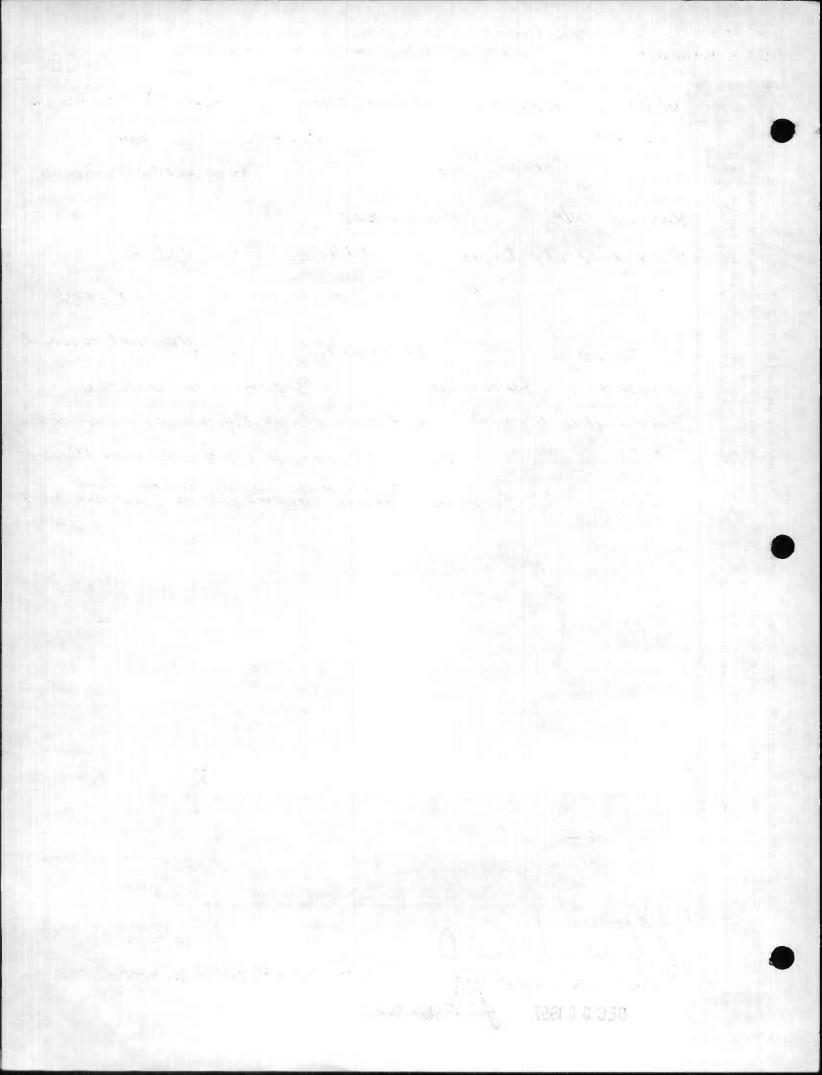
31. Date tiled (Month, Day, Year)

DEC 3 0 1997

eth (Hem 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E

DECEMBER 28,1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death IRENE WALKER **Physician** DEC /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Locetion of Death Examiner CHURCH HOSPITAL BALTIMORE | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Months Days Hours Min. | 9 - 25 - 07 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1 M 2 F MARYLAND 90 Yrs. Director 220-22-1368 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 √Yes 2 No Director MARYLAND N/A BALTIMORE item 27 is marked other than "natural", or items 23a or 28a-other traumatic event, the Medical Examiner must be notiff the 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 640 S. KENWOOD AVENUE 21224 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Year or Dates: 14. Race - American Indien, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married NAME KNOWN TO PHYSICIAN Baltimore, Maryland 21215-0020 1 Yes 2X No Specify: þ 3 ☑ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Demonstration of Feeting about the Project of Feeting and Mental Hygiens. In marked other than " Elementary/Secondery (0-12) 6 YEARS College (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) WALTER SMITH ELIZABETH 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) MS. WINIFRED PILACHOWSKI 640 S. KENWOOD AVE. BALTO. MD. 21224 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ₺ Burial 2 Cremation 3 Removal from State any injury or SACRED HEART OF JESUS CEM. 1-2-98 BALTO. MD. 4 ☐ Donation 5 ☐ Other (Specify) mature of Funeral Service Licens FUNERAL HOME 2525 FLEET ST. BALTO. MD. 21224 II. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Death Physician CONGESTIVE HEART PAILURE /Medical immediate Cause (Finel disease or condition resulting in death) Examine sician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of): physician s the burial P.O. Box 68760. Physician/Medical Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Records. 8 24b. Were autopsy findinga evellable prior to Completed 24a. Was an autopsy completion of cause of death? 1 Yes 2 No 1 Yes 2 No certificate Division of Vital 25. Wes case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1□ Yes 2□ No 2 After this 27. Menner of Death 28c. Injury at Work? To the Hospital or Attending Privithin 24 hours after death.
To the Funeral Director: After the completely filled in by the funera 28b. Time of 28d. Describe how Injury occurred Certification: 5 Pending investigation 1 Netural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Thomicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) and manner as stated.

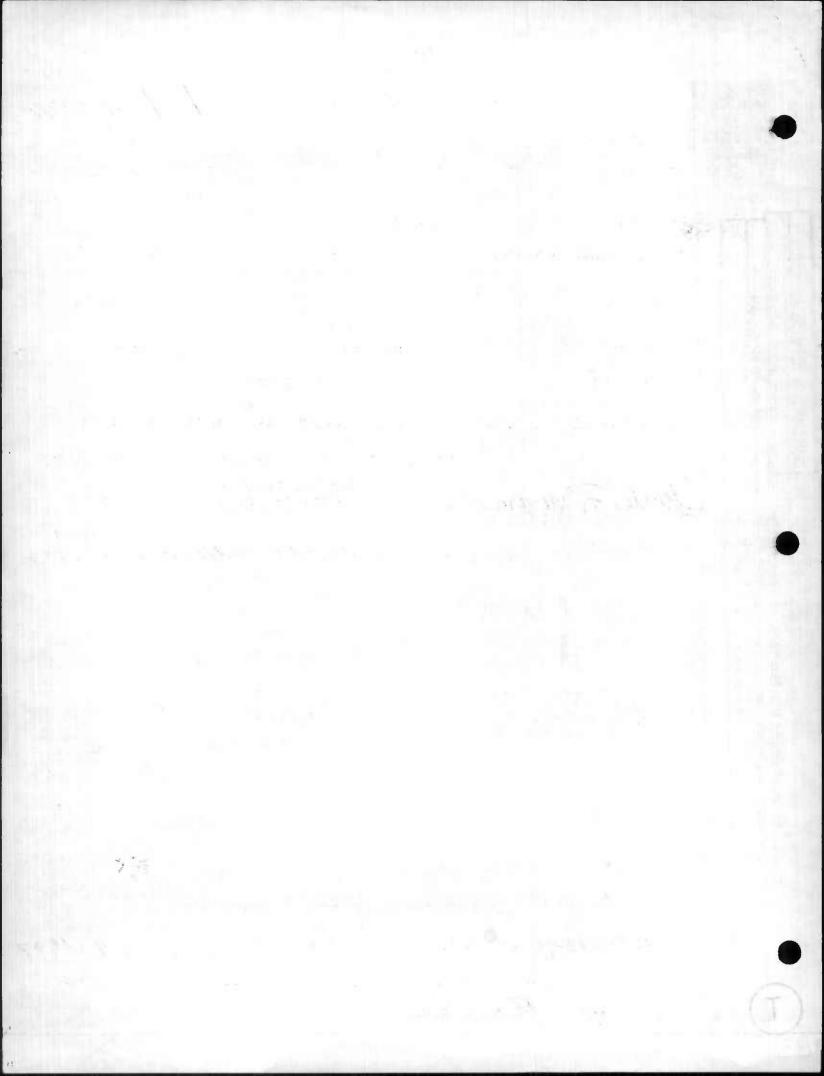
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, end due to the ceuse(s) and manner steted. Medical (Check only 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) A.t. Nazemino 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) CHURCH Grospetal. BALT MIZEM! MO. 31. Dete filed (Month, Dey, Year)

Registrar

DEC 3 0 1997

32-Registrar's Signeture

MMH 16 Rev 6/95



Please Type or Print in Black indelible ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death hitEHEAD **Physician** Month 12 /Medical 4a. Facility Neme (If not institution, give street and numbar) 4b. City. Town, or Location of Death 4c. County of Death Examiner HARFORD GARDENS NURSING HOME N/A BALTTMORE If Under 1 Year If Under 24 Hrs. 8. Data Months Days Hours Min. (Mon 8. Data of Birth (Month, Day, Year) 5. Sociel Security Number Birthplaca (Stata or Foraign Country) 6. Sex 7. Age (In yrs. last birthday) **Funeral** Days 05-09-017 15 M 2□ F 87 Yrs. Director NOV 14, 1910 Usuel Rasidence of Dacedant with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow Examiner naut be notified at MD N/A Director 1 Yas 2 No BALTO 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? 6 1644 MONTEPELIER ST items 23a Pages 1 end 2 should be filed within 72 hours efter deeth nent of Health end Mental Hygiene. If Item 27 is marked other then "natural", or Itema 23 Funeral 21218 14. Reca - Amarican Indien, Black, Whita, etc. 12. Wes Decedent Ever In U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 Never Married 2 Marriad 1 ☐ Yas ANO If Yas, Give Year or Detes: 1 ☐ Yes 2 No Specify: by Specify: BLACK 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) STEEL WORKER 18. Mother's Nama (First, Middle, Maidan Surnama) STEEL CO 5th 17. Fether's Neme (First, Middle, Last) Be GEORGE WHITEHEAD GEORGANNA SMITH 19a. Informent's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) permit. Pages 1 end 2 Department of Health e Important: If Item 27 is any injury or other tra-4408 LOCH RAVEN BALTO, MD 21218 ETHEL HUX 20e. Mathod of Disposition 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata JAN 3 1X Burial 2 Cramation 3 Ramoval from State BALTIMORE CEM 4 ☐ Donation, 5 ☐ Other (Specify) BALTO, MD 22. Nama and Address of Fecility BETTS FUNERAL HOME 21. Signeture of Funaral Service Licensea 1129 N CAROLINE ST BALTO, MD 21213 Entar tha disaasa, or complications thet caused tha daath. Do not entar tha moda of dying, such es cardiac or raspiratory errest, or heart failure. List only one ceuse on each line. Onsat and Death **Physician** CARCINOMA PROSTATE GLAND Immedieta Ceusa (Final disaasa or condition resulting in daath) /Medical Examiner Dua to (or as a consequence of): WITH METASTAS iS Examiner Sequentially list conditions, if eny, laading to immadiata cause. Entar Undartying Causa (Disaase or injury that initiated events rasuiting in death) Last Physician/Medicai Due to (or es a consequance of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wera eutopsy findings eveilebie prior to completion of causa of daath? pege 2 should Be Completed 24e. Was en autopsy performad? 1 Yas 2 No certificata 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: Affer this certifica complately filled in by the funeral director, p. 25. Was case referred to madical axaminar? 26. Piaca of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mennar of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Avatural 2 Accidant 5 Panding invastigation 1 ☐ Yas 2 ☐ No 3 Suicida 6 Could not be datarmined 28e. Place of Injury - At home, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicida

State

Registrar

29b. Signature and titla of cert

29a, Certifier

Medicai

32. Registrar's Signatura

plated cause of death (Itam 23e) (Type, Print)

121 SOUTH EATON ST. BACTIMONE MID Julia Davidson Bandala

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) and manner as stated.

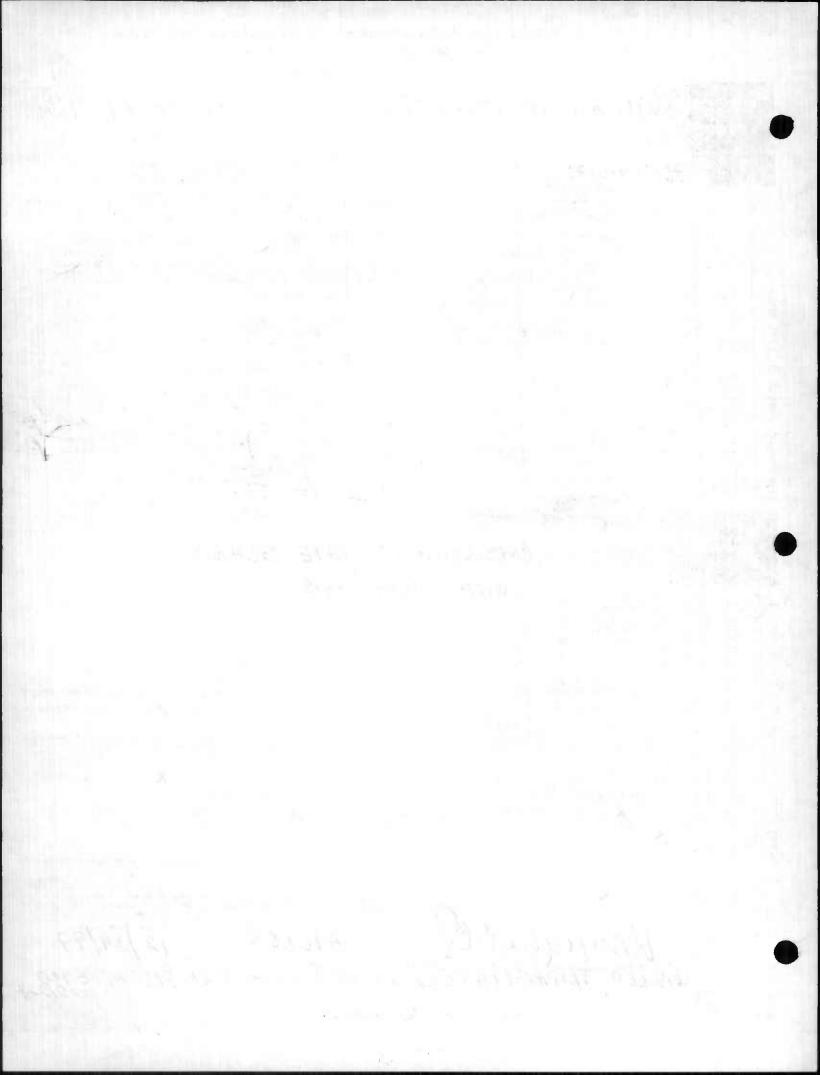
Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c-bicansa numbar 88

Baltimore, Maryland 21215-0020

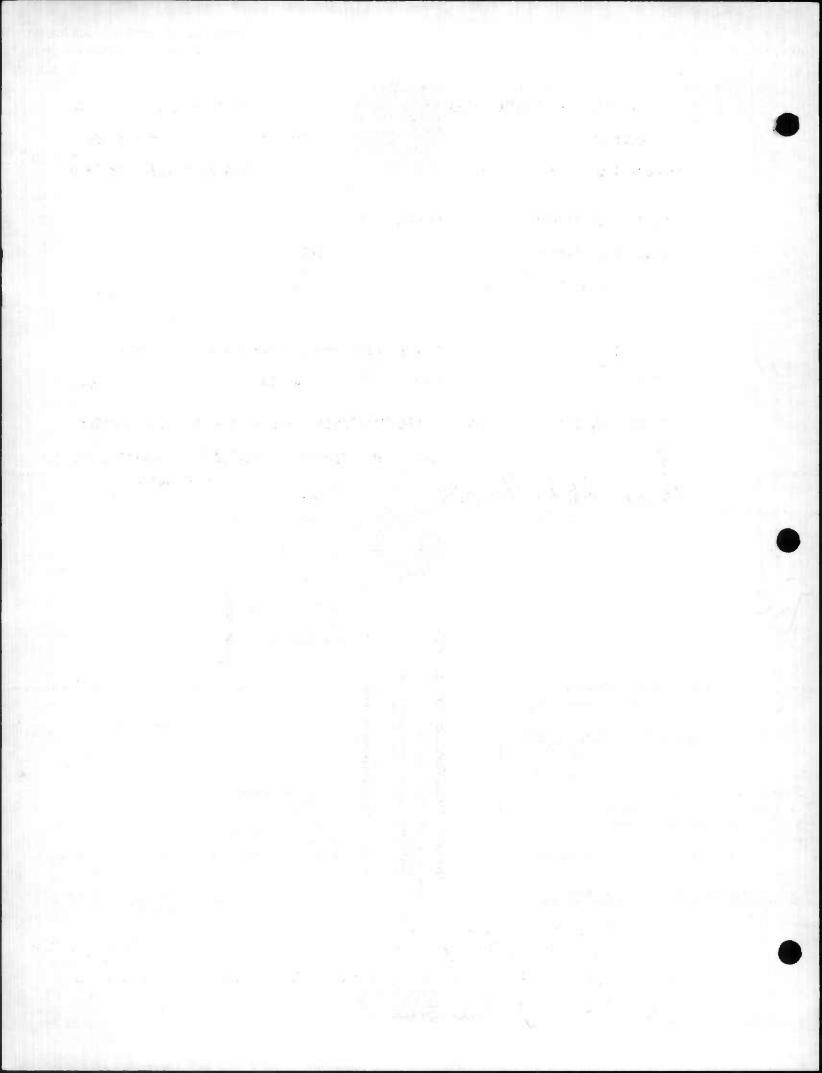
Records, P.O. Box 68780

Division of Vital



State of Maryland / Department of Health and Mental Hygiene

					00111110	cate of	Doutin		ne	g. No.		
hysician		1. Decedent's Name (First, Middle, I			-			2	2. Date of Death Month	Day	Year	3. Time of Dea
/Medical	ı.			ILMER					ecember	24,	1997	6:55A
Examiner	r	4a. Fecility Name (If not Institution, g	give street end number)						ition of Death		ty of Death	
	4	Pickersgill			I MII	Index 4 Vans	Tow				altimo	
ineral rector		5. Social Security Number 6. 215-07-4116 Usual Residence of Decedent	7. Age	(In yrs. last b	Yrs. Mon	Inder 1 Yeer oths Days	If Under Hours	Min. N	Date of Birth (Month, Day, OVENDEY	Year) 16,1908	9. Birthp Cour Mary	place (State or Fo ntor) / I and
MOM W		10a. Stete 10b. County		10c. City, To	wn or Location)					1	10d. Inside City Li
Tall of	ē N	Maryland Baltim	ore	Tow	son							1 ☐ Yes 2
ie Eza	2	10e. Street end Number			101	f. Zip Code			10	g. Citizen of	What Cour	-
238 2		615 Chestnut Ave	nue			2	1204			Į	JSA	
"natural", or items 23a or 28a-f show ledges Examinar over be notified at selected by Funeral Director	y runer	11. Meritel Stetus 1 Never Married XX Married	If Yes, Give	ver in U,S.		ecedent of I specify Cub es 2000	Ilspanic Orl en, Mexicer Specify:		fy Yes or No- can, etc.)		14. Rece - American Black, White, etc. Specify: Whit	
		3 Widowed 4 Divorced	Year or Detes:						10h Vind of E			
iete		15. Decedent's (Specify only highest g	Educetion grade completed)	18e. Decedent's Usual Occupi (Give kind of work done of life. DO NOT use retired		oation during mos	t of working	, 1	6b. Kind of I	Business/In	dustry	
E		Elementary/Secondary (0-12)	College (1-4or 5-	-) M						Autor	nobile	e Parts
event, the Menor than Be Comp							First, Middle, M			e raits		
5 0 m		Elmer		Wilme	r			die				Hunt
7 is marke traumatic	19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or					Boute Number	City or Tour	n State 7:-				
9 2												
Important: If item 27 any injury or other tr once.	-	Stephen Winter 20a, Method of Disposition	POA		of Disposition	Shingt (Name of	on Av	enue	Towson	Mary La Oc. Location	and 21	1204
0 = 0	1	1) Surial 2 Cremetion 3		cemet	ery, cremetory	or other ple						
E A	1	4 ☐ Donation 5 ☐ Other (Special Sensor Up	-	Dru	id Rid	ge Cem	etery	12	/26/97	Pikes	ville,	, Maryla
dical	- 1	Immediete Cause (Final diseese or condition	aci	ite					respiratory arres		1	Onset end Dea
the burnal ament	FYGIIIIIGI	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	C	Due to (or as a		CA d						Onset end Dea
ma the burst-ansit Medical Examiner	medical Examine	disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	b	Due to (or as a	e consequence	CA d						Onset end Dea
sed for use as the burish anait and siclar/Medicai Examiner	medical Examine	disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	c	oue to (or as a	My o e consequence a consequence	CA d o of): o of):	lial	eng	landio	n	ontribute to	M in d
by the amending physician and tracked for use as the burish ensit and tracked for use as the burish ensit and the sician/Medicai Examiner	medical Examine	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions	c	ue to (or as a	e consequence a consequence in the underlyi	CA de of): e of): o of):	lial	eng	landio	Dacco usa c		Onset end Dea
be detached for use as the burtal-dament by Physiclan/Medical Examiner	The state of the s	disease or condition resulting In death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Lest	c	ue to (or as a	e consequence a consequence in the underlyi	CA de of): e of): o of):	lial	eng	landio	Dacco usa c		Onset end Dea
be detached for use as the burtal-dament by Physiclan/Medical Examiner	The state of the s	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions	c	ue to (or as a	e consequence a consequence in the underlyi	CA de of): e of): o of):	lial	eng	landio	Dacco usa c e 2□ No	3 ☐ Pro	onset and Dea
nas been signed by the attending prywount and by 2 should be detached for use as the burish annual and an interest of the state of the	The state of the s	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions	c	ue to (or as a	e consequence a consequence in the underlyi	CA de of): e of): o of):	lial	eng	23b. Did tob 1 Ve	Dacco usa c s 2□ No autopsy	3 Pro	onset end Dea
nas been signed by the attending prywount and by 2 should be detached for use as the burish annual and an interest of the state of the		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions William Cause (Disease or Injury that initiated events resulting in death) Lest	c	ue to (or as a	e consequence a consequence in the underlyi	CA de of): e of): o of):	ven in Part I	eng	23b. Did tob	pacco usa c 2 □ No autopsy ed? s 2 □ No	3 Pro	onset end Dea
redor, page 2 should be detached for use as the burish anest and an one of the completed by Physician/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions	c	ue to (or as a	e consequence a consequence in the underlyi	CA de of): e of): o of):	ven in Part I	cry	23b. Dld tob 1 Ve 24a. Was an perform 1 Vec	Dacco usa c ■ 2□ No autopsy ■ 2□ No	3 Pro 24b. W av co of	onset and Deal Mind of the cause of de bably 4 Unit for autopsy findicaliable prior to mpletion of caus death? Yes 2 No
Tris certificate has been agreed by the attending physician and all director, page 2 should be detached for use as the burtal-hansel and To Be Completed by Physician/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Gause (Disease or injury that initieted events resulting in death) Lest Pert II. Other significant conditions Which is the conditions of	b	ue to (or as a not resulting	e consequence a consequence in the underlying Consequence Dutpatlent 3E Time of	CA de of): e of): of): DOA Ott	ven in Part I 28. Place	cry	23b. Did tob 1 Ve 24a. Was an perform	pacco usa c 2 No autopsy ed? s 2 No	3 Pro 24b. W av co of 1[onset and Deal Mind of the cause of de bably 4 Unit for autopsy findicaliable prior to mpletion of caus death? Yes 2 No
The mis connects has been agreed by the attending physician and tunish angular transit director, page 2 should be detached for use as the burish annual and lon: To Be Completed by Physician/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions William Conditions Pert II. Other significant conditions William Conditions 25. Wes cese referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Pending investigati	b	ue to (or as a not resulting	e consequence a consequence in the underlying	CA de of): e of): of): DOA Off 28c. Inju Wo	ven in Part I 28. Place	ery	23b. Dld tob 1 Ve 24a. Was an perform 1 Vec Check only one	pacco usa c 2 No autopsy ed? s 2 No	3 Pro 24b. W av co of 1[onset and Deal Mind of the cause of de bably 4 Unit for autopsy findicaliable prior to mpletion of caus death? Yes 2 No
by the tuneral director, page 2 should be detached for use as the buriah anest and the tuneral director, page 2 should be detached for use as the buriah anest an all filtreation: To Be Completed by Physician/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions Which is the conditions of	b	t 2 ER/O	e consequence a consequence in the underlyi Consequence Dutpatlent 3E Time of Injury M	e of): e of): ing cause gh DOA Off 28c. Inju Wo 1	ven in Part I 28. Place 1er: 4 Nu	e of Death (ursing Home	23b. Did tob 1 Ve 24a. Was an perform 1 Ves Check only one 5 Resider d. Describe hov	Dacco usa c 2 No autopsy ed? s 2 No nce 8 Or w injury occu	3 Pro 24b. W av co of 1[onset end Deat Mind
Unrector, wher has certificate has been agreed by the attending prysoun and S in by the tuneral director, page 2 should be detached for use as the burish anist an entification: To Be Completed by Physician/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions Which is the conditions of	b	t 2 ER/O	e consequence a consequence in the underlyi Consequence Dutpatlent 3E Time of Injury M	e of): e of): ing cause gh DOA Off 28c. Inju Wo 1	ven in Part I 28. Place 1er: 4 Nu	e of Death (ursing Home	23b. Dld tob 12 Ve 24a. Was an perform 1 Ve: Check only one 5 Resider d. Describe how	Dacco usa c 2 No autopsy ed? s 2 No nce 8 Or w injury occu	3 Pro 24b. W av co of 1[onset end Deat Mind
In the function when this companies has been signed by the attending prysolan and a filled in by the funeral director, page 2 should be detached for use as the burish annual and a second consistency. To Be Completed by Physician/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions When the conditions of the	b	t 2 ER/O (Year) 28b. Ty At home, 1 (Specify)	e consequence a consequence a consequence in the underlyi C f m Dutpatlent 3E Time of Injury M farm, street, fe	conditions of the time of time	28. Place ner: 4 Nury at rk?	e of Death (ursing Home 28 No 28	23b. Did tob 1 Ye 24a. Was an perform 1 Yes Check only one 9 5 Resider d. Describe how	Decco usa c 2 No autopsy ed? s 2 No b) nce 8 Or w injury occu	3 Pro 24b. W av cc of 1 [ther (Specification or Rural	onset end Deat Mind
In the function when this companies has been signed by the attending prysolan and a filled in by the funeral director, page 2 should be detached for use as the burish annual and a second consistency. To Be Completed by Physician/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions Which is the conditions of	Hospital: 1 Inpatien 28a. Date of Injury (Month, Day) 28b. Place of figure building, etc.	t 2 ER/O (Year) 28b. Ty At home, 1 (Specify)	e consequence a consequence a consequence in the underlyi Cfim Dutpatlent 3 Time of Injury M farm, street, fe	DOA Office DOA Office 28c. Inju Wo 1 Doctory, office 29c. Licens	28. Place ner: 4 Nury at rk? Yes: 2 □	e of Death (ursing Home 28 No 28 d place, and the occurred section 28 no 28 d place).	23b. Did tob 1 Ye 24a. Was an perform 1 Yes Check only one 5 Resider d. Describe how	Dacco usa c 2 No autopsy ed? s 2 No nce 8 On w injury occu	3 Pro 24b. Was expected and the control of the con	onset end Deat M in f o the cause of de bably 4 Unk dere autopsy findir raliable prior to mpletion of causi death? Yes 2 No fy) al Route Number, stated, o the cause(s) Dey, Year)
per Hinter Director. After this certificate has been agreed by the attending prysician and pletarly filled in by the furnish annual an additional certification: To Be Completed by Physician/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions Pert II. Other significant conditions Lipid Cause (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions 25. Wes cese referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Pending Investigati 1 Could not determine 1 Could not determine 2 Medicaf Examiner 2 M	Hospital: 1 Inpatien 28a. Date of Injury (Month, Day) 28b. Place of figure building, etc.	t 2 ER/O (Year) 28b. Ty At home, 1 (Specify)	e consequence a consequence a consequence in the underlyi Cfim Dutpatlent 3 Time of Injury M farm, street, fe	DOA Office DOA Office 28c. Inju Wo 1 Doctory, office 29c. Licens	28. Place ner: 4 Nury at rk? Yes: 2 □	e of Death (ursing Home 28 No 28 d place, and the occurred section 28 no 28 d place).	23b. Did tob 1 Ye 24a. Was an perform 1 Yes Check only one 5 Resider d. Describe how	Dacco usa c 2 No autopsy ed? s 2 No nce 8 On w injury occu	3 Pro 24b. Was expected and the control of the con	mpletion of cause deeth? Yes 2 No No No No No No No No No No
In the function when this companies has been signed by the attending prysolan and a filled in by the funeral director, page 2 should be detached for use as the burish annual and a second consistency. To Be Completed by Physician/Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions Pert II. Other significant conditions Lipid Cause (Disease or injury that initiated events resulting in death) Lest Pert II. Other significant conditions 25. Wes cese referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Pending Investigati 1 Could not determine 1 Could not determine 2 Medicaf Examiner 2 M	Hospital: 1 Inpatien 28a. Date of Injury (Month, Day) 28b. Place of Injury (Month, Day) 28c. Place of Injury (Month, Day) 28c. Place of Injury (Month, Day) 28c. Place of Injury (Month, Day) 28c. Place of Injury (Month, Day) 28c. Place of Injury (Month, Day) 28c. Place of Injury (Month, Day)	t 2 ER/O (Year) 28b. Ty At home, 1 (Specify)	e consequence a consequence a consequence in the underlyi Cfim Dutpatlent 3 Time of Injury M farm, street, fe	DOA Office DOA Office 28c. Inju Wo 1 Doctory, office 29c. Licens	28. Place ner: 4 Nury at rk? Yes: 2 □	e of Death (ursing Home 28 No 28 d place, and the occurred section 28 no 28 d place).	23b. Did tob 1 Ye 24a. Was an perform 1 Yes Check only one 5 Resider d. Describe how	Dacco usa c 2 No autopsy ed? s 2 No nce 8 On w injury occu	3 Pro 24b. Was expected and the control of the con	onset end Deat Mind of the cause of de bably 4 Unit dere autopsy findinaliable prior to impletion of cause death? Yes 2 No fy) al Route Number, stated, o the cause(s)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month MILDRED WEAVER DECEMBER 29, 1997 4e. Fscility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death HOSPITAL SINAL BALTIMORE BALTIMORE. H Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Fan. | 10, 15 5. Sociel Sacurity Number 7. Age (In yrs. lest birthdey) 9. Birthpieca (Steta or Foreign Mary Land 1□M 2⊠F 215-03-1581 Yrs. 92 1905 Usuei Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Maryland Baltimore Lochearn 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 6811 Campfield Road 21207 U.S.A. 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Give Yaer or Datas: Wes Decadent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Reca - American Indien, Bieck, White, atc. 1 Navar Marriad 2 ☐ Married 1 Yas 2√2 No Specify: Specify: 3 Widowed 4 Divorced White Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Bookkeeper Tool Company 12th Grade 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Surneme) Edward Joseph Weaver Bessie Carroll Bushman 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 5918 Green Hill Avenue, Baltimore, Maryland 21206 Shirley E. Ernst/Niece 20b. Ptaca of Disposition (Name of cemetary, cremetory or other place) 12/31/97 Pete 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ☐ Buriei 2 MCremation 3 ☐ Removel from Stete Baltimore/Washington Crematory 4 Dogation 5 DOther (Specify) Laurel, Maryland 21. Signatural Funerei Service Licansee John C. Miller, Inc. manuta 6415 Belair Road, Baltimore, Maryland 21206 that the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, if heart failure. List only one cause on each line. Approximata Intervel Between Onset end Deeth immediate Causa (Final SEPSIS 1-2days diseese or condition resulting in death) Due to (or es e consequenca of): Sequentially tist conditions, if eny, leeding to immediate causa. Enter Underlying Causa (Diseesa or thjury that initiated events rasulting in deeth) Lest Due to (or es e consaguance of): Dua to (or es e consequenca of): Pert ii. Other aignificent conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of deeth? ARTERY 1 ☐ Yee 2 ☐ No 3 Probably ♦ Unknown 24b. Were autopsy findings aveilebte prior to completion of causa of death? 24e. Was en eutopsy performed? HEART FAILURE 1 ☐ Yes 20 No 25. Wes case refarred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 20 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Deeth 28b. Tima of

Physician /Medical Examiner Examiner

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Importants if from 27 is marked other than "natural", or from 23a or 28a-1 show any injury or other treumstic event, he deduced Examiner manuse notified in once

Baltimore, Maryland 21215-0020

sician end burial-transit The lew requires that the death certificate be executed physician the buria been signed by the should be detached

Physician/Medical

þ

Completed

Be

Certification: To

Medical

1 Naturel 2 Accident

3 ☐ Suicida

29a. Certifian

4 ☐ Homicide

29b. Signatura and titla of certifian

DWIGHT

31. Dete fited (Month, Day, Year)

P.O. Box 68760.

Records,

Division of Vital

page 2 After this certificate funerel director, pag To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifice completely filled in by the funeral director, p.

> State Registrar

DEC 3 0 1997

C. MILLER SINAL MOSPITAL 32. Registrar's Signature Julia Savidson-Randalle

28a. Place of injury - At homa, farm, street, factory, office building, etc. (Specify)

28d. Describe how Injury occurred

28c. Injury et Work? 1 Yes 2 No

 Location (Street and Number or Rural Route Number, City or Town, Stete) 107 Cartifying Physician: To the best of my knowladga, daath occurred et the tima, data and place, and due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at tha tima, data and place, and due to the cause(s) end mannar stated.

29c. Licansa number

29d. Date signad (Month, Dey, Year)

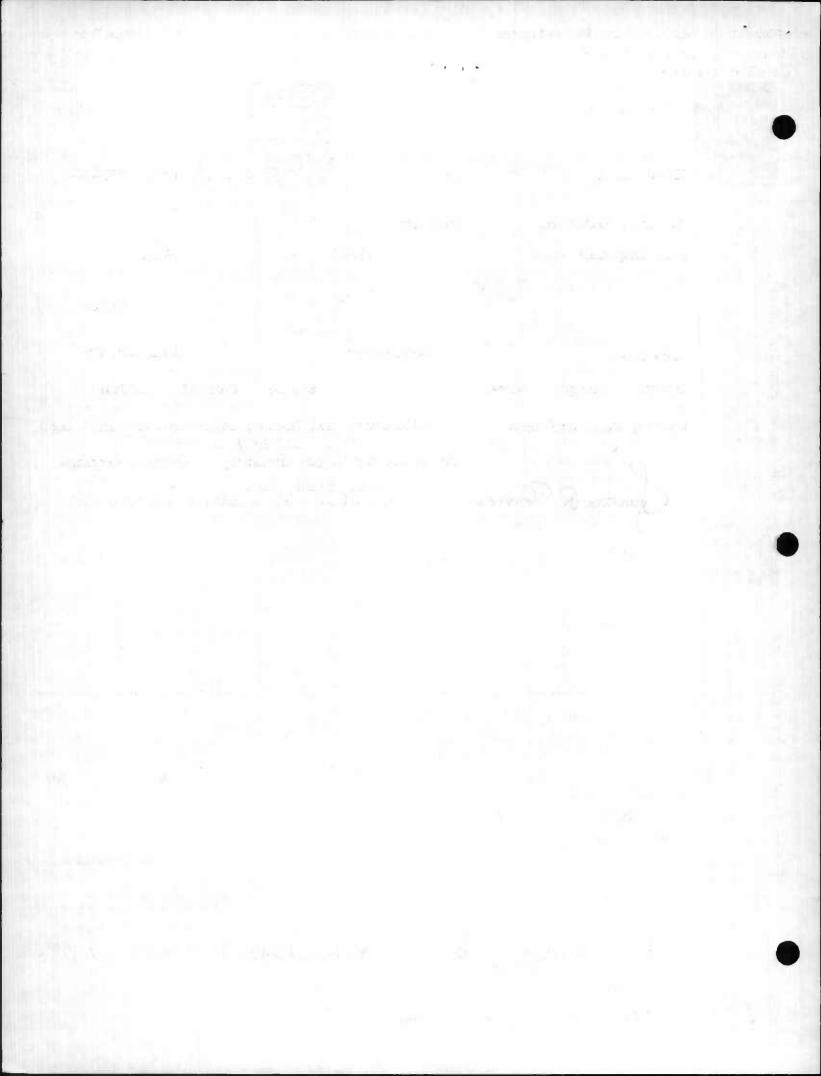
AS2402321 DM9439 30. Name and address of person who completed cause of death (tem 23a) (Type, Print)

December

5 Panding

investigation 6 Could not be determined

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene-Certificate of Death 1. Decedent'e Nema (First Middle Last) 2. Data of Daath Day 6 1997 DIDDAIM. December JAMES T. VAN WINKLE, SR. 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Anne Glen Burnie North Aryndel Hospita Arunde if Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpiace (State or Foreign Country) 1⊠M 2□F Days 83 Yrs. 171-10-4779 Pennsylvania Feb. 28 1914 Usual Rasidance of Dacadant 10a Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 1 Yas 2 No Linthicum Anne Arundel Co. Md. 10e. Street and Number 10f. Zip Coda 10g Citizen of What Country? USA 21090 207 Mansion Road 12. Was Decedant Evar in U,S. Armad Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 20 Marriad 1 Yas 2 XNo if Yas, Giva Yaar or Datas: white 1 Yas X No Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Spacify only highast grade completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Philadelphia College (1-4or 5+) Elementery/Secondery (0-12) Plant Supervisor Ouartz Company 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Jennie L. Mininger Harry Van Winkle 19e. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) James T. Van Winkle, Jr. (Son) 1639 Peregrine Point Court Sarasota, Florida 34231 20a. Mathod of Disposition 20b. Piace of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata Dec. 1997 1 Buriai 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Lawn Croft Cemetery Linwood, Penna. 21. Signature of Funaral Sarvice Licansee McCully-Polyniak Funeral Home 130 E. Fort Ave. Baltimore, Md. 21230 23a. Parf. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death tmmediata Causa (Finat CHRONIC OBSTRUCTIVE RILMONARY DISEASE disaasa or condition rasulting in death) Dua to (or as a consequence of) CANCER Dua to (or as a consequence of) FAILURE CHRONIC Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did pobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of ceusa of death? 24a. Was an autopsy performed? 1 🗆 Yas 1 ☐ Yas 2 No

Physician /Medicai Examiner

Physician

/Medical

Examiner

Funeral

Director

notified at

8

"natural", or Items 23s

Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any injury or other transmissing injury or other transmissing injury or other transmissing injury or other transmissing injury or other transmissing injury or other transmissing injury or other transmissing injury or other transmissing injury or other transmissing injury or other transmissing injury or other transmissing injury or other transmissing injury or other transmissing injury injury or other transmissing injury or other transmissing injury or other transmissions in the contract of the contrac

matic event, the Medical Examiner must be

VANWINKLE

TAMES T.

Director

Funeral

by

Completed

Be

g. attending E

Box 68760

Records, P.O.

of Vital

Division

page 2 Be 2 4 Affec death

after death Director: To the Hospital of within 24 hours at To the Funeral D

Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Ceusa (Disease or injury that initiated evants rasulting in death) Last Physician/Medical by Completed 25. Wes casa raferred to medical axeminar? 1 Yes 20/No Inpatiant 27. Manner of Death 28a. Dete of Injury (Month, Day Year) Certification: 5 Panding invastigation Neturel 2 Accident 3 Suicida 6 Could not be 28a. Place of tnjury - At homa, farm, street, factory, office building, atc. (Spacify) 4 ☐ Homicide 29a, Certifia f Certifying Physician: To tha best of my knowledga, deeth occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical 2 Medical Examinar: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated.

29b. Signatura and titla of certifiar

MAD

29c. Licansa number

28c. injury at Work?

1 Yas 2 No

2 ER/Outpatient 3 DOA

28b. Time of

26. Plece of Death (Check only ona)

Other: 4 Nursing Homa 5 Residence 8 Other (Specify)

28d. Describe how injury occurred

29d. Data signad (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

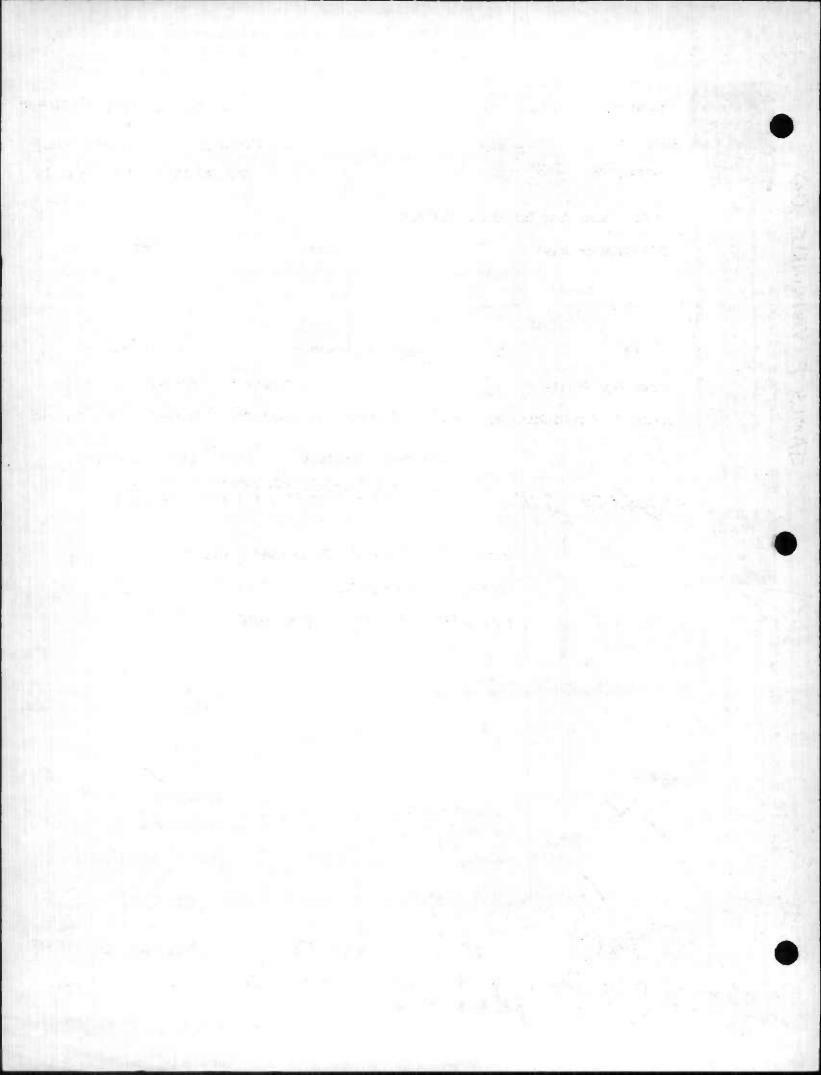
Name end addrass of person who completed cause of death (Itam 23a) (Type, Print)

301 HUSTITAL DAZNE GLEN SURVIE ms 2006. Outhur

31. Data filed (Month, Day, Year) 3 0 199

DHMH 16 Rev 6/95

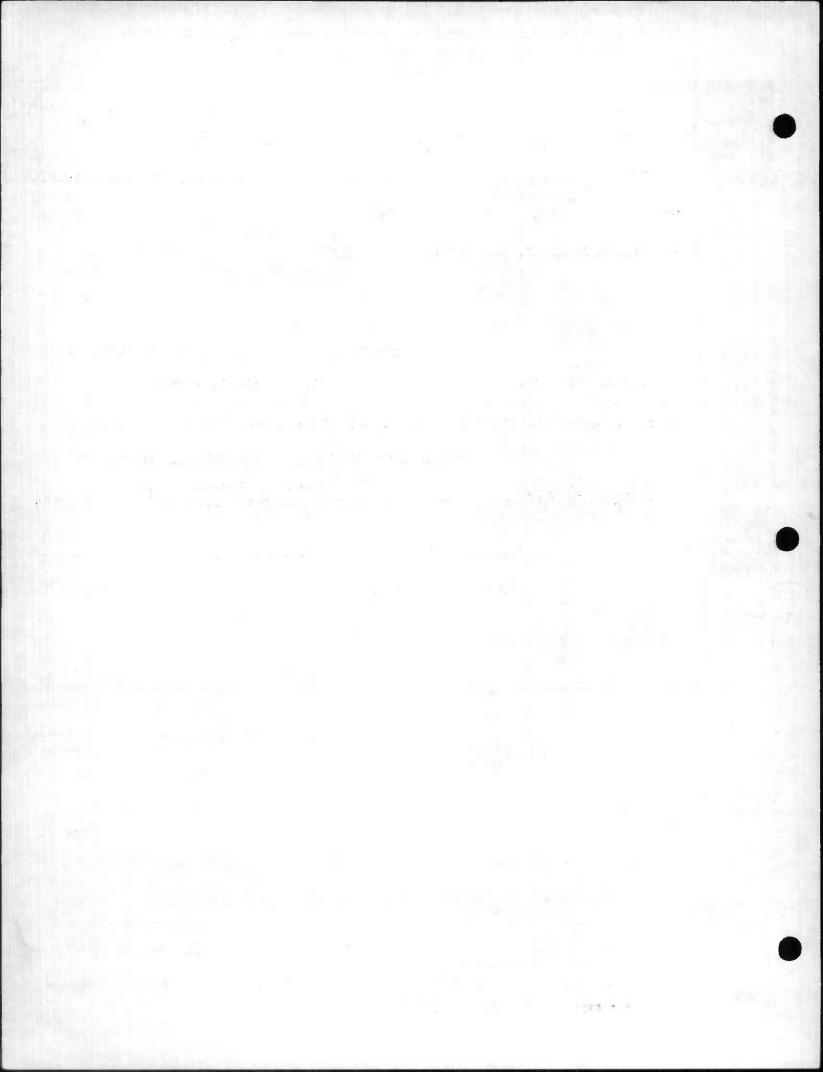
State



State of Maryland / Department of Health and Mental Hygiene 7 201.1.1

ician		Decedeni's Name		est)						2. Daie of I	Deeth Day	Year	3. Time of I
ician dical		Ronal	d				V	Val		December	Lr 23	1997	3:30
niner		4a. Fecility Name (I	f not Institution, giv	e street and number)	:1				4b. City, Town, or			nty of Death	1
		THE 30	hns /to	PKINS	110.	Spital	/		BAltin	iore Cit			
al or		5. Social Security N 213–46–1	168	Sex 7. Ag		ldst birthday) 1 Yrs.		Days	ff Under 24 Hr Hours Mir	. (Month, I	Sirth Da <i>y, Year)</i> 21,1946		npiace (State or Intry) nsylvan
	-	Usual Residenca of 10a. Siete	10b. County		10c. Cit	y, Town or Loc	cation					1	10d. inside City
ţ	5	MD	N,	/A		Baltin	more						1 X Yes
al Director		10e. Street and Nur 15 Charl		, S.Tower	#170)5	10f. Zip Code 10g. Citizen of What Coun 21201 United Stat						*
n, the Medical Examiner must. Completed by Funeral	5	11. Meritei Steius 11. Meritei Steius 12. Never Marri 3. Widowed	ied 2 Married	12. Wes Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:					ispenic Origin? (Specify Yes or No- n, Mexican, Puerto Rican, etc.) 14. Raca - Amer Black, White Specify: Wh			, etc.	
	Die Control	(Spac	15. Decedent's Edify only highast grandary (0-12)		i+)	16a. Decede (Give k lifa. De	ent's Usu kind of wo OONOT u	uai Occup ork dona usa ratired	ation during most of w	orking	16b. Kind of	Business/I	ndustry
No.	5	12				Dept	t. Ma	anag	er		Retai	1 Dep	t. Stor
e e	3	17. Fether's Neme (First, Middle, Last)								ame (First, Midd		ame)	
2	2	Charles E. Walt, Jr.								tta I.			
		19a. Informani's Na		**	1.1				and Number or F				
	2	Debra I. 20a. Method of Disp	Walt-Chi	ristian/Si	20b. P	Place of Dispos	sition (Na:	ma of		ort Dep	osit, M		
			Cremation 3 ☐ 5 ☐ Other (Specif	Removel from State		en Mour			*	12 20 0	7 Politi		100
SUCE:	-	21. Signeture of Fu			Gre				ss of Fecility	12-29-9	/ Baltl	more,	MD
od		QL	100	Pn						Lohrm	ann, P.	Α.	
	1												
		23a. Part1. Enter the disease, or complications their caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line.									. Balti		MD 212
		23a. Part1. Enter the shock, or head	ne disease, or com nt failure. List only	plicetions thei caused one cause on each lir	I the deeil	- 8	8717	Gree	en Pastu	res Dr.	. Balti		MD 212 Approximate finterval Betwoonset end Do
n		Immediate Cause (Finai			h. Do not enter	8717 or the mod	Gree de of dyir	en Pastu ig, such es cardi	res Dr.	. Balti	more,	Approximate fnterval Betw Onset end De
_			Finai			h. Do not enter	8717 or the mod	Gree de of dyir	en Pastu ig, such es cardi	res Dr.	. Balti	more,	Approximate fnterval Betw Onset end De
il r		Immediate Cause (Finai	a. Preum	OLYS	h. Do not enter	8717 or the mod	Gree de of dyir	en Pastu ig, such es cardi	res Dr.	. Balti	more,	Approximate fnterval Betw Onset end De
il r		Immediate Cause (disease or condition resulting in death)	Finai	a. Preum b. Retro	Due to (o	h. Do not enter	B717 or the mod	Greede of dylr	en Pastu ig, such es cardi	res Dr.	. Balti	more,	Approximate fnterval Betw
Examiner		Immediate Cause (disease or condition resulting in death)	Finai	a. Preum b. Retro	Due to (o	h. Do not enter	B717 or the mod	Greede of dylr	en Pastu ig, such es cardi	res Dr.	. Balti	more,	Approximate fnterval Betw Onset end De
Examiner		Immediate Cause (disease or condition resulting in death) Sequentially list condition if any, leading to immediate (Disease, Disease). That initiated events	Final nditions, imediate rhying injury	b. Retro	Due to (o	h. Do not enter	B717 or the modulence of):	Greede of dyin	en Pastu ig, such es cardi	res Dr.	. Balti	more,	Approximate fnterval Betw Onset end De
Medical Examiner		Immediate Cause (disease or condition resulting in death)	Final nditions, imediate rhying injury	a. Preum b. Retro	Due to (o	h. Do not enter	B717 or the modulence of):	Greede of dyin	en Pastu ig, such es cardi	res Dr.	. Balti	more,	Approximate fnterval Betw Onset end De
Medical Examiner		Immediate Cause (disease or condition resulting in death) Sequentially list condition if any, leading to immediate (Disease, Disease). That initiated events	Final nditions, imediate rhying injury	b. Retro	Due to (o	h. Do not enter	B717 or the modulence of):	Greede of dyin	en Pastu ig, such es cardi	res Dr.	. Balti	more,	Approximate fnterval Betw Onset end De
Medical Examiner		Immediate Cause (disease or condition resulting in death) Sequentially list confirm, leading to improve the cause. Enter Undecause (Disease or that initiated events resulting in death) L	Final n n n n n n n n n n n n n n n n n n	a. Preum b. Retro	Due to (or	h. Do not enter	8717 or the mode of the mode o	Greede of dyln	Pastu g, such es cardi PAEU	nes Dr.	. Balti	more,	Approximate interval Betwo Onset and Do
Physician/Medical Examiner	F	Immediate Cause (disease or condition resulting in death) Sequentially list confirm, leading to improve the cause. Enter Undecause (Disease or that initiated events resulting in death) L	Final n n n n n n n n n n n n n n n n n n	a. Preum b. Retro	Due to (or	h. Do not enter	8717 or the mode of the mode o	Greede of dyln	Pastu g, such es cardi PAEU	nes Dracor respiratory	, Balti	more,	Approximate interval Betwo Onset and Do
by Physician/Medical Examiner	F. (-	Immediate Cause (disease or condition resulting in death) Sequentially list confirm, leading to improve the cause. Enter Undecause (Disease or that initiated events resulting in death) L	Final n n n n n n n n n n n n n n n n n n	a. Preum b. Retro	Due to (or	h. Do not enter	8717 or the mode of the mode o	Greede of dyln	Pastu g, such es cardi PAEU	23b. Di	, Balti arrest, d tobacco use •	more,	Approximate interval Betwo Onset and Do Three Management of the cause
by Physician/Medical Examiner	F. (-	Immediate Cause (disease or condition resulting in death) Sequentially list confirm, leading to improve the cause. Enter Undecause (Disease or that initiated events resulting in death) L	Final n n n n n n n n n n n n n n n n n n	a. Preum b. Retro	Due to (or	h. Do not enter	8717 or the mode of the mode o	Greede of dyln	Pastu g, such es cardi PAEU	23b. Di	, Balti	contribute 24b. V	Approximate interval Betwo Onset end Do Three Market Marke
by Physician/Medical Examiner	F. (-	Immediate Cause (disease or condition resulting in death) Sequentially list confirm, leading to improve the cause. Enter Undecause (Disease or that initiated events resulting in death) L	Final n n n n n n n n n n n n n n n n n n	a. Preum b. Retro	Due to (or	h. Do not enter	8717 or the mode of the mode o	Greede of dyln	Pastu g, such es cardi PAEU	23b. Di	d tobacco use of the same an autopsy formed?	more,	Approximate interval Betwo Onset end Do Three Management of the cause
Completed by Physician/Medical Examiner	F	Immediate Cause (disease or condition resulting in death) Sequentially list confirmed from the cause. Enter Under Cause (Disease or that initiated events resulting in death) L	Final nditions, mediate rhying injury ast	a. Preum b. Retro	Due to (or	h. Do not enter	8717 or the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode	Greede of dyln	en Pastu g, such es cardi	23b. Di 24a. We	d tobacco use of the san autopsy formed?	more,	Approximate interval Betwo Onset end Do Three Market Marke
Be Completed by Physician/Medical Examiner	F	Immediate Cause (disease or condition resulting in death) Sequentially list configure, leading to implement the cause. Enter Under Cause (Disease or that initiated events resulting in death) Leading the Cause (Disease or that initiated events resulting in death) Leading in death)	Final nditions, mediate riying injury ast	a. Prevm b. Retro c. d. ontributing to death by	Due to (or	h. Do not enter	8717 or the mode of the mode o	Greede of dyln	en Pastu eg, such es cardi en lo Part I.	23b. Di 24a. Wa pe ath (Check only	d tobacco use of the same autopsy formed?	more,	Approximate interval Betwo Onset end Donate and Donate
To Be Completed by Physician/Medical Examiner	F	Immediate Cause (disease or condition resulting in death) Sequentially list confirmed in any leading to improve the cause. Enter Under Cause (Disease or that initiated events resulting in death) Leading to the condition of the condition of the cause (Disease or that initiated events resulting in death) Leading in de	nditions, mediate rying injury ast	a. Prevm b. Retro c. d. ontributing to death by Hospital: 1 × Inpatie	Due to (or Due to (or Due to (or Due to (or	h. Do not enter	8717 or the mode of the mode o	Greede of dyln	en Pastu eg, such es cardi en la Part I. 28. Piece of Deer: 4 \(\) Nursing	23b. Di 24a. Wa pe actif (Check only Home 5 Re	d tobacco use of the same autopsy formed? Yes 2 No. No. No. No. No. No. No. No. No. No.	contribute 24b. V a contribute Contrib	Approximate interval Betwo Onset end Donate and Donate
To Be Completed by Physician/Medical Examiner	F	Immediate Cause (disease or condition resulting in death) Sequentially list confirmers, leading to immediate (Disease or that initiated events resulting in death) L Pert II. Other significations are searchiner? 1 ☐ Yes 2 ☑ 27. Manner of Deeth 1 ☑ Natural	red to medical	a. Prevm b. Retro c. d. Hospital: 1 Impatie 28a. Date of Injun (Month, Da)	Due to (or Due to (or other party)	h. Do not enter	8717 or the mode of the mode o	Greede of dyln	en Pastu eg, such es cardi en la Part I. 28. Piece of Deer: 4 \(\) Nursing	23b. Di 24a. Wa pe ath (Check only	d tobacco use of the same autopsy formed?	contribute 24b. V a contribute Contrib	Approximate interval Betwo Onset end Donate and Donate
To Be Completed by Physician/Medical Examiner	F	Immediate Cause (disease or condition resulting in death) Sequentially list confirmed from the cause. Enter Under Cause (Disease or that initiated events resulting in death) L Pert II. Other signifit 25. Was case referrexaminer? 1 Yes 2 2 22 27. Manner of Deeth	red to medicai	a. Prevm b. Retro c. d. ontributing to death be Hospital: 1 Impatie 28a. Date of Injui (Month, Day)	Due to (or Due to (or	h. Do not enter th. Do not enter or es a conseque r as a conseque ulting in the unco	B717 or the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode	Greede of dyln	en Pastu eg, such es cardi en ln Part I. 28. Piece of De er: 4 Nursing yal	23b. Di 23b. Di 24a. We 28d. Describ 28f. Location	d tobacco use of the same autopsy formed? Yes 2 No. No. No. No. No. No. No. No. No. No.	contribute 24b. V 24b. V 2ther (Spec	Approximate interval Betwo Onset end Donate and Donate
Certification: To Be Completed by Physician/Medical Examiner	F 2	Immediate Cause (disease or condition resulting in death) Sequentially list confi any, leading to imcause. Enter Unde Cause (Disease or that initiated events resulting in death) L Pert II. Other signifit 25. Was case referrexaminer? 1	red to medical red to medical red to medical red to medical red to medical red to medical red to medical red to medical red to medical	a. Prevm b. Retro c. d. d. Hospital: 1 Impatie 28a. Date of Injuntion (Month, Day) 28e. Place of Injunting, etc. yelclan: To the best of the pass o	Due to (or Due to (or	h. Do not enter th. Do not enter or es a consequent as a con	B717 or the mode of the mode	Greede of dyln	en Pastu g, such es cardi One Cur en in Part I. 28. Piece of Deer: 4 Nursing yai k? Yes 2 No	23b. Di 23b. Di 10 24a. Wa pe 11 24a. Wa pe 28d. Describ 28f. Location City or 7	d tobacco use of the state of t	contribute 24b. V 24b. V 2ther (Spectiurred)	Approximate interval Betwo Onset end Donate and Donate
To Be Completed by Physician/Medical Examiner	F 2	Immediate Cause (disease or condition resulting in death) Sequentially list confirmed from the cause. Enter Under Cause (Disease or that initiated events resulting in death) L Pert II. Other signification of the cause (Disease or that initiated events resulting in death) L 25. Was case referrexaminer? 1	red to medical No S Pending investigation C Could not be determined	a. Prevm b. Retro c. d. Hospital: 1 Impatie 28a. Date of Inju. (Month, Day building, etc.	Due to (or Due to (or	h. Do not enter th. Do not enter or es a consequent as a con	B717 or the mode of the mode o	Greede of dyln Cause give Ca	en Pastu g, such es cardi One Cur en in Part I. 28. Piece of Deer: 4 Nursing yai k? Yes 2 No	23b. Di 23b. Di 10 24a. Wa pe 11 24a. Wa pe 28d. Describ 28f. Location City or 7	d tobacco use of the state of t	contribute 3 Pro 24b. V a a contribute Contribute on The contribute 24b. V a a contribute Contribute on The contribute manner as a, and due	Approximate interval Betwo Onset end Do Three Market Marke
edical Certification: To Be Completed by Physician/Medical Examiner	F 2	Immediate Cause (disease or condition resulting in death) Sequentially list core of the cause. Enter Under Cause (Disease or that initiated events resulting in death) L 25. Was case referrexaminer? 1	red to medical No S Pending investigation C Could not be determined	a. Prevm b. Retro c. d. Hospital: 1⊠ Inpatie 28a. Date of Injut (Month, Da) 1 9 28e. Place of Injut building, etc. yelclan: To the best of and manner sta	Due to (or Due to	h. Do not enter th. Do not enter or es a consequent as a con	B717 or the mode of the mode o	Greede of dyln Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv	en Pastu g, such es cardi Q C C C en in Part I. 28. Piece of De er: 4 Nursing yai Yes 2 No ne, date and piace pinion, death occue e number	23b. Di 23b. Di 10 24a. Wa pe 12 28f. Location City or 7	d tobacco use of the state of t	contribute 24b. V 24b. V a C O O manner as a, and due	Approximate interval Betwo Onset end Do Three Market Marke
edical Certification: To Be Completed by Physician/Medical Examiner	F W	Immediate Cause (disease or condition resulting in death) Sequentially list confirmed from the cause. Enter Under Cause (Disease or that initiated events resulting in death) L Pert II. Other signifit 25. Was case referrexaminer? 1 Yes 2 2 2 2 3 2 3 3 3 3 3 3 3	red to medical No 5 Pending investigation 6 Could not be determined 1 Certifying Ph 2 Medical Examititle of cartifier	a. Prevm b. Retro c. d. d. Hospital: 1 Impatie 28a. Date of Injuntion (Month, Day) 28e. Place of Injunting, etc. yelclan: To the best of the pass o	Due to (or Due to	h. Do not enter th. Do not en	B717 or the mode of the mode o	Greede of dyln Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv Cause giv	en Pastu eg, such es cardi eg, such es cardi eg, such es cardi eg, such es cardi eg, such es cardi en in Part I. 28. Piece of Do er: 4 \(\text{Nursing} \) Nursing yai k? Yes 2 \(\text{No} \) ne, date and piac pinion, death occ e number	23b. Di 23b. Di 12 24a. Wa 24a. Wa 25b. Di 25c. Describ 28d. Describ 28d. Describ 28d. Location City or 7	d tobacco uses Yes 2 No as an autopsy formed? Yes 2 No yona) sidenca 6 Oc e how injury occ (Street and Nu own, Stata) e cause(s) and a, date and place 29d. Date sig	contribute 24b. V 24b. V 24b. V a C O O manner as a, and due med (Month	Approximate interval Betwo Onset end Do Three Market Marke

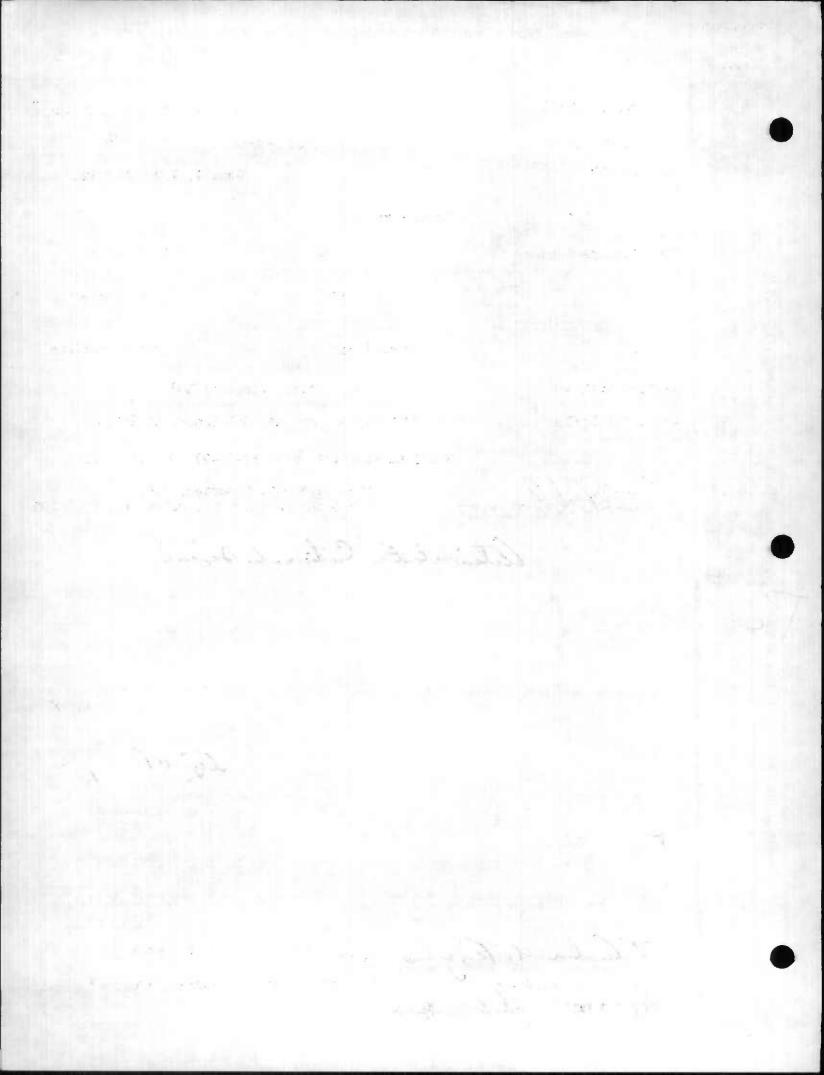
DHMH 16 Rev 6/95



JOSEPH WILLIS			State of I	Maryland		artment o			Mental Hy	rgiene 7	35	1442	
Districts		cedent's Name (First, Middle,	Last)	F176.1					2. Date of Do		Year	3. Time of Death	
Physicia /Medic	al	Joseph E. Will							DECEMBER 25, 199			8:24P.M.	
Examine	G1	acility Name (If not institution,		er)			4b. Ci	ty, Town, or I	Location of Dear	th 4c. Count	y of Death		
Surrent		2 BAYONNE STRE		Age (In yrs. le	ast birthday) If Under 1 Y	ear If U	LTIMOR Inder 24 Hrs.		rth	N/A 9. Birth	place (State or Foreig	
Funeral Director		9-10-4977	XXM 20 F		71 Yrs.	Months D	ays Ho	ours Min.	8. Date of Bi	ay, Year) 1926	Annual Control	place (State or Foreigntry) yland	
D		Residence of Decedent		10-04-	T				100111	7_1320_	-		
anyla	10a. S	MD 10b. County N/A			Town or L						10d. Inside 0		
the N	10e. 5	Street and Number		Dai	CIMOL	10f. Zip Co	de			intry?			
3a or	7	02 Bayonne Ave	enue			212				United			
death death	11. M	arital Status	12. Was Decede Armed Force	nt Ever In U,S	S. 13.	Was Decedent	of Hispan	nic Orlgin? (S	pecify Yes or N o Rican, etc.)	0- 14. Ra		ican Indian,	
	À 3	☐ Never Married 2☐ Married ▼Widowed 4☐ Divorced		□No		1 ☐ Yes 🏖		ecify:	o riloan, etc.)		ack, White, etc. The White		
5-0 72 ho	eted	15. Decedent's (Specify only highest)	Education trade completed)		16a. Dece	dent's Usual O kind of work d DO NOT use n	ccupation	most of wor	rking	16b. Kind of E	Business/Ir	ndustry	
d 2121 filed within Hygiene. ther then	Ele 17. Fe	mentary/Secondary (0-12)	College (1-4d	or 5+)						Servi	CO S1	tations	
d 2 Hygie therie	0 17. FE	ather's Name (First, Middle, La	st)	Proprietor				Mother's Nar	ne (First, Middle	e, Maiden Suma		Dactons	
lid be lental kad o	Wi Wi	lliam Willis					A1	ice Vi	rginia	Ledlev			
Maryland d 2 should be file th and Mental Hy 7 is merked oth traumetic event		Informant's Name/Relationship	(Type, Print)		19b. Mail	ing Address (Si				ber, City or Town	, State, Zi	ip Code)	
		yne Willis/Sor	1					enue,		re, MD			
0 8 0 1 2		Method of Disposition	☐Removal from Sta	te ce	metery, cre	osition (Name o	r place)		Date	20c. Location			
Baltim pemit. Pag Department Important: I eny Injury o		□ Donation 5 □ Other (Spe		Mor		Memori			2-31-97	Parkvi	lle,	MD	
Balt permit. Departr Importu eny inju	21. 5	Ignature of Funeral Service Lic	77		2	2. Name and A			Lohrman	in, P.A.			
Physician /Medical Examiner	disea	shock, or heart failure. List on adiate Cause (Final ise or condition ling in death)	a. All	ew oc	Lateral as a conse		dis	mel	Dis	em	1	Interval Between Onset and Death	
8760	result	entially list conditions, , leading to immediate a. Enter Underlying e (Disease or Injury nitiated events ing in death) Last	c		as a conse								
B III III	Clan												
	Phy	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco use contributa to the cause of				
Records,	Completed by			K.					24a. Wa	s an autopsy formed?	7 a	Vere autopsy findings vailable prior to ompletion of ceuse t death?	
	E								11	Xes 2□No	1	Yes 2 No	
	@ 25. W	as case referred to medical						Place of De	ath (Check only	one)			
1 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 7	Yes 2□ No	Hospital:		R/Outpatie			☐ Nursing F		sidenca 6 🗆 O		ify)	
Attent tune	ation	anner of Death Natural 5 Pending Accident investigat Suicide 6 Could not	ion (Month, i	28a. Date of Injury 28b. Time of Injury W. Injury M 1 [how injury occu			
DIVI pha or Att ours after d eral Direct filled in by	Certif	Suicide 6 Could not determine	d 286. Placa of	Injury - At hor etc. (Specify,	me, farm, s	treet, factory, of	fice		28f. Location City or To	(Street and Nun own, State)	iber or Ru	ral Route Number, "	
in 24 houp in 24 hou he Funer pletsly fit	29a.		Physician: To the be aminer: On the basis and manner	of examinati									
To Hoo	≥ 29b. 5	Signature and title of certifier		1		29c. Li	cense nur	mber		29d. Date sign	ed (Month	, Day, Year)	
		Charden	M. F	-	-0	0.	.C.M.	E.		DECEMBE	R 26	1997	
CXI	30. Na	ame and address of person wh	o completed cause of	of death Item	23a) (Type	, Print)							

Registrar

111 Penn Street, Baltimore, Maryland 21201



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Daeth 3. Time at Leasth Month Day 43/ Via Wolf DECEmber 26,1997 4a. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death IVA Hall GENIZACIC ENTER BAHMONE If Undar 24 Hrs. RAHMONE 5. Social Security Number 6 Sax 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foraign Country) 1 □ M 252 F Months Days Hours Min 87 212-28-3066 Yrs. Oct.21,1910 MAryland Usual Rasidanca of Decedent 10h County 10c. City, Town or Location 10d. Inside City Limits Baltimore Middle River 1 Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 7123 Greenbank Road 21220 USA 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Decedent Ever in U,S. Armad Forcas? 11. Marital Status 14. Race - Amarican Indian. Black, Whita, atc 1 ☐ Yes 2 ☐ No If Yas, Giva Yaer or Dates: 1 Navar Marriad 2 Married 1 Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) College (1-4or 5+) Production Line Seagrams Distillery 8th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Goldie Packam Daniel Miller 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informent's Name/Ralationship (Type, Print) 902 N. Marlyn Ave. Baltimore Md. 21221 Robert Nesbit / son 20b. Place of Disposition (Name of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Oak LAwn Cemetery 12/29/97 Baltimore Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Servica Licensaa 22. Name end Addrass of Facility Connelly Funeral Home of Essex le 300 Mace AVe. Baltimore MD. 21221 m 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onset end Death Immediata Causa (Final disaasa or condition rasulting in death) ALZHEIMER'S DEMENTIA 6 YEARS Due to (or es a consequence of) Dua to (or es e consaquance of): Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

the burial-transi

for usa

detached

signed b

should

director.

tha

Medical

has page 2

this funaral

After

aftar death.

To the Hospital or Atterwithin 24 hours after des To the Funeral Director completaly filled in by th

law requires that the death certificate be axecuted

The

Records, P.O. Box 68760,

Division of Vital or Attending Physician: **Physician**

/Medical

Examiner

10a State

Md.

Funeral

Director

or 28a-f show

238

Hems :

permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: if them 27 is marked other than "natural; or its any injury or other traumatic event, the Modical Examina

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

Funeral

Be Completed by

2

the Maryland

death

Physician/Medical Examiner by Completed Be 2 Certification:

Sequentially list conditions, if eny, leeding to immadiata cause. Enter Underlying Ceuse (Diseesa or Injury that initieted avants rasulting In daath) Last

24a. Wes en autopsy parformad'

1□ Yas 2 N

24b. Ware eutopsy findings available prior to completion of cause of death?

26. Placa of Daath (Check only ona)

1 Yas 2 No

25. Was case referred to medical axaminer? Hospital: Other: 4 Sursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 27. Mennar of Deeth 28e. Deta of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work?

28d. Describe how injury occurred 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident

6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide

29a. Certifier Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to the ceusa(s) and manner es steted. Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred et tha tima, data end pleca, and dua to the ceuse(s) and menner statad. (Check only one)

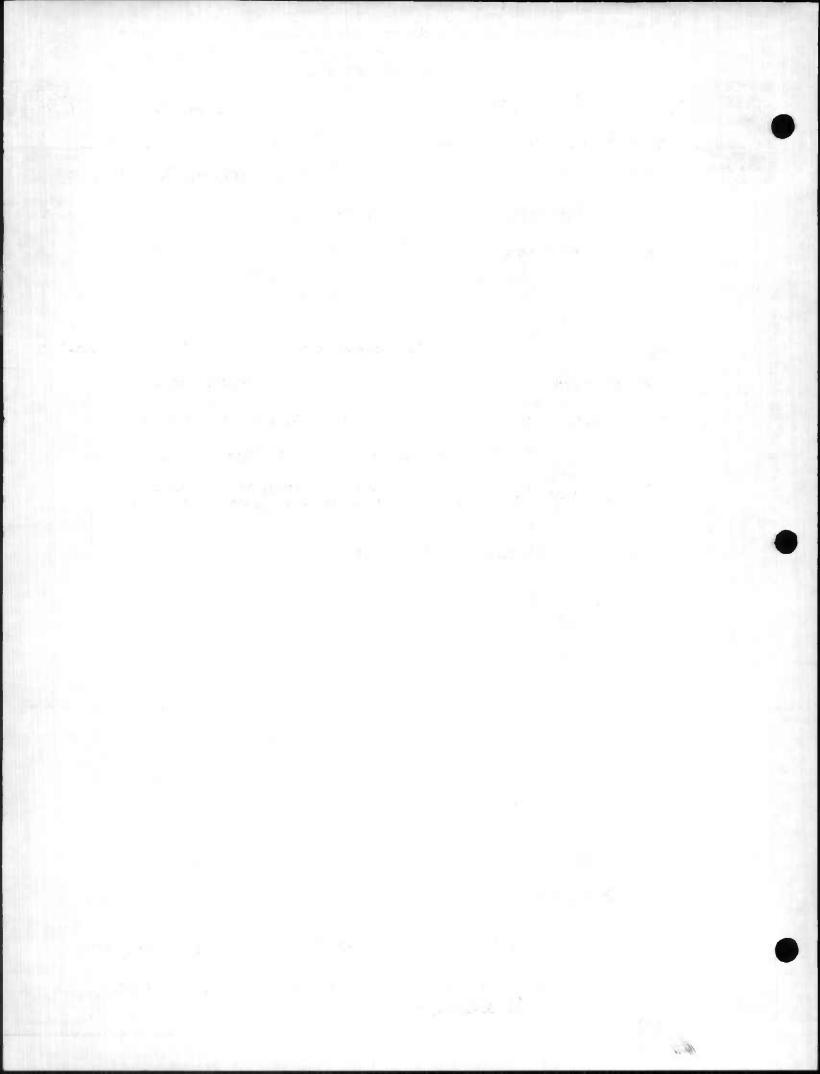
29b. Signatura and titla of cartifiar 29c. Licensa numbe 29d. Date signed (Month, Day, Year) D.O. H35593 DEC. 26, 1997

30. Nama and eddrass of person who completed causa of death (Itam 23a) (Type, Print)

DR. JOHN J 1124 MACE AVE., BALTIMORE, MD. 21221 LOH

31. Date filad (Month, Day, Year) State DEC 3 0 1997

32. Registrars Signatura

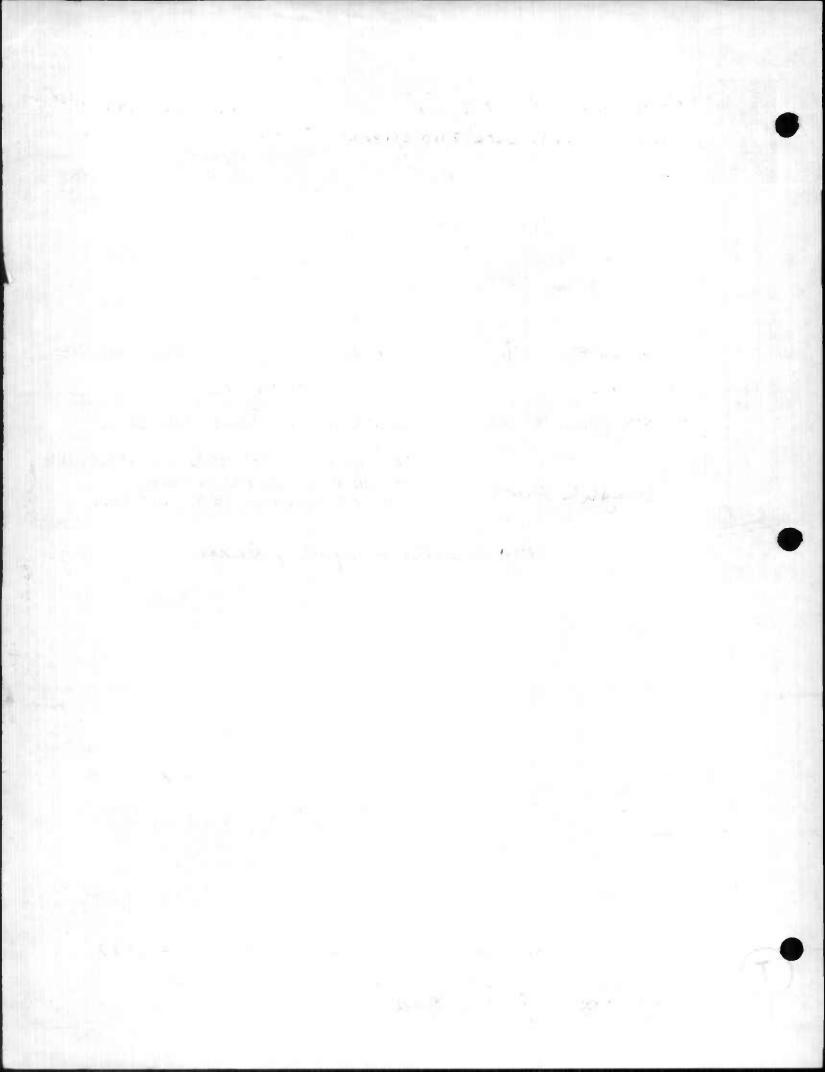


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3 Time of Death Month 12 2 Pay 11:30 Am **Physician** 1997 /Medical 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, give street end number) 4c. County of Death Examiner Eldercere Balto Genesis BTIO EMGE RD 6. Sex 1 ☑ M 2 ☐ F if Under 1 Year Months Devs 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) 12 · 23 · 23 Birthplace (State or Foreign Country) **Funeral** Deys Hours 20.7187 Director Usual Residence of Deceder the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Modical Examinar must be notified as 1) UNDALK 1 Yes 2 No Director 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 MAIN 501 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 □ No if Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours effer I Department of Health end Mentel Hygiene. Important: If Item 27 Is marked other than "naturel", or item eny injury or other treumatic event, Item Medical Exerc 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: p 3 Widowed 4 Divorced BLACK Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) WELDER BETHLEHAM 11 14 GRADE NA 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Young 2 EMMA IYLER 19a. Informant's Name (Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) YOUNG, JR 8725 JARWO KD. BALTO MD ERMAN JARWOOD 20a. Method of Disposition Date 20c. Location - City or Town, State cemetery, crematory or other place) 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 1-5-98 OWINGS MILLS, MD TOREST 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeent Sarvice Licens 22. Name and Address of Fecility
VAUGHN C. GREENE FUNERAL SERVICE 23a. Part1. Enter the hisease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. BALTO. Mp. 21229 Approximete interval Between Onset and Deeth **Physician** immediate Cause (Final disease or condition resulting in death) /Medicai e. arteriosclenetre cornery artery disease Examiner Examiner bunel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last pue Due to (or as a consequence of): Records, P.O. Box 68760, eq. Physician/Medical the Due to (or es e consequence of) 98 signed by the a Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 □ Inknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peed certificate hes 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA To the Hospital or Attending Phys within 24 hours effer death. To the Funeral Director: After this 27. Menner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? Medical Certification: 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending Investigation 2 Accident 6 Could not be determined 3 Suicide 5 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) o completed cause of death (Item 23e) (Type, Print)

14 8604 HARFORD ND SALVUMB ZIZ34 31. Date filed (Month, Day, Year)
DEC 3 0 1997 State

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygieneg 7 39445

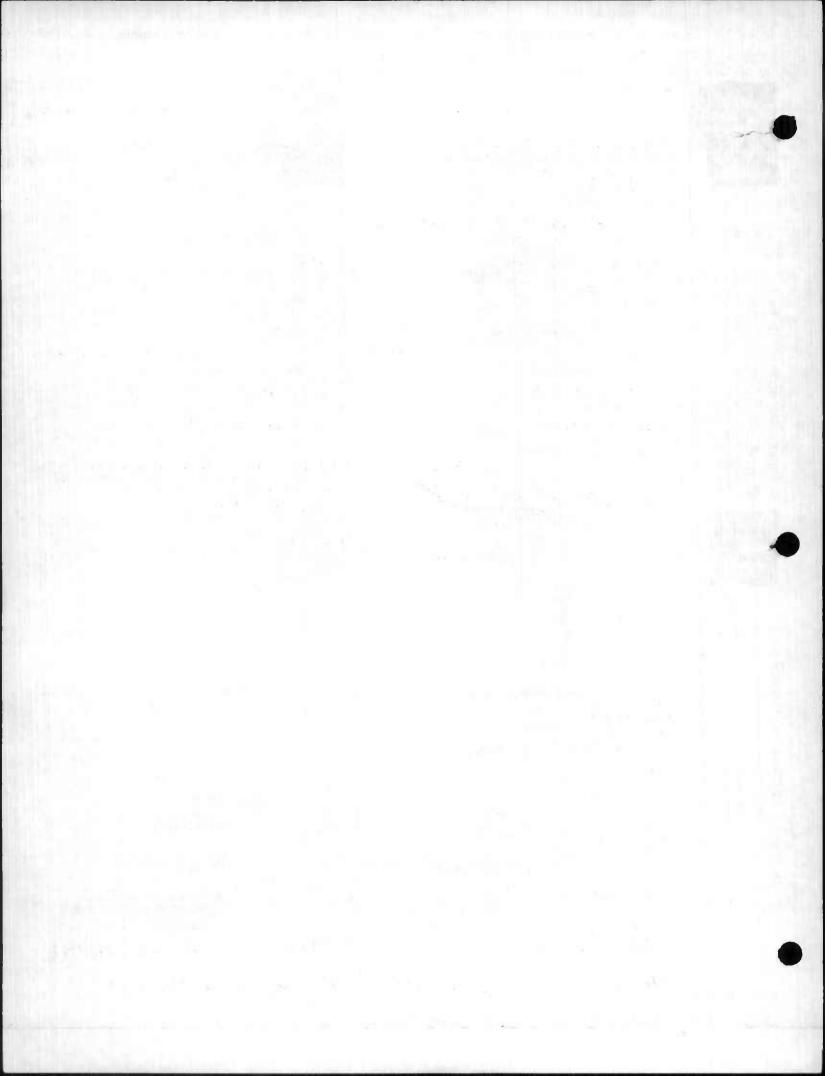
ąį.						Certificate of	Death		Reg. No.	39	445
	Physici	an	1. Decedent's Name (First, Mid	^	3B0T	7		2. Dete of De Month	ath Dey	Year	3. Time of Death
1	/Medi		RU			,		ELEMBL	291	997	3:40 AM
	Examir	ner	4e. Facility Neme (If not instituti				4b. City, Town, or Loc				
-	Funeral		Northwest H 5. Social Security Number		enter Age (In yrs. lest	birthdey) If Under 1 Year		8. Date of Birt	th	9. Birthole	e (Stete or Foreign
	Director		217-01-4550	1□ M 2\ F	83	Yrs. Months Deys	Hours Min.	Feb 7	, Year) 1914	Mary	e (State or Foreign and
be	pu »		Usuet Residence of Decedent 10a. State 10b. Coun		10- Ch. T.	own or Location					
	aho	J.	The state of the s	roll	Toc. City, Te	Sykesvi	116			10d	Inside City Limits 1 ☐ Yes 2 ☑ No
	the N	Director	10e. Street end Number	1011		10f. Zip Code	TIE		10g. Citizen of W	That Country	A 1.
	death with the Maryland	i D	1005 Circle Dr	1170		101. 219 0000	21784				
	Hems 2	Funerai	11. Maritel Stetus	12. Wes Decede		13. Was Decedent of	Hispanic Orlgin? (Spec ben, Mexican, Puerto F	cify Yes or No	the second second second second	S.A.	
0	urs after des al', or items		1 Never Married 2 Ma	rried Armed Force		1 ☐ Yes 2X No		tican, etc.)		k, White, etc	
5-0020		d by	3 ₩ Widowed 4 Divorce	d Yeer or Date	os:	12 163 225110	ореспу.		Specify	White	e
	c • 6	Completed		nt's Education est grede completed)	10	Se. Decedent's Usual Occu (Give kind of work done life. DO NOT use retin	during most of working	g	16b. Kind of Bu	siness/Indus	stry
2121	should be filed within and Mental Hygiene. marked other than "imatic event, the Mental and the M	omp	Etementery/Secondary (0-12)	College (1-4	or 5+)	Bank Tell			Bank	ina	
	il Hyg other	BeC	17. Fether's Neme (First, Middle	, Last)		Dank lett	18. Mother's Name	(First, Middle,			10 12 - 11 -
ylar	Mental Hyginerked other	TOE	Unknown				Mary Ca	mpbell			
Maryland	2 sho and is me		19a. Informant's Name/Relation		1	9b. Mailing Address (Stree	t end Number or Rurei	Route Number	er, City or Town,	Stete, Zip Co	ode)
	of Heelth Heelth Hem 27 other tr		Mr. Edward Ab	bott (Son)		11724 Green of Disposition (Neme of	Valley Rd,				
100	Pages nent of H nt: If ite		N Burial 2 ☐ Cremetion		ceme	itery, cremetory or other ple ison Forest		Date 2 / 1 1	20c. Location - Owings	•	* -
altimore	permit. Pag Depertment Important: I any Injury c		4 ☐ Donation 5 ☐ Other (Gall		-				, PID
Ba	permit. Depertrements any Injury once.		Dle as	of Hard	t-		ess of Facility NERAL HOME				
г		Н	23e. Part1. Enter the disease, ahock, or heart failure. Li				e, MD 2178			T	pproximete
١.	Physician		ahock, or heart failure. Li			- 1				In	nset end Death
٠.	/Medicai		Immediate Ceuse (Finel disease or condition	Acus	TE MYO	CAKOIM (W.	FARCTION)			1DAY
п	Examiner		resulting in deeth)			a consequenca of):					
-	ed isit	nine		Aei Aei	VE Gi	I BLEFOI	NG.				
6	rtificate be executed ng physician end s es the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury		Due to (or es	e consequence of):					
68760,	e be siciar		Cause (Disease or Injury that Initiated events	C					- 1		
	tificat g phy es th	Medicai	resulting in death) Last Due to (or as e consequence of):								
Box	death certificate be execut e ettending physician end ed for use es the buriel-tran			d						i	
	the et the et thed fo	Physician/	Part II. Other aignificant condit	Iona contributing to death	h but not resulting	g in the underlying cause g	iven In Pert I.	23b. Dld	lobacco use cor	tribute to th	ne cause of death?
P.0	± 200							10	Yes 2 No	3 Probat	bly 4 Denknown
of Vital Records,		d by		4 1 1 142 14			EDWIND SA	Odn Mac	en eutopsy	24h Were	autopsy findings
00	v require been si should	iete							med?	aveile	able prior to eletion of cause
Re	hes hes	Completed								of dec	/
tal		Be Co	25. Was case referred to medic	al	,		26. Plece of Death	(Chack only		1 🗆 Y	es 2DNo
N S	Physician: this certificatel director,	ToB	exeminer?	Hoapital:	atient 2 ERV	Outpatient 3 DOA	her:			er (Specify)	
O U			27. Manner of Death 1 ☑ Naturel 5 ☐ Pend	28e. Dete of t		D. Time of 28c. tnju			now injury occurr		
sio	Attending or death.	cati		ligetion		M 1	Yes 2 No	9 - 1			
Division	2470	Certification:	4 Homicide deter	mined 288. Place of	Injury - At home, etc. (Specify)	farm, street, factory, office	2	8f. Location (3 City or Tox	Street and Number vn, Stete)	er or Rurel F	Route Number,
	To the Hospital or Attend within 24 hours effer deati To the Funeral Director: completely filled in by the		29a. Certifier 1 Certify	na Physician: To the be	st of my knowled	ge, deeth occurred at the t	me date and place a	nd due to the	rausals) and ma	nner as state	nd had
	P Fur	edicai	(Check only 2 Medica	Examiner: On the besis	s of examinetion	end/or investigation, in my	opinion, death occurre	d et the time,	date and placa, e	and due to th	e ceuse(s)
	vithii To th comp	Σ	29b. Signature end title			29c. Licen	se number	4	29d. Dete signed	(Month, De	y, Year)
		13	420	1	ND		443912				
	10 72 7		30. Name end eddress of person	who completed cause of	of deeth (Item 23e	(Type, Print) 7710 N	ARS GEORG	E, Non	CATWEST	HUSPI	1712
			CENTER, SYC 31. Date filed (Month, Day, Year			RANDALIST	ann, 21	133.			
	Sta Registr			5 1997 Jul	istrer's Signeture	Part II					
				0 1331 700		white					

A STATE OF THE PROPERTY OF THE 18. 10 199 July have last to

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Richard A. Adamson 15, 1997 3:48 AM December /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Montgomery General Hospital | Olney | Mo | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | (Month, Dey, Year) Montgomery 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1. M 2□ F Yrs. 86 Director 579-03-0506 June 30, 1911 Washington, DC Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Madical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director Montgomery Rockville 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 14706 Carrolton Road 20853 death Funeral IISA 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Yeer or Detes: 14. Race - American Indian, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural", or then any injury or other traumetic event, the Medical Events 1 Never Merried 200 Married 1 ☐ Yes 2 ☐ No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) Contractor Mechanical Contractor 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be Edward E. Adamson Wilhelmina Kreuter 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Straet end Number or Rural Route Number, City or Town, State, Zip Code) 14706 Carrolton Road, Rockville, MD Martha H. Adamson (wife) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removal from Stete ncoln Cemetery 12/17/97 Brentwood, MD
22. Name end Address of Fecility Francis J. Collins Funeral
Home, Inc. 500 University Blvd. West 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 21. Signeture of Funerel Service Licensee Silver Spring, MD 20901 21. Plat. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medicai Immediate Cause (Finel 7 days NeuminiA disease or condition resulting in deeth) Examiner Due to (or es a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) and physician s the burial Box 68760 Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. detached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown LysphagiA signed d be det Division of Vital Records. à 24b. Were autopsy findings aveileble prior to completion of ceuse of death? Completed 24e. Wes an eutopsy performed? Organic brain Syndrome 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Hospitel: 1 19 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 100 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: Atter 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident after death Olivector: / 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral D 29a. Certifie 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted. (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, death occurred et the time, dete end piece, and due to the ceuse(s) end menner stated. 29b. Signature and title of gorne 29c. License number 018726 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Prince Pring D, OLNEY, MD. 20832 SULLENGOLD MO DEC 16 32. Registrar's Signeture State

ha Davidson



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** THOMAS 14, WALKER ALESHIRE DEC. 1997 7:00 AM /Medical 4a. Facility Name (If not institution, give straet and number) 4b City Town or Location of Death 4c. County of Daath **Examiner** MANOR CARE NURSING HOME WHEATON MONTGOMERY If Undar 1 Yaar If Undar 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year)
Dec. 14, 1948

9. Birthplaca (Stata or Foraign Country)
Washington D.C. 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1X) M 2□ F 49 Yrs. 215-54-5247 Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is markad other than "natural", or items 23a or 28a-f show traumatic event, the Medical Exaltimer is usified notified all 12 Yes 2□No Director Riverdale Md. P.G. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6313 61st.,Pl. 20737 U.S.A. Funerai 12. Was Decedenf Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Give Year or Dates: Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Raca - Americen Indian, Black, Whifa, atc. 11. Marital Status 72 hours efter 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Specify: by 3 Widowad 4 Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Depertment of Health and Mental Hygiene Important: If item 27 is merked other than "r any injury or other traumatic anawas Elementery/Secondary (0-12) College (1-4or 5+) Carpenter Construction 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Loring Aleshire Violet Moore 0 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Linda L. Sergent (Fiancee) 6313 61st., Pl., Riverdale, Md. 20737 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Washington Nat'l. Cemetery 12/1997Suitland, Md. 22. Name and Address of Facility Chambers Funeral Homes, P.A. 21. Signature di Funerel Service Licensee 670 remler 5801 Cleveland Ave. Riverdale, Md. 20737 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Death **Physician** tonque cancer /Medical Immediate Cause (Final Vean diseese or condition resulting in death) Examiner Examiner the buriel-trensit pue Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Box 68760, physician 90 Physician/Medical Due to (or as e consequence of): P.O. I signed by the Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Records, by 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? certificate 1 ☐ Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director; 25. Was cese referred to medical Be 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 1□ Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Deletural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide Medicai 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29b. Signature and fitle of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) 043237 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) PAUL ARM STRONG, M.P. 14201 Laurel PK Pr # 102 Laurel MD 20707 31. Date filed (Month, Day, Year) 32. Redistrar's Signature State Registrar

DHMH 16 Rev 6/95

d: 10:7 1 1 1 1 1 1 . . . modelling of the care AND THE REAL PROPERTY. MARK TO LEASE STATE TO THE REST PROPERTY OF THE PARTY Mill and to the principle of the principle. THE RESIDENCE OF THE PARTY OF T

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Last) Month Marion R. Anderson December 12, 1997 4:05 AM 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Gaithersburg FIG. B. Date of Birth (Month, Day, Year) Montgomery Mediplex of Montgomery Village If Under 1 Yeer 6. Sex 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 1□ M 2⊠ F Months Days Yrs. 76 October 17, 1921 Washington, DC Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Montgomery Silver Spring 10f. Zip Code 10g. Citizen of What Country? 15300 Beaverbrook Court Apt. 3H 20906 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien. Black, White, etc. 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White 3 ☑ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Department of Agriculture Secretary 18. Mother's Name /First Middle, Maiden Surname) 17. Father's Neme (First, Middle, Last) John F. Reynolds Gertrude Kaufman 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Linda Anderson (Daughter) 2813 Quarry Heights Way, Baltimore, MD 21209 20b. Place of Disposition (Name of cemetery, crematory or other plece) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State Gate of Heaven Cemetery 12/16/97 Silver Spring, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Francis J. Collins Funeral 21. Signature of Funeral Service Licenses Home, Inc. 500 University Blvd. West Silver Spring, MD 20901 23a, Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death interstitial fibrosis 690 Due to (or as a consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown attral fabrillation america 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? congestive hear + failure 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medicel Examiner: On the basis of examination and/or Investigation, In my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number

D 33443

809 Viess Mill Rd Rockville Md 20851

December 15,1997

/Medical Examiner that the death certificate be executed Division of Vital Records, P.O. Box 68760, The law requires or Attending Physician: within 2 To the F

attending physician and for use es the bunal-trans signed by the a been si After this certificate has funeral director, page 2 the Funeral Director: Aft

Physician

/Medical

5. Social Security Number

10e. Street and Number

12

20a Method of Disposition

Immediate Cause (Final

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury

that initiated events resulting in death) Last

1 Yes 2 No

27. Manner of Death

1 Natural

2 Accident

4 Homicide

(Check only one)

3 ☐ Suicide

29a. Certifier

disease or conditio resulting in death)

cate

10a State

Director

Funeral

þ

Completed

579-16-3125

Examiner

Funeral

Director

*natural", or items 23a or

nd 2 should be filed within 72 hou lith end Mental Hygiene. 27 is marked other than "natural r traumatic event, tra Med cal E.

permit. Pages 1 end 2 sh Department of Haalth enc Important: If Item 27 Is m any Injury or other traun DDCs.

Physician

Examiner

Physician/Medical

by

Completed

Be

Certification: To

edicai

with the Marylend r 28a-f show

72 hours after death

10

State

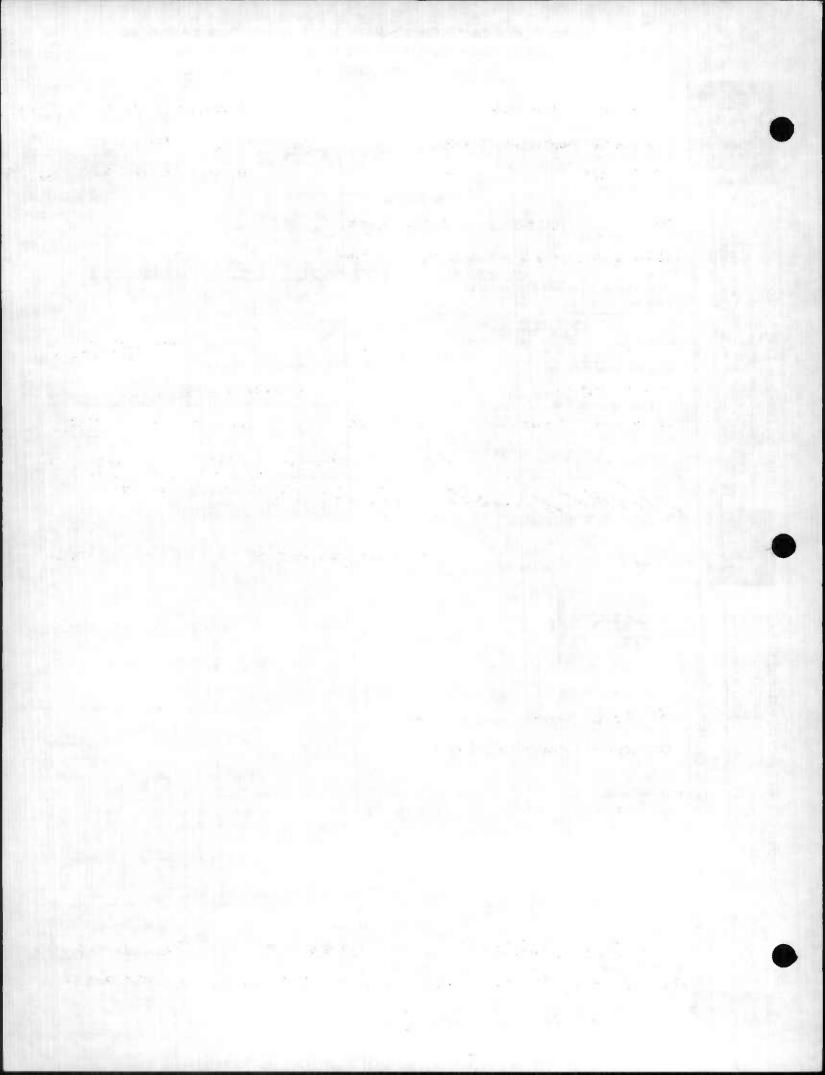
Registrar

Pollack, m.o. 31. Date filed (Month, Day, Year) DEC 16 1997

Goles

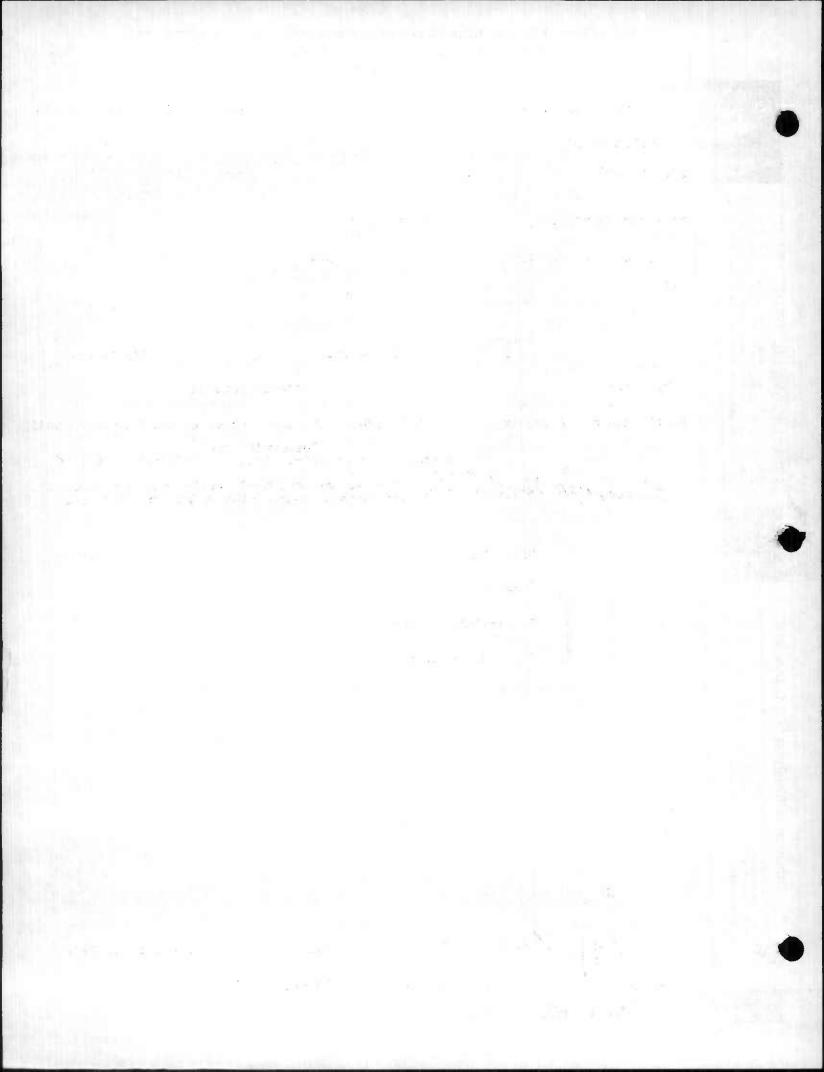
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signature Alia Davidson



State of Maryland / Department of Health and Mental Hygiene 9 7 39449

				Certificat	e of	Death		F	Reg. No.		
	1. Decedent's Neme (First, Middle,	Last)	190 180					2. Dete of Dee	oth	.	3. Time of Death
Physician	Guiouzel And	ulova						Month Decemb	er 13.	Yeer 1997	11:25AM
/Medical Examiner	4e. Facility Neme (If not institution,		r)			4b. City, To	wn, or Lo	cation of Deeth	4c. County		11:23AF
LAGITHIE						Dath					
	Suburban Hospit 5. Sociel Security Number 6		ge (in yrs. last birti	day) If Unde	r 1 Yea		esda 24 Hrs.	6 Date of Rint		tgome	
Funeral Director	577-25-8530	1□M 2XF		rs. Months	Deys	Hours	Min.	6. Date of Birth (Month, Day	Year)		lece (Stete or Foreig
71100101	Usuel Residence of Decedent		42		L			March 25	, 1955	URS	00
N ti	10a. State 10b. County		10c. City, Town	or Location						16	0d. inside City Limit
Examiner must be notified at Examiner must be notified at by Funeral Director	Maryland Montgo		Cha	Cha-							1 N Yes 2 N
or 28a-f s be notified Director	10e. Street end Number	шегу	Cire	vy Chas					10- 02:	10 -1 0	
D 20				101. 21					10g. Citizen of \	Whet Count	try ?
23 gra	4811 DeRussey F					815			Russ		
Funeral	11. Marital Stetus	12. Wes Deceden Armed Forces	?	13. Wes Dece If Yes, spe	dent of cify Cu	Hispenic On ben, Mexicar	igin? (Spe n, Puerto l	cify Yes or No- Rican, etc.)		ck. White, e	
To Be Completed by F		1 Tes 2 X	No	1 ☐ Yes	2 X No	Specify:			Specif	v.	
d by		Yeer or Detes							0,000,0	Whi	te
other traumetic event, the Medical	15. Decedent's (Specify only highest)		16e. l	Decedent's Usu 'Give kind of wo	el Occu	petion during mos	t of workli	na	16b. Kind of B	usiness/ind	lustry
a de	Elementery/Secondary (0-12)	College (1-4or		life. DO NOT u	se retir	ed)		,9			
S S		5+		Econo	mis	t			Inte	rnati	onal
Be (st)				16. Mothe	er's Name	(First, Middle,	Meiden Sumen	10)	
70	Nail Anoulova					Ad	elia	Rameev	a		
	19e. Informent's Neme/Reletionship	(Type, Print)	19b.	Melling Address	s (Stree				-	Stete. Zip	Code)
	Adelia Rameeva /	mother									
	20a. Method of Disposition	mother							20c. Location -	Mary L	and 2081
b	1 ☐ Buriel 2 【Cremetion 3		cemetery	, cremetory or o	ther pl	Decen	ber 1	6, 1997			
200	4 Donetion 5 Other (Spe		Montgo	nery Cr	emat	torium	, In	c.	Bethesd	a, Ma	ryland
any injury o	21. Signeture of Funeral Service Lic	ensee	M00831	22. Name er	nd Addr	ess of Fecili	ty El more	ol Home /	Dathard	d	O T
2 9	Carbara 6/1/9	JulienDau	Mence	7557 Wis	scone	sin Aver	ruier R	etheeds	Maryland	2081/	Chase, Inc
	23a. Pert1. Enter the diseese, or co	mplications that cause	d the deeth. Do no							20014	Approximate
an	shock, or heart feilure. List on	y one ceuse on each	line.								Onset end Death
al	Immediate Cause (Finel										
er	disease or condition resulting in deeth)	e Brain Tumor							2	weeks	
5			Due to (or es e co	onsequence of):						1	
Ę		Seizure									
Examiner	Sequentially list conditions,	Due to (or es e consequenca of):									
	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that individual cause).	c_Respira	tory Arre	est							
Medical	thet initiated events resulting in deeth) Last	0.	Due to (or es e co								
5		Cerebra	1 Hernia	rion						1	
		d. Gerebra	I hermia	LIOII							
Physician	Pert II. Other significant conditions	contributing to death	but not resulting in	the underlying o	ause o	iven in Pert I		23h. Did to	obacco usa co	ntribute to	the cause of death
hys											ably 4 Unknow
								, ,	204140	30 1100	abiy 4 Dikilo
d by								24e. Wes	an eutoney	24b. We	re eutopsy findings
Completed								perfor		eva	lleble prior to
mpleted										of d	leeth?
Com								1 🔯 Y	es 2 No	1□	Yes 2□ No
Be	25. Wes case referred to medical exeminer?					26. Place	of Deeth	(Check only or	10)		
0	1 Yes 2 No	Hospitel: 1 X Inpat	ient 2 ER/Out	patient 3 DO	DA O	ther: 4 Nu	irsing Hon	ne 5 Resid	ence 6 □Oth	er (Specify	•)
	27. Menner of Deeth	28e. Dete of Inj (Month, De		me of 2	28c. Inju	ury et	2	28d. Describe h	ow Injury occur	red	
ertification:	1 XNeturel 5 ☐ Pending 2 ☐ Accident investigat		by rear,	ury M		Yes 2	No				
. E	3 Sulcide 6 Could not determine	d 286. Piece of in	jury - At home, fen	n, street, fector	, office)	2	8f. Location (S	treet and Numb	er or Rural	Route Number,
Certification	4 Homicide	building, e	fc. (Specify)					City or Tow	n, Stete)		
0	29e. Certifier 10% Certifying F	hysician: To the best	of my knowledge	dooth convered	at the t	lma data an	d alaca a	and due to the o			-1
Medical Cer	(Check only 2 Madical Expone)	iminar: On the besis of	of examinetion end	or investigation	, in my	opinion, dee	th occurre	ed et the time, o	lete end plece,	end due to	the cause(s)
Me	29b. Signeture and title of Arther	end menner s	teted.	200	Lines				Od Data al-a-	d // family /	D W
	LOD. Signature and title of contract.	1.		290	. Licen	ise number		1	29d. Dete signe	u (MONIN, L	rey, rear)
	MI	Mu	~		D	29422		1	Decembe:	r 14.	1997
	30. Name and advises of purply wh	completed cause of	deeth (Item 23a) (T	ype, Print)		1 20 20			40		
	Jeff Jacobson,	M.D. 4977	Auburn A	Venue	Ret	heede	Max	brelv	2001/		
State	31. Dete filed (Month, Dey, Yeer)		rer's Signeture	. Tonue	Dec	nesua	, rial	-y-allu			
gistrar	DEC 171	207	Millery 9	0							



State of Maryland / Department of Health and Mental Hygiene (Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Deeth **Physician** Month 5:16 AM David 12 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Maryland-Shock Trauma Butmore Bartimore Unides MD 5. Social Sadurity Number If Undar 1 Yaar If Undar 24 Hrs. Birthpiaca (Stata or Foraign Country) 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Oct 21 197 **Funerai** Days Yrs. Director 212-08-7625 Maryland Usuai Rasidanca of Dacedani 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumetic event, the Medical Examiner must be notified at Annapolis XIX Yas 2 No MD Director Anne Arundel 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? ŏ or items 23a 21401 United States 51 Fleet Street Funeral 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Dacedant Evar in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. 11. Maritai Status permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health end Mental Hyglena. Important: if Item 27 Is marked other than "natural", or her any Injury or other traumetic event, the Mexical Examines page. Navar Married 2☐ Married 1 ☐ Yas 2 ∑No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yas 2 No Specify: þ 3 Widowad 4 Divorced Completed 16e. Decedant's Usuai Occupetion (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Financial Management Finance 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Javne Asher John C. Astle 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Annapolis, Maryland 21401 John C. Astle (Father) 51 Fleet Street 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata XXBurial 2 ☐ Cramation 3 ☐ Ramoval from Stata Lakemont Memorial Gardens 12/11/97 Davidsonville, Maryland Donation 5 Othar (Specify) Signatura of Funaral Service Lipensaa 22. Nama and Addrass of Facilitohn M. Taylor Funeral Home, Inc. 147 Duke of Gloucester St. Annapolis, MD 21401 3a. Part1. Enter tha disaasa, or complications shock, or heart feitura. List only one ceus nat causad tha daath. Do not antar tha mode of dying, such as cardiec or raspiratory errest, on each line. Approximate Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Finai nation disaasa or condition rasulting in daath) **Examiner** Examiner pleen pture CENTRAL AND AND THE SECOND SECONDS The law requires that the death certificete be executed Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Diseese or injury that initiated avents rasulting in death) Last and Records, P.O. Box 68760, physician Physician/Medicai the attending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown acidosis by 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy peen The must compiation of cause of dasth? page 2 s 1 Yas 1 ☐ Yas 2 ☐ No certificata Division of Vital To the Hospital or Attending Physician: within 24 hours efter death. Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) Hospital: To 1 DYas 2 No 1 Ninpatiant 2 ER/Outpetient 3 DOA After this 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred motor which accident 27. Menner of Death 28b. Tima of Medical Certification: 223 A M 1 □ Naturai 5 Pending invastigation s eftar death.

I Director: Aft
of in by tha fur 1997 12 2 Accidant 6 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Spacify)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

28f. Location (Streat and Number or Flural Route Number, City or Town, State)

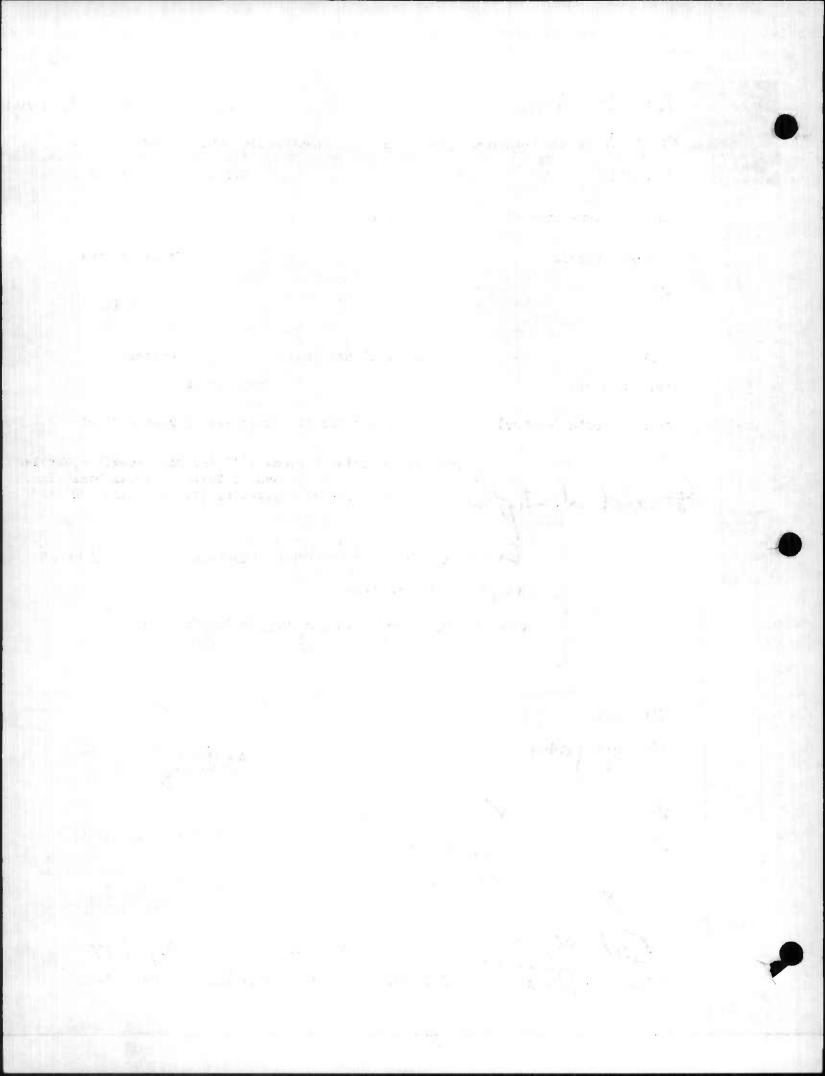
28f. Location (Streat and Number or Flural Route Number)

28f. Location (Streat and Number or Flural Route Number)

28f. Location (Streat and Number or Flural Route Number)

28f. Location (Streat and Number or Flural Rou 3 ☐ Suicida 4 Homicida within 24 hours eft To the Funeral DI completaly filled in 29a. Cartifiar 29b. Signature and title of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) D232 86 M S. 22 S. TREENE 30. Nama and eddrass of person with MOMS 31. Data filad (Month, Pay, Yaab) DEC 1 0 1997 32. Registrar's Signatura State che Davidsor

DHMH 16 Rev 6/95



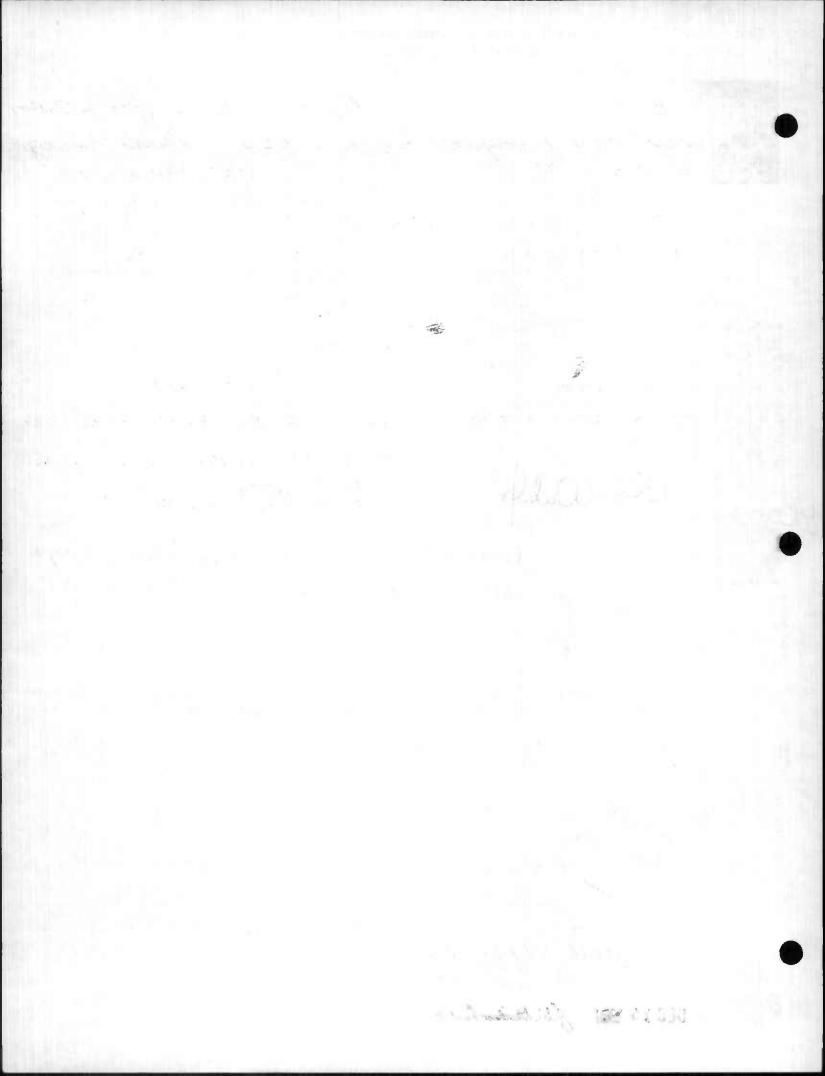
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene of

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** Month 35 BM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner RN If Undar 24 Hrs. 110 ORON 5. Sociel Security Number 8. Date of Birth (Month, Day, MAR 28 9. Birthplace (State or Foreign **Funeral** 1931 NEW YORK 057 22 8619 Director 66 Usual Residence of Decedent the Maryland 10a State 10b County 10c. City, Town or Location 10d. tnside City Limits 28a-f show Director YOYes 2 No P.G. CAPITOL HEIGHTS 10e. Straat and Number 10f. Zip Code 10g. Citizen of What Country? 5 Herrs 23a 111 CABIN BRANCH ROAD 20743 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☑ Yes 2 ☐ No if Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or Notif Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. should be filed within 72 hours after on Mental Hygiena.

marked other than "natural", or ite 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify BLACK Completed by 3 ☐ Widowed 4 ☐ Divorced traumetic event, the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) CARPENTER PVT. 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be 1 nent of Health and Mental NELLIE ZACK AYERS BARTEE 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2.s Department of Heaith ar Important: If Item 27 is any injury or other trau SELINA AYERS-TANKARD(DAUG) 111 CABIN BRANCH RD. CAP. HEIGHTS MD.20743 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2X Cremation 3 ☐ Removal from Steta VA. CREMATORY DEC 11 1997 4 ☐ Donation 5 ☐ Other (Specify) ARLINGTON, VA. Funeral Service Licansii 22. Nama and Address of Fecility WATSON F. H.INC. 3435 14th ST., N.W. 20010 23a. Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest shoot, or heart failure. List only one cause on each line. Approximate tntervat Between Onset and Death **Physician** ombined Cardio-Pulmmary Failure /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Physician/Medical Examiner that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest P.O. Box 68760, Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown been signed t Records, þ Be Completed 24e. Wes an autopsy performed? 24b. Were eutopsy findings available prior to complation of cause of deeth? neumma, Insufficienc 1 🗆 Yes 2 1 No 1 ☐ Yas 2 ☐ No Vital or Attending Physician: 25. Wes cese referred to medicel exeminer? 26. Place of Deeth (Check only one) Hospitat: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient Medical Certification: To 2 ER/Outpetient 3 DOA Division of 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Athor 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident after deaff 6 Could not be 3 Suicide 28e. Plece of tnjury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital
Within 24 hours a
To the Funeral Completely filled Le Certifying Physicien: To the best of my knowledge, death occurred et the time, dete and place, and due to the ceuse(s) end manner as stated.

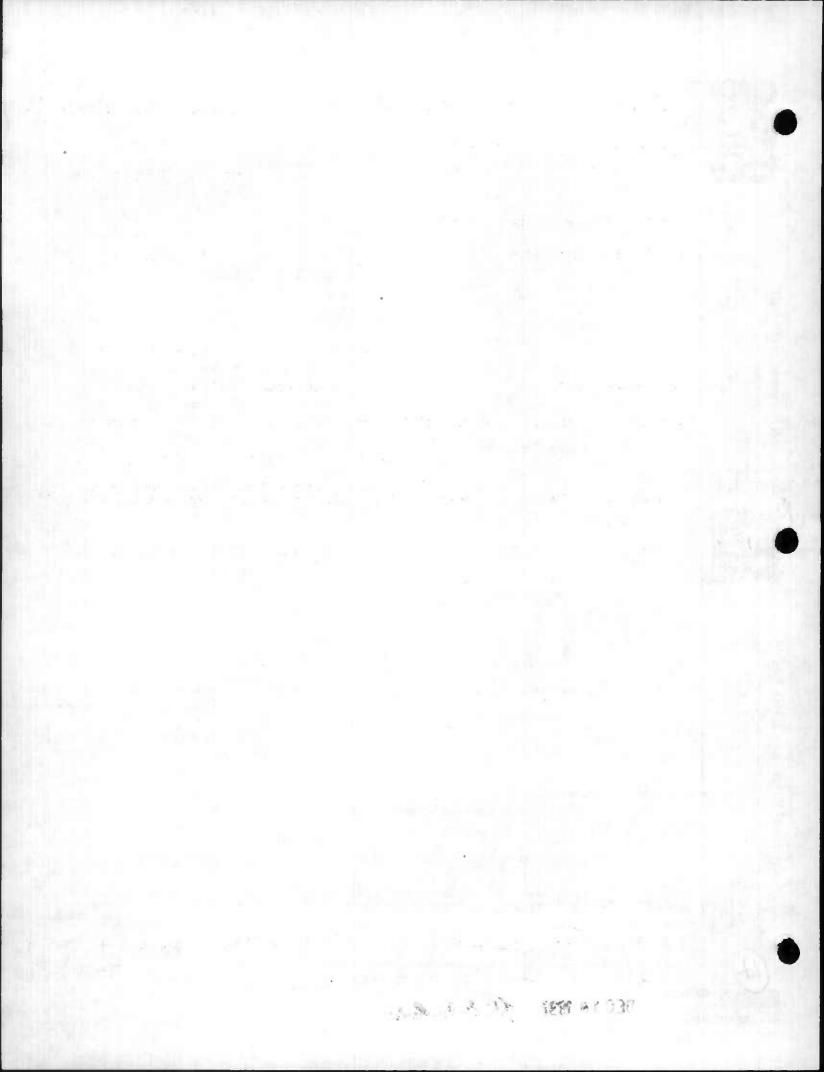
| Certifying Physicien: To the best of my knowledge, death occurred et the time, dete and place, end due to the cause(s) and manner stated. 29a, Certifier 29b. Signeture and titla of certifier 29c. Licanse number MO MD 12825 Old Fort Rd Ft Wash, Richard A. Farson 31. Date filed (Month, Dey, Year) DEC 15 1997

DHMH 16 Rev 6/95



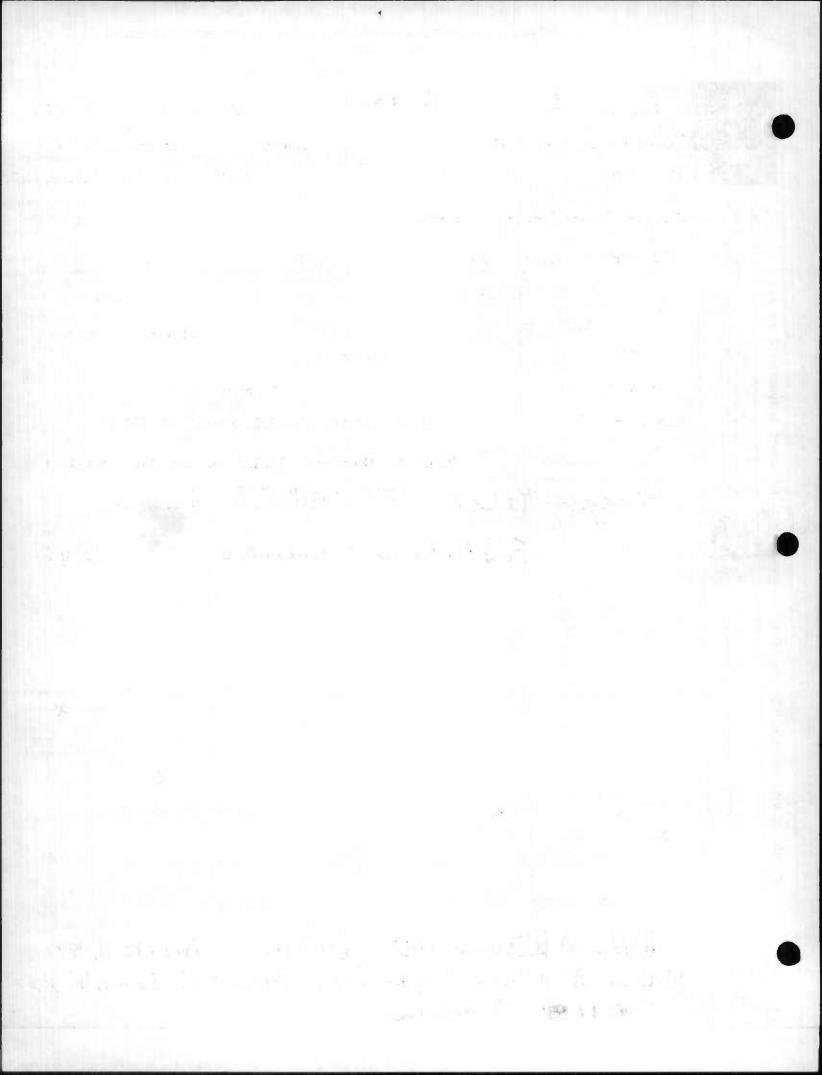
State of Maryland / Department of Health and Mental Hygiene 97

		1. Decedent's Name (First, Middle, La	est)			ate of		2. Date of I	Reg. No.	3.	Time of De
hysician		GrACE	0.	A	wo31	Sel		Month	Day	Yeer	70:
/Medical xaminer	-	4a. Facility Name (If not institution, gir	ve street and number				4b. City, Town, o	or Location of Dea		y of Death	0
.xammei	П	Washington Adver	atiet Hoer	ital			Takoma	Danle			
neral	7			ige (In yrs. la		der 1 Year	if Undar 24 H	rs. 8. Data of E	Birth	omery 9. Birtholaca	(State or Fo
ector		212-88-6275	1□ M 2⊠ F	50	Yrs. Mont	hs Days	Hours M	in. (Month, L	Day, Year) 21, 1947	9. Birthplaca Country) Niger:	
	-	Usuai Residence of Decadent						1100.	1) 1) 1/1/	NIGET.	La
and and and and and and and and and and		10a. State 10b. County		10c. City,	Town or Location					10d. Ir	nsida City I
from 238 of 2884 snot	2	Maryland Prince (George's	Belt	tsville					1	☐Yes 2
Dire	5	10e. Straet and Number			10f.	Zip Coda			10g. Citizen of	What Country?	
le le	8	11204 Evans Trail	L, #202		1000	20705	5		U.S.A	Α.	
miner m		11. Maritat Status	12. Was Deceden Armad Forces	t Ever in U,S	3. I3. Was De	cedent of h	Hispanic Origin?	(Specify Yes or Narto Rican, atc.)	No- 14. Ra	ce - American In ack, Whila, etc.	dian,
0 1		1 ☐ Never Marriad 2 ☒ Married	1 Tes 2 H				Specify:	, , , , , , , , , , , , , , , , , , , ,	Specia		
naturel, o	2	3 Widowed 4 Divorced	Year or Dates:						Opecin	y: Blac	k
t, the Medical		15. Decedent's E (Specify only highast gre	ducation ade completed)	- 4	16a. Decedent's U (Giva kind of	work done	pation during most of w d)	vorking	16b. Kind of B	Business/Industry	1
E C		Elementary/Secondary (0-12)	Collega (1-4or	5+)			od)				
5 0		17. Fathar's Name (First, Middle, Last	4		Sales Pe	rson	40 Mash a da M		-	nent Sto	re
any injury or other traumatic event, training once. To Be Comp	ă						100	Carrie and a series	le, Maidan Sumar		
To		Babatunde Omole			406 44-00-			-	ke Akir		
tract		19a. Informant's Name/Relationship (19b. Mailing Addr						•
ther		Bamidele O. Awoba 20a. Method of Disposition	Jo - Husb		11204 Eva						
8 6	1	1 ☐ Burial 2 ☐ Cremation 3 🛭	Removal from State	cen	ace of Disposition (I metery, crematory of	or other pla		Data	20c. Location	- City or Town, S	Stata
jury		4 ☐ Donation 5 ☐ Other (Specif		Fan	mily Ceme			2/23/97	Ibadan,	Nigeri	.a
eny in		21. Signature of Funeral Service Licer	nsee				ess of Facility	Cong Fun	eral Hom	. D A	
= 6 O		Claudell	- d. 2	2000	4739	Balt	imore A	venue. H	leral nom	lle. MD	2078
dical		Immediate Ceuse (Final	and	٠٠ .		the	ng, such es card			Onsi	at and Dea
niner j		Immediate Ceuse (Final disease or condition resulting in death)	a and	Dua to (or a	as a consequence	othe		art	Dis	Onsi	at and Dea
niner		disease or condition resulting in death)	a. a. 6.		sela	other				Onsi	at and Dec
Medical Examiner		disease or condition	a. Cu b	Due to (or a	as a consequence	of):				Onsi	at and Dec
for use as the buriel-transit		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or injury that Initiated events	a. Cub b	Due to (or a	as a consequence of	of):				Onsi	var and Dev
for use as the buriel-transit		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or injury that Initiated events		Due to (or a	as a consequence of a consequence of as a consequence of a consequenc	estre	Ha	art		Ons.	at and Doe
hysician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disase or injury that initiated events resulting in death) Last		Due to (or a	as a consequence of a consequence of as a consequence of a consequenc	estre	Ha	23b. Did	Dis	onside to the contribute to th	at and Dee
be detached for use as the burier-transit by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disase or injury that initiated events resulting in death) Last		Due to (or a	as a consequence of a consequence of as a consequence of a consequenc	estre	Ha	23b. Did	d tobacco uee co	ontribute to the c	cause of d
be detached for use as the burier-transit by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disase or injury that initiated events resulting in death) Last		Due to (or a	as a consequence of a consequence of as a consequence of a consequenc	estre	Ha	23b. Did	D is	ontribute to the of 3 Probably	cause of d
pe 2 should be detached for use as the bufet-transit and mpieted by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disase or injury that initiated events resulting in death) Last		Due to (or a	as a consequence of a consequence of as a consequence of a consequenc	estre	Ha	23b. Did	d tobacco use co	ontribute to the of 3 Probably	cause of d
pe 2 should be detached for use as the bufet-transit and mpieted by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events rasulting in death) Last		Due to (or a	as a consequence of a consequence of as a consequence of a consequenc	estre	Ha	23b. Die 1 [24a. Wa per	d tobacco use co	ontribute to the case of the c	cause of d ANIII Interpretation of cause 7
Sector, page 2 should be detached for use as the buriet-transit as Be Completed by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disase or injury that initiated events resulting in death) Last Part II. Other eignificant conditions of the cond	ontributing to death t	Due to (or a	as a consequence of a consequence of a cons	of: of): g cause give	ven In Part I. 26. Place of D	23b. Did 1 1 24a. Wa per	d tobecco use co	ontribute to the case of the complete of death	cause of d ANIII Interpretation of cause 7
Il director, page 2 should be detached for use es the bunke-transit To Be Completed by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disase or injury that initiated events resulting in death) Last Part II. Other eignificant conditions of the cond	ontributing to death t	Due to (or a Dua to (or a Dua to (or a Dut not resulti	as a consequence of a consequence of a cons	of): Of): g cause giv	ven in Part I. 26. Place of D ner: 4□ Nursing	23b. Did 1 1 24a. Wa per 1 1 eath (Check only Home 5 Res	d tobecco use colling an autopsy formed? Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No	ontribute to the case available completed of death and (Specify)	cause of d
Il director, page 2 should be detached for use es the bunke-transit To Be Completed by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events rasulting in death) Last Part II. Other eignificant conditions or cause c	Hospital: 1 Inpati	Due to (or a Dua to (or a Dut not resulting Lary 2	as a consequence of a consequence of a consequence o	DOA Other Wor	yen in Part I. 26. Place of D ner: 4□ Nursing y at k?	23b. Did 1 1 24a. Wa per 1 1 eath (Check only Home 5 Res	d tobecco use co	ontribute to the case available completed of death and (Specify)	atopsy findi
in by the funeral director, page 2 should be detached for use as the bunket-transit and the funeral director, page 2 should by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events rasulting in death) Last Part II. Other eignificant conditions or cause of the conditions of the cause of	Hospital: 28a. Date of Inju (Month, De 28e. Piace of In	Due to (or a Dua to (or a Dut not resulting any Year)	as a consequence of a consequence of a consequence o	DOA Oth 28c. Injur Wor	ven in Part I. 26. Place of D ner: 4□ Nursing	23b. Did 1 24a. Wa per 1 Check only Home 5 Ret 28d. Describe	d tobecco use colling an autopsy formed? Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No	ontribute to the case of the complete of death of death of the case of the complete of death of the case of the ca	cause of d ANIII atopsy findi a prior to ion of caus ?
lety filled in by the funeral director, page 2 should be detached for use as the bunel-transit and filled in the funeral director. To Be Completed by Physician/Medical Examiner	F 2	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events rasulting in death) Last Part II. Other eignificant conditions or exeminer? Part II. Other eignificant conditions or exeminer? Mannar of Death Natural 5 Pending investigation investigation 3 Suicide 6 Could not by detarmined 29a. Cartifier Certifying Ph	Hospital: 28a. Date of Inju (Month, De 28e. Piace of In	Due to (or a Dua t	as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of a consequ	DOA Oth 28c. Injur Wor 1 ory, office	26. Place of Dier: 4 Nursing yat k? Yes 2 No	23b. Die 1	d tobacco use co	ontribute to the case of the complete of death of death of the case of the complete of death of the case of the ca	cause of d ANIII atopsy findi a prior to ion of caus ? 2 \[\text{No} \] No
lled in by the funeral director, page 2 should be detached for use es the bunket-transit Certification: To Be Completed by Physician/Medical Examiner	2	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions of the con	Hospital: 1 Inpati 28a. Date of Injuiding, el 28e. Place of Inbuilding, el	Due to (or a Dua t	as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence o	DOA Oth 28c. Injur Wor 1 ory, office	Z6. Place of Dier: 4 □ Nursing y at k? Yes 2 □ No	23b. Die 1	d tobacco use co	ontribute to the case of the complete of death of death of the case of the complete of death of the case of the ca	cause of de All Marie Prior to ion of caus?
lety filled in by the funeral director, page 2 should be detached for use as the bunel-transit and filled in the funeral director. To Be Completed by Physician/Medical Examiner	2	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions of the con	Hospital: 1 Inpati 28a. Date of Injuiding, el 28e. Place of Inbuilding, el	Due to (or a Dua t	as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence o	DOA Oth 28c. Injur Wor 1 ory, office ad at tha tin on, in my o	Z6. Place of Dier: 4 □ Nursing y at k? Yes 2 □ No	23b. Die 1	d tobacco use co	ontribute to the case of the complete of death and (Specify) annar as stated, and due to the case of t	cause of de All Marie Prior to ion of caus?
lety filled in by the funeral director, page 2 should be detached for use as the bunel-transit and filled in the funeral director. To Be Completed by Physician/Medical Examiner	2	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions of the con	Hospital: 1 Inpati 28a. Date of Inj. (Month, De 28e. Place of In building, el yelclan: To the best	Due to (or a Dua t	as a consequence of a consequence of as a consequence of	DOA Oth 28c. Injur Wor 1 ory, office ad at tha tin on, in my o	26. Place of Dier: 4 Nursing yat k? Yes 2 No	23b. Die 1	d tobacco use co	ontribute to the case of the complete of death and (Specify) annar as stated, and due to the case of t	cause of d ANIII attopsy findi a prior to ion of cause? 2 No



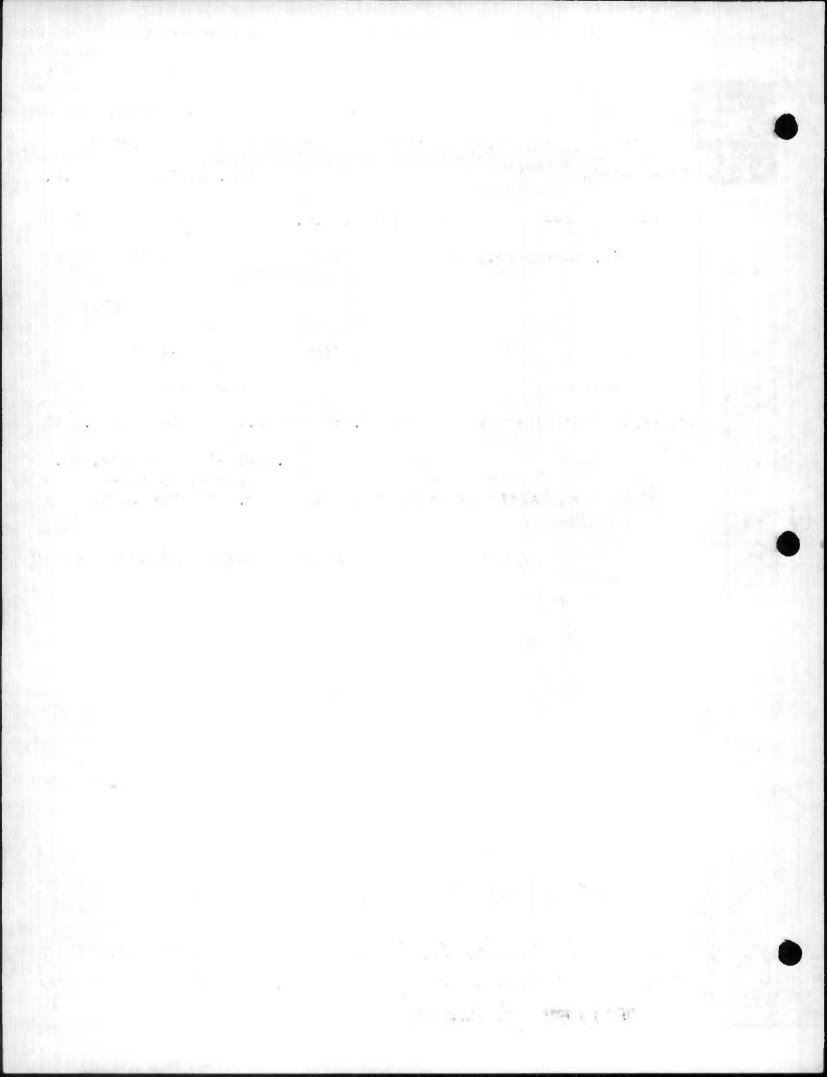
State of Maryland / Department of Health and Mental Hygiene 7

	,	1. Decedent's Nama First, Middle, L.	ast)	1	ANDER	cate of		2. Data of Dea	Reg. No. ath Day	3. Tima	of Death
hysiciar /Medica	1	Luth L			714011			Decem	u10 1	1987 9-1	>>\
xamine	٠ ١	4a. Fecility Neme (If not institution, gi		or)			4b. City, Town, or L	ocation of Death			
		Laurel Regional F		Age (In yrs. Ia:	est bijethotoui). Wil	Inder 1 Year	Laurel If Under 24 Hrs.	0 0-4- 4 0-4	Prince	e George's	
neral ector			1□ M 21√2 F	80		nths Days	Hours Min.	8. Date of Birt (Month, Day April 3	7, Year)	9. Birthplaca (Stata Country) Washingto	or Foreig
e ta		10e. Steta 10b. County		10c. City,	Town or Location	n				10d. Inside (City Limit
notified at	10	Maryland Prince (George's	Laur	el					1 TYes	2 🗆 N
100	Director	10e. Street and Number			10	f. Zip Coda			10g. Citizen of W	Vhat Country?	-
	<u>a</u>	9592 Muirkirk Rd.	, Apt. 20)2	100	20	0708		USA	A	
ST ST	runerai	11. Markal Status	12. Was Decedar Armed Forca	nt Evar In U,S.	. 13. Was E	Decedant of H	lispanic Origin? (Span, Maxican, Puerto	ecify Yas or No-		e - Amarican Indian, k, Whita, atc.	
1	2	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 € If Yas, Giva Yaar or Datas	No		as 2√ No	Specify:	, , , , ,	Specify		
injocentry or other traumatic event, the Medical East book. To Be Commissed by	Completed	15. Decedant's E (Specify only highest gr	ducation ada complated)		18a. Decedant's	Usual Occup	ation during most of work d)	rina	16b. Kind of Bu		
S N	E I	Elementery/Secondary (0-12)	Collaga (1-4o	r 5+)					Library	of Congre	SS
£ 6		12 17. Father's Name (First, Middla, Last	e)		Rese	earche					
matic event, the M	0						18. Mother's Nam		Maidan Sumam	(a)	
T T	2	Owen L. Abell 19a. Informant's Name/Ralationship			10h Mallion Ad	dua /C44		nown	. 0%	0.1	
trau		Edward Jones/Son	(туре, глиц)				Rd.,#202				
other tr	-	20a. Method of Disposition		20b. Pia	ce of Disposition	(Nama of	1	Deta Deta		City or Town, Stete	
, o		1 Boards 2 Cremation 3 E		a	matery, cramatory		1				
any injury or	-	4 □ Donation 5 □ Other (Speci 21. Signature of Funaral Sarvice Lice		Ceda	r Hill (Demeter	_	5/1997	Suitlan	nd, Maryla	nd
any ir		Jeorge	Hal	11	Georg	ge P. I	Kalas Fun Hill Rd.,			20745	
		23a. Part 1. Enter the disease, or comshock, or heart trible. List only	pications thet caus	ed tha daath. lina.	Do not antar tha	moda of dyin	g, such as cardiac	or raspiratory ar	rast,	Approxime Intarval Ba	te tween
Iclan	1		(1	A /	1					Onsat and	Death
dical niner		Immediata Causa (Finai disaasa or condition resulting in daath)	· Jub	Huck	LOID	Hei	MORRHI	46E		Day	5
		rosulting in caalin		Dua to (or e	es e consequance	e of):					
- a						o 01).					
nsit miner			b. ———								
al-trensit	Yallilli	Sequantially list conditions, if any, leading to Immadiate	b. ———	Dua to (or a	as a consequence						
buriel-trensit		Sequantially list conditions, if any, leading to Immadiate cause. Entar Undarlying Causa (Diseesa or injury that initiated ayants	b		as a consequence	a of):					
the bu		Sequantially list conditions, if any, leading to Immadiate cause. Entar Undarlying Causa (Diseesa or injury that initiated avants rasulting in daath) Last	b			a of):					
as the bur	Hedical .	Sequantially list conditions, if any, leading to immadiate cause. Entar Undarlying Causa (Diseesa or injury that initiated avants rasulting in daath) Last	b		as a consequence	a of):					
for use as the burnel	Hedical .	rasulting in daath) Last		Due to (or a	as a consequence	a of):	and a Road I	CON DIAM			
for use as the burnel	Hedical .	Sequantially list conditions, if any, leading to immadiate cause. Entar Underlying Causa (Diseesa or injury that initiated avants rasulting in death) Last		Due to (or a	as a consequence	a of):	an In Part I.			atributa to the cause	
tached for use as the burning hysterial	Thy sicial Dimedical	rasulting in daath) Last		Due to (or a	as a consequence	a of):	an In Part I.		obacco use con ∕es 2⊡ No		
be detached for use as the but	by ringsicial timedical	rasulting in daath) Last		Due to (or a	as a consequence	a of):	an in Part I.	1 🗆 1	res 2□ No	3 Probably 4) 24b. Wara autopsy	finding
be detached for use as the but	by ringsicial timedical	rasulting in daath) Last		Due to (or a	as a consequence	a of):	an in Part I.	101	res 2□ No	3 □ Probably 4)	findings
modeled by Physician/Medical	by ringsicial timedical	rasulting in daath) Last		Due to (or a	as a consequence	a of):	an In Part I.	1 🗆 1	res 2□ No an eutopsy med?	24b. Wara autopsy avelleble prior complation of of death?	findings to cause
age in a constraint private page 2 should be detached for use as the but completed by Physician/Medical		Part II. Other significant conditions of		Due to (or a	as a consequence	a of):	an in Part I. 28. Placa of Deat	24a. Wes 1 perfor	an eutopsy med?	3 Probably 4	findings to cause
director, page 2 should be detached for use as the burning program.		Part II. Other significant conditions of		Due to (or a	as a consequence	a of):	28. Placa of Deat	24a. Wes 1 perfor	in eutopsy med?	3 Probably 4 2 24b. Wara autopsy aveileble prior complation of of death?	findings to cause
In director, page 2 should be detached for use as the but To Be Completed by Physician/Medical		Part II. Other significant conditions of the con	Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Due to (or a but not rasulti	as a consequence as e consequence ing in the underly R/Outpetient 3E	a' of): e of): ling causa giv	28. Placa of Deat ar: 4 Unursing Ho	24a. Wes a performance of the Check only or the Check on	in eutopsy med?	24b. Wara autopsy aveileble prior complation of daath? 1 \(\text{Yes} \) 2 \(\text{Tar} \)	findings to cause
In director, page 2 should be detached for use as the but To Be Completed by Physician/Medical		Part II. Other significant conditions of examinar? 1 Yes 2 No 27. Mannar of Death 1 Alaturai 5 Pending invastigation	Hospital: 1 Mapa 28a. Data of In (Month, D	Due to (or a but not rasulti	as a consequence as e consequence ing in the underly	a of): e of): ling causa giv DOA Oth 28c. Injun Worl	28. Placa of Deat ar: 4 Unursing Ho	24a. Wes a performance of the Check only or the Check on	in eutopsy med? as 2 No na)	24b. Wara autopsy aveileble prior complation of daath? 1 \(\text{Yes} \) 2 \(\text{Tar} \)	findings to cause
by the funeral director, page 2 should be detached for use as the but till cation: To Be Completed by Physician/Medical		Part II. Other significant conditions of the con	Hospital: 1 Mapa 28a. Data of In (Month, D	Due to (or a but not rasulti	as a consequence as e consequence ing in the underly P/Outpatient 3E 18b. Time of Injury	DOA Oth	28. Placa of Deat ar: 4 ☐ Nursing Ho y at y?	24a. Wes a perfor	in eutopsymed? as 2 No na) enca 8 Otha ow injury occurre	24b. Wara autopsy aveileble prior complation of daath? 1 \(\text{Yes} \) 2 \(\text{Tar} \)	(Unknormal)
by the funeral director, page 2 should be detached for use as the but till cation: To Be Completed by Physician/Medical		Part II. Other significant conditions of examinar? 1	Hospital: 1 Junpa 28a. Data of In (Month, D 28a. Place of I	Due to (or a but not rasulti tient 2 Efury Year)	as a consequence as e consequence ing in the underly ing in the underly R/Outpatient 3E 8b. Time of Injury M ne, farm, streat, fa	DOA Oth 28c. Injun Worl 1	28. Placa of Deal ar: 4 □ Nursing Ho y at የYas 2 □ No	24a. Wes a perfor 1 Y h (Check only or one 5 Rasid 28d. Describe h City or Tow	as 2 No na) enca 8 Othe ow injury occurre treet end Number n, Stata)	3 Probably 4 2 24b. Wara autopsy aveilable prior complation of of daath? 1 Yes 2 ar (Specify) ed	(Unkno findings to cause
by the funeral director, page 2 should be detached for use as the but till cation: To Be Completed by Physician/Medical		Part II. Other significant conditions of examinar? 1 Yes 2 No 27. Mannar of Death 1 Alatural 5 Pending invastigation 3 Suicide 6 Could not be datermined. 29a. Cartifiar 1 Cartifying Prince of the condition of the cartifying Prince of the cartifying Prince of the cartifying Prince of the cartifying Prince of the cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifiar 1 Cartifying Prince of the cartifying Prince of the	Hospital: 1 Lopa 28a. Data of In (Month, Contribution) 28a. Place of It building, 4	but not rasulti	as a consequence as e consequence ing in the underly Pl/Outpatient 3E 18b. Time of Injury M ne, farm, streat, fa	DOA Oth 28c. Injun Word 1 actory, offica	28. Placa of Deat ar: 4 ☐ Nursing Ho y at k? Yas 2 ☐ No	24a. Wes a perfor 1 Y h (Check only or one a 5 Rasid 28d. Describe h 28f. Location (S City or Tow	as 2 No an eutopsy med? as 2 No as 2	3 Probably 4 2 24b. Wara autopsy aveilable prior complation of of daath? 1 Yes 2 ar (Specify) ed	findings to cause No
by the funeral director, page 2 should be detached for use as the but till cation: To Be Completed by Physician/Medical		25. Wes casa raferred to medical examinar? 1 Yes 2 No 27. Mannar of Death 2 Accidant 3 Suicide 6 Could not be datermined.	Hospital: 1 Lopa 28a. Data of In (Month, Lopa 28a. Place of It building, 4	but not rasulti	as a consequence as e consequence ing in the underly Pl/Outpatient 3E 18b. Time of Injury M ne, farm, streat, fa	DOA Oth 28c. Injun Word 1 actory, offica	28. Placa of Deat ar: 4 □ Nursing Ho y at k? Yas 2 □ No	24a. Wes a perfor 1 Yeh (Check only or one as 5 Rasid 28d. Describe has 28f. Location (Sandard or or or or or or or or or or or or or	as 2 No na) enca 8 Otha ow injury occurre treet end Number n, Stata) ause(s) end mai	3 Probably 4 2 24b. Wara autopsy aveilable prior complation of of death? 1 Yes 2 ar (Specify) ed	findings to cause No
phetaly filled in by the funeral director, page 2 should be detached for use as the but edical Certification: To Be Completed by Physician/Medical		Part II. Other significant conditions of examinar? 1 Yes 2 No 27. Mannar of Death 1 Naturai 5 Pending invastigation of determined 4 Homicida 6 Could not be determined 29a. Cartifiar (Check only one)	Hospital: 1 Lopa 28a. Data of In (Month, Lopa 28a. Place of It building, 4	but not rasulti	as a consequence as e consequence ing in the underly R/Outpetient 3E 8b. Time of Injury M he, farm, streat, fa edga, deeth occu in end/or invastige	DOA Oth 28c. Injun Wor 1 actory, offica	28. Placa of Deat ar: 4 Nursing Ho y at k? Yas 2 No ne, dete and place, pinion, daath occur a number	24a. Wes a performance of the pe	as 2 No an eutopsy med? as 2 No as 2	3 Probably 4 2 24b. Wara autopsy aveilable prior complation of of daath? 1 Yes 2 ar (Specify) ed ar (Specify) ed ar (Specify) ed ar (Specify) ed ar (Month, Day, Year)	finding to cause
by the funeral director, page 2 should be detached for use as the but till cation: To Be Completed by Physician/Medical		Part II. Other significant conditions of examinar? 1 Yes 2 No 27. Mannar of Death 1 Naturai 5 Pending invastigation of determined 4 Homicida 6 Could not be determined 29a. Cartifiar (Check only one)	Hospital: 1 Nopa 28a. Data of In (Month, D 28a. Place of I building, a nysician: To the besi	but not rasulti	as a consequence as e consequence ing in the underly R/Outpetient 3E 8b. Time of Injury M he, farm, streat, fa edga, deeth occu in end/or invastige	DOA Oth 28c. Injun Wor 1 actory, offica	28. Placa of Deat ar: 4 Nursing Ho y at k? Yas 2 No ne, dete and place, pinion, daath occur a number	24a. Wes a performance of the pe	as 2 No an eutopsy med? as 2 No as 2	3 Probably 4 24b. Wara autopsy aveilable prior complation of of death? 1 Yes 2 ar (Specify) ed er or Rural Routa Nur nnar as steted. and due to the cause(finding to cause No



State of Maryland / Department of Health and Mental Hygiene 0

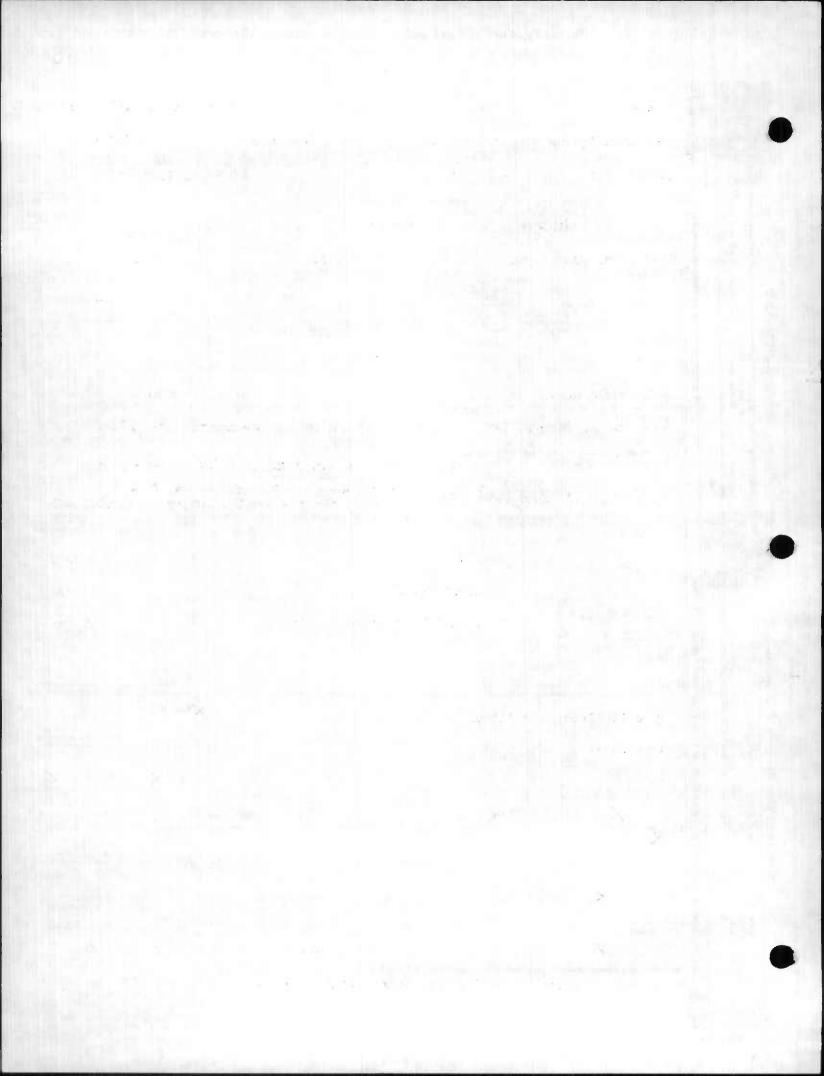
## ASENDA PARK MASH NSTON ADVENTIST HOSPITAL TAKORA PARK MONTGOMERY **Comprison the transport of the second o	hysiciai	n	1. Decedent's Nam	ne (First, Middle,	Last)		n.				2. Data of Do Month	Dey	Year	of De
MASH NGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY Specify Speci			4e. Facility Nema (If not institution,	give street end nu	mber)	176	25/		4b. City, Town, or			of Deeth	-6
\$. Scoles Security Number Carpet Ca	.xa:::::::c						SPITA	1		TAKOMA	PARK	MO	NTGOMERY	/
24.8 - 10 - 70.33 80	ineral	П			S. Sex,			If Unde		If Under 24 Hrs				
Too State and Number Totten Dr., NE #301 20.011 100, Citizen of Wheel Country 100, C	_	-			1∐ 1 M 2∐ F	80	Yrs.	INIOUTEIS	Deys	riours Will	Oct. 5	, 1917	S	C.
Aaron West Carrie Austin	ž	+				10c. C	ity. Town or Lo	cation					10d. Inside	Cltv I
Aaron West Carrie Austin	of all	5							n D	(
Aaron West Carrie Austin	28s	5	10e. Street end Nu	mber			14311111					10a. Citizen of V	What Country?	
Aaron West Carrie Austin	38 0		5024	Ft. To	tten Dr	. NF	#301		200	11		Unit	ed State	20
Tyres Difference Differen	me 2	Jera						Wes Dece			Specify Yes or N		e - Amarican Indian,	
Security Security			1 Never Marr	rled 2 Marrie	d 1 Yes	2 No					to Rican, etc.)			
A a ron West A a ron West A a ron West A a ron West Sea where friest, Medde, Medders (Street and Number or Rural Rouse Number, City or Town, Stets, 2p Code) Patricia Austin/Sister 200. Peace of Disposition (Mere of Complete) 200. Memod of Disposition 200. Peace of Disposition (Mere of Complete) 200. Peace of Disposition (Mere of Complete) 201. Desire (Specify) 202. Name and Address (Street and Number or Rural Rouse Number, City or Town, Stats, 2p Code) 203. Peace of Disposition (Mere of Complete) 204. Desire (Specify) 205. Peace of Disposition (Mere of Complete) 206. Peace of Disposition (Mere of Complete) 207. Peace of Disposition (Mere of Complete) 208. Desire (Specify) 21. Signature of Address (Specify) 22. Name and Address of Reality 22. Name and Address of Reality 22. Name and Address of Reality 22. Name and Address of Reality 22. Name and Address of Reality 22. Name and Address of Reality 23. Peace of Disposition (Mere of Complete) 24. Wes an europsy for course, State of Disposition of Disposition (Peace of Complete) 24. Wes an europsy for course, State of Disposition of Disposition of Disposition (Peace of Complete) 24. Wes an europsy for course, State of Disposition	3		3 Widowed	4 Divorced	Year or D	etes:		TLI Tes	ON LAS	Specify:		Specify	Black	
A a ron West Patricia Austin Premer Print Modes, Leave Austin	de la	etec	(Spe	15. Decedant's	Education grade completed)		16e. Deced	dent's Usi	uel Occup	etion during most of wo	rking	16b. Kind of B	usinass/Industry	
A a ron West A a ron West A a ron West A a ron West Sea where friest, Medde, Medders (Street and Number or Rural Rouse Number, City or Town, Stets, 2p Code) Patricia Austin/Sister 200. Peace of Disposition (Mere of Complete) 200. Memod of Disposition 200. Peace of Disposition (Mere of Complete) 200. Peace of Disposition (Mere of Complete) 201. Desire (Specify) 202. Name and Address (Street and Number or Rural Rouse Number, City or Town, Stats, 2p Code) 203. Peace of Disposition (Mere of Complete) 204. Desire (Specify) 205. Peace of Disposition (Mere of Complete) 206. Peace of Disposition (Mere of Complete) 207. Peace of Disposition (Mere of Complete) 208. Desire (Specify) 21. Signature of Address (Specify) 22. Name and Address of Reality 22. Name and Address of Reality 22. Name and Address of Reality 22. Name and Address of Reality 22. Name and Address of Reality 22. Name and Address of Reality 23. Peace of Disposition (Mere of Complete) 24. Wes an europsy for course, State of Disposition of Disposition (Peace of Complete) 24. Wes an europsy for course, State of Disposition of Disposition of Disposition (Peace of Complete) 24. Wes an europsy for course, State of Disposition	Man	E	Elementery/Seco	ondery (0-12)	T .	1-4or 5+)	life. L					Doiv	2 + 0	
A a ron West 18e, Informatis Nemel/Pelation (179e, Print) 18e, Melling Address (Streat and Number of Rural Rodes Number, City or Town, Stells, Zip Code) 20(Patricia Austin/Sister 5024 Ft. Totten Dr., NE #301 Wash., D(200, Location - City or Town, Stells, Zip Code) 20(Patricia Austin/Sister 5024 Ft. Totten Dr., NE #301 Wash., D(200, Location - City or Town, Stells, Zip Code) 20(Patricia Austin/Sister 20e, Method of Disposition 18cmoval from Stell 20e, Location - City or Town, Stells, Zip Code) 20(Patricia Austin/Sister 20e, Method of Disposition 20e, Method of Dispositi	P. P.	3			pet)			Ulle	auıı		mo (First Middle			
Patricia Austin/Sister 20e, Method of Disposition Date 20e, Location - City or Town, State 20e, Loc	0 0	ne ne			•								10)	
Patricia Austin/Sister 20b. Welnoted Disposition 20b. Home of Disposition (Amen of John of Disposition (Amen of Disposition (Amen of John of Disposition (Amen of Disposition (Amen of Disposition (Amen of Disposition (Amen of Disposition (Amen of Disposition (Amen of Disposition (Amen of Disposition (Amen of Disposition (Amen of Disposition (Amen of Disposition (Amen of Disposition (Amen of Disposition (Amen of Dispos	merk mett	-					19b Meilir	na Addres	ss (Street				State Zin Code) (000
28. Mentod of Olsposition Date Da	trat					er								
A Consider of Sicher (Specify) 21. Signatural of Funeral Service License 22. Name and Address of Facility 23. Part I. Error the disease, in complications that caused the death. In not enter the mode of dying, such as cerdiac or respiratory arrest, which, or heart failure, but not you cause disease an each fine death. In not enter the mode of dying, such as cerdiac or respiratory arrest, which, or heart failure, but not you cause of the death. In not enter the mode of dying, such as cerdiac or respiratory arrest, which, or heart failure, but not you cause of the death. In not enter the mode of dying, such as cerdiac or respiratory arrest, which is made and be consistent and be consistent and be consistent and be consistent and an interest the mode of dying, such as cerdiac or respiratory arrest, which is made and be consistent	othe	-	20e. Method of Dis	position	•	20b.								
21. Signified of Funeral Service Ucenha 22. Name and Addrass of Facility 1425 Maryland Ave., NE Wash., DC 200 238. Phat I. Enter the dissess. In complications that caused the death. We not enter the mode of dying, such as certain or respiratory arrest. 239. Phat I. Enter the dissess. In complications that caused the death. We not enter the mode of dying, such as certain or respiratory arrest. 249. Phat I. Enter the dissess. In complications that caused the death. We not enter the mode of dying, such as certain or respiratory arrest. 249. Phat I. Enter the dissess. In complications that caused the death. We not enter the mode of dying, such as certain or respiratory arrest. 250. Phat I. Enter the dissess. In complications that caused the death. We not enter the mode of dying, such as certain or respiratory arrest. 250. Phat I. Enter the dissess. In complications that caused the death. We not enter the mode of dying, such as certain or respiratory arrest. 250. Phat I. Enter the dissess. In complications that caused the death. We not enter the mode of dying, such as certain or respiratory arrest. 250. Phat I. Enter the dissess. In complications that caused the mode of dying, such as certain or respiratory arrest. 250. Phat I. Enter the dissess. In complications that caused the mode of display. 250. Due to (or es a consequence of): 250. Due to (or es a consequence of): 250. Due to (or es a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a consequence of): 250. Due to (or as a											2-18-97	Land	over Mc	4
23a. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Unit only one ceuse on aech line. 23a. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23a. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23a. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23b. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23c. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23c. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23c. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23c. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23c. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23c. Plant. Enter the disease, it complications that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23c. Plant. Enter the disease. It conditions that caused the death. Unly not enter the mode of dying, such as cerdiac or respiratory arrest. 23c. Plant. Enter the disease. It can be caused the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cau	injur P	1	A A	1	-	1.4							-	4 •
23a. Part I. Enter the disease of complications that caused the death. If not enter the mode of dying, such as cerdiac or respiratory arrest, inches the shock, or heart failure. Light only one cause on each line. Part of the death of the	P S S S		XX as	100/18/	Kum.	- Val	Do. I						•	000
Due to (or es a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter the deriving cause. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving or east included access. Enter the deriving in deeth) Lest the cause of the deriving or east included access. Enter the deriving or east included access. Enter the deriving in deeth) Lest the cause of the deriving or east included access. Enter the deriving or east inclu		+	020 Phot Fotor	000/1	Crown 1-	your	~ A 11 H	20 1	Tal y	I allu A	ve IN	. wasii	., 00	
Couse (Disease or influry that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death) Lest Couse (Disease or influry that initiated events resulting in death but not resulting in the underlying ceuse given in Pert I. Couse (Disease or influry that initiated events resulting in death but not resulting in the underlying ceuse given in Pert I. Couse (Disease referred to medical events resulting in the underlying ceuse given in Pert I. Couse (Disease referred to medical events resulting in the underlying ceuse given in Pert I. Couse (Disease referred to medical events resulting in the underlying ceuse given in Pert I. Couse (Disease referred to medical events resulting in the underlying ceuse given in Pert I. Couse (Disease ref	dical niner		immediate Ceuse diseese or condition	(Final)En	034	EN	one	ng, such es cerdia	c or respiratory		Onset er	ate Betwee
Describe to medical axeminer? 25. Wes case referred to medical axeminer? 25. Wes case referred to medical axeminer? 26. Place of Deeth [Check only ona) 27. Mangarof Deeth Month, Day Year Madical Examiner: On the basis of examination, and menner stated. 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29b. Signature and tille of certifier 29c. License number 29d. Date signed (Month, Dey, Year)	edical miner situation	Examiner	immediate Ceuse disease or condition resulting in deeth)	(Final		Due to (OJ CL	Enquance of	oh.	ng, such es cerdia	c or respiratory		Onset er	ate Betwe
Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Urange of the performed? 24b. Ware eutropsy fine available prior to completion of ceuse of deeth? 1 Yes 2 No 1 Y	edical miner ial-transit	ical examiner	immediate Ceuse disease or condition resulting in deeth) Sequentially list or if eny, leading to in ceuse. Enter Unde Ceuse (Disease or Ihet initieted event.	(Final on ditions, mmediate arrying injury s		Due to (o J CL (or es e conseq (or es a conseq	quance of	on.	ng, such es cerdia	c or respiratory		Onset er	ate Betwe
Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the cause of the property of the	as the bunal-transit as the bu	Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list or if eny, leading to in ceuse. Enter Unde Ceuse (Disease or Ihet initieted event.	(Final on ditions, mmediate arrying injury s	e. Дл. b	Due to (o J CL (or es e conseq (or es a conseq	quance of	on.	ng, such es cerdia	c or respiratory		Onset er	ate Betwe d De
24a. Wes en autopsy performed? 24b. Ware autopsy find available prior to completion of ceu of deeth? 25c. Wes cese referred to medicel exeminer? 1	as the bunal-transit as the bu	Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list or if eny, leading to in ceuse. Enter Unde Ceuse (Disease or Ihet initieted event.	(Final on ditions, mmediate arrying injury s	e. Дл. b	Due to (o J CL (or es e conseq (or es a conseq	quance of	on.	ng, such es cerdia	c or respiratory		Onset er	ate Betwe id De
24a. Wes en eutopsy performed? 24b. Was en eutopsy performed? 1	itending physician and or use as the burial-transit or use as the burial-transit or use as the burial-transit or use as the burial or u	Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list confirmed in the ceuse. Enter Under Ceuse (Disease or Ihet initiated event resulting in deeth)	(Final on on on other or other	e. An.	Due to ((or es a consequence or a consequence or a conseq	quance of juence of j	eth.():	ng, such es cerdia	OVACU	can Dis	Onset er	nate Betwee d Dec
25. Wes cese referred to medical exeminer? 1	itending physician and or use as the burial-transit or use as the burial-transit or use as the burial-transit or use as the burial or u	Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list confirmed in the ceuse. Enter Under Ceuse (Disease or Ihet initiated event resulting in deeth)	(Final on on on other or other	e. An.	Due to ((or es a consequence or a consequence or a conseq	quance of juence of j	eth.():	ng, such es cerdia	OVACU	tobacco use co	Onset en	nate Setweed Dec
25. Wes cese referred to medical exeminer? 1	gned by the attending physician and be detached for use as the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit burial-transits by the burial-transits burial-tran	by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list confirmed in the ceuse. Enter Under Ceuse (Disease or Ihet initiated event resulting in deeth)	(Final on on on other or other	e. An.	Due to ((or es a consequence or a consequence or a conseq	quance of juence of j	eth.():	ng, such es cerdia	23b. Did	tobacco use co	ontributa to the cause	nate setweet d De de de de de de de de de de de de de de
25. Wes cese referred to medical examiner? 1 Yes 2 No 25. Wes cese referred to medical examiner? 1 Yes 2 No 26. Place of Deeth (Check only ona) 27. Mannapol Deeth 1 Natural Suicide Suici	gned by the attending physician and be detached for use as the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit burial-transits by the burial-transits burial-tran	by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list confirmed in the ceuse. Enter Under Ceuse (Disease or Ihet initiated event resulting in deeth)	(Final on on on other or other	e. An.	Due to ((or es a consequence or a consequence or a conseq	quance of juence of j	eth.():	ng, such es cerdia	23b. Did	tobacco use co	Onset en	nate setweend De
1 Yes 2 TNO 1 Inpatient 2 ER/Outpetient 3 DOA 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	has been signed by the attending physician and the strength of the steep of strength of the st	by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list confirmed in the ceuse. Enter Under Ceuse (Disease or Ihet initiated event resulting in deeth)	(Final on on on other or other	e. An.	Due to ((or es a consequence or a consequence or a conseq	quance of juence of j	eth.():	ng, such es cerdia	23b. Did	tobacco use co	ontributa to the cause 3 Probably 4 24b. Ware eutops available pricompletion of deeth?	nate Betweed De De De De De De De De De De De De De D
27. Manne of Deeth 1 Natural 2 Accident 3 Sulcide 4 Homicide 28e. Dete of Injury M 28b. Time of Injury M 28c. Injury et Work? 1 Yes 2 No 28d. Describe how injury occurred 28d.	page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 2 should be detached for use as the burial-transit The page 3 should be detached for use as the burial-transit The page 4 should be detached for use as the burial-transit and use as the burial	Completed by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list or if eny, leading to in ceuse. Enter Unde Ceuse (Disease or thet initiated events resulting in deeth) Pert iii. Other afgnitions.	(Final on ditions, mediate artying injury s Lest	e. An.	Due to ((or es a consequence or a consequence or a conseq	quance of juence of j	eth.():	ng, such es cerdia	23b. Dld 1 24a. Wes	tobacco use co Yas 2 No sen eutopsy ormed?	ontributa to the cause 3 Probably 4 24b. Ware eutops available pricompletion of deeth?	nate Betweed Dec Dec Dec Dec Dec Dec Dec Dec Dec Dec
≥ 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)	rector, page 2 should be detached for use as the burial-transit and and and and and and and and and and	be completed by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list confirmed from the ceuse. Enter Under Ceuse (Disease or thet initiated eventures ultimagin deeth) Pert ii. Other afgnit	(Final on ditions, mediate arrying injury s Lest	b. c. d. Hoenital:	Due to ((or es a consequence or a consequence or a conseq	quance of quence of)	ceuse giv	yen in Pert I.	23b. Did 1 24a. Wer peri	tobacco use co Yas 2 No s en eutopsy ormed? Yes 2 No ona)	Onset en Conset en Completion confedent? 1 Yes 2	nate Betweed De De De De De De De De De De De De De D
≥ 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)	his certificate has been signed by the attending physician and tild idirector, page 2 should be detached for use as the burial-transit and a line of the burial-transit and the burial-burial and the burial and the bur	to be completed by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list or if eny, leading to inceuse. Enter Under Ceuse (Disease or thet initiated eventions of the ceuse). The ceuse of the ceuse (Disease or the tinitiated eventions in deeth) Pert II. Other afgnit	(Final on ditions, mediate arrying injury states the distance of the distance	e. And b. c. d. Hospitel:	Due to (Due to	(or es a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a c	quance of quence of)	ceuse giv	ven in Pert I. 26. Place of Dener: 4 \sum Nursing	23b. Did 1 24a. We; peri	tobacco use co Yas 2 No s en eutopsy ormed? Yes 2 No ona)	Onset en Conset	nate Betweend Dec Dec Dun Sy find or to
29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)	If ar this certificate has been signed by the attending physician and inner all director, page 2 should be detached for use as the bunal-transit and a long to Transit and Tra	to be completed by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list condition of the ceuse. Enter Undo Ceuse (Disease or thet initieted event resulting in deeth) Pert ii. Other afgntt 25. Wes case referencements. The ceuse in the	(Final on ditions, mediate entying injury s Lest	b b c d B contributing to de Hospitel: 1 28e. Dete	Due to (Due to	(or es a consequence or a consequence or a consequence or a consequence or a consequen	quance of quence of) uence of) uence of)	ceuse gives 28c. Injury	ven in Pert I. 26. Place of Deler: 4 \(\text{Nursing by et} \)	23b. Did 1 24a. We; peri	tobacco use co Yas 2 No s en eutopsy ormed? Yes 2 No ona)	Onset en Conset	nate Betweend Dec Dec Dun Sy find or to
≥ 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)	If ar this certificate has been signed by the attending physician and inner all director, page 2 should be detached for use as the bunal-transit and a long to Transit and Tra	to be completed by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list confidence of it eny, leading to in ceuse. Enter Unde Ceuse (Disease or thet initiated event resulting in deeth) Pert II. Other afgnition of the initiated event resulting in deeth) 25. Wes cese referencement? 1 Yes 2 2 27. Mannar of Deet 1 Natural 2 Accident 3 Suicide	(Final on onditions, mediate priying injury so Lest	b b c d # do not be a contributing to do not be a contributing to do not be a contributing to do not be a contribution to be a contribution with the	Due to (Due to	(or es a consequence or a consequence or a consequence or a consequence or a consequen	quance of quance of) uence of) uence of) nderlying	ceuse giv	ven in Pert I. 26. Place of Deler: 4 \(\text{Nursing by et} \)	23b. Did 1 24a. Werperf 1 eth (Check only) 1 28d. Describe 28f. Location	tobacco use co Yas 2 No s en eutopsy ormed? Yes 2 No ona) idence 6 Oth how injury occur	ontributa to the cause 3 Probably 4 24b. Ware eutops available pricompletion of deeth? 1 Yes 2 ner (Specify)	nate Setweend Dec Language of Country Language of
≥ 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)	If ar this certificate has been signed by the attending physician and inner all director, page 2 should be detached for use as the bunal-transit and a long to Transit and Tra	to be completed by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list confidence of it eny, leading to in ceuse. Enter Unde Ceuse (Disease or thet initiated event resulting in deeth) Pert II. Other afgnition of the initiated event resulting in deeth) 25. Wes cese referencement? 1 Yes 2 2 27. Mannar of Deet 1 Natural 2 Accident 3 Suicide	(Final on onditions, mediate priying injury so Lest	b b c d # do not be a contributing to do not be a contributing to do not be a contributing to do not be a contribution to be a contribution with the	Due to (Due to	(or es a consequence or a consequence or a consequence or a consequence or a consequen	quance of quance of) uence of) uence of) nderlying	ceuse giv	ven in Pert I. 26. Place of Deler: 4 \(\text{Nursing by et} \)	23b. Did 1 24a. Werperf 1 eth (Check only) 1 28d. Describe 28f. Location	tobacco use co Yas 2 No s en eutopsy ormed? Yes 2 No ona) idence 6 Oth how injury occur	ontributa to the cause 3 Probably 4 24b. Ware eutops available pricompletion of deeth? 1 Yes 2 ner (Specify)	nate Setweeted Dec Language S
29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 29d. Date signed (Month, Dey, Year) 29d. Date signed (Month, Dey, Year) 29d. Date signed (Month, Dey, Year)	If ar this certificate has been signed by the attending physician and inner all director, page 2 should be detached for use as the bunal-transit and a long to Transit and Tra	to be completed by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list condition of item, leading to in ceuse. Enter Undo Ceuse (Disease or thet initiated event resulting in deeth) Pert ii. Other afgnition of the initiated event resulting in deeth) 25. Wes case referencement? 1	(Final on dittons, mediate arriving injury s Lest ficant conditions fred to medical investiga for Could no determine	e. And b. c. c. d. d. d. d. d. d. d. d. d. d. d. d. d.	Due to (Due to	(or es a consequence or as	quance of quance of) quence of)	ceuse gives 28c. injury, office	yen in Pert I. 26. Place of Dener: 4 Nursing Lyet K? Yes 2 No	23b. Did 1 24a. Wer perf 1 1 eth (Check only Home 5 Res 28d. Describe 28f. Location City or To	tobacco use co Yas 2 No s en eutopsy ormed? Yes 2 No ona) idence 6 Oth how injury occur (Street end Numb wn, Stete)	ontributa to the caus 3 Probably 4 24b. Ware eutops available pric completion of deeth? 1 Yes 2 her (Specify) med ber or Rural Route No	nate detweet de de de de de de de de de de de de de
30. Name and eddress of person who completed ceuse of deeth (item 23a) (Type, Print)	If ar this certificate has been signed by the attending physician and inner all director, page 2 should be detached for use as the bunal-transit and a long to Transit and Tra	ledical Certification: To be Completed by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list conference of the ceuse. Enter Undeceuse. Enter Undeceuse (Disease or the timiteled eventing in deeth) Pert ii. Other afgnition of the ceuse of the ceuse (Disease or the timiteled eventing in deeth) Pert ii. Other afgnition of the ceuse of	(Final on ditions, mediate entying injury s Lest Ficant conditions The first conditions of the condi	b	Due to (Due to	(or es a consequence or as	quance of quence of) uence of) uence of) nderlying M M eet, fector o occurrector vestigation	ceuse gives 28c. Injuryoffice det the tilren, in my contract of the contract o	yen in Pert I. 26. Place of Dener: 4 Nursing Lyet Yes 2 No	23b. Did 1 24a. Wer perf 1 1 eth (Check only Home 5 Res 28d. Describe 28f. Location City or To	tobacco use co Yas 2 No s en eutopsy ormed? Yes 2 No ona) Idence 6 Oth how injury occur (Street end Numb wn, Stete) ceuse(s) end me dete end plece,	onset en Conset	ate detweet de Dec de de Dec de de Dec de de Dec de de de de de de de de de de de de de
30. Name and eddress of person who completed ceuse of deeth (item 23a) (Type, Print)	If ar this certificate has been signed by the attending physician and inner all director, page 2 should be detached for use as the bunal-transit and a long to Transit and Tra	ledical Certification: To be Completed by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list conference of the ceuse. Enter Undeceuse. Enter Undeceuse (Disease or the timiteled eventing in deeth) Pert ii. Other afgnition of the ceuse of the ceuse (Disease or the timiteled eventing in deeth) Pert ii. Other afgnition of the ceuse of	(Final on ditions, mediate entying injury s Lest Ficant conditions The first conditions of the condi	b	Due to (Due to	(or es a consequence or as	quance of) quence of)	ceuse gives consider the time, in my consideration the time, in my consideration the time,	yen in Pert I. 26. Place of Dener: 4 Nursing yet kt? Yes 2 No	23b. Did 1 24a. We; perf 24a. We; perf 28d. Describe 28f. Location City or To	tobacco use co Yas 2 No sen eutopsy ormed? Yes 2 No ona) Idence 6 Oth how injury occur (Street end Numb wn, Stete) ceuse(s) end me dete end plece, 29d. Date signe	Onset en Ons	ate detweed do Deed do
	If ar this certificate has been signed by the attending physician and inner all director, page 2 should be detached for use as the bunal-transit and a long to Transit and Tra	ledical Certification: To be Completed by Physician/Medical	immediate Ceuse disease or condition resulting in deeth) Sequentially list conference of it eny, leading to in ceuse. Enter Unde Ceuse (Disease or thet initiated events resulting in deeth) Pert II. Other afgnition of the initiated events resulting in deeth) Pert II. Other afgnition of the initiated events resulting in deeth) 25. Wes cese referencement? 1 Yes 2 2 2 2 3 2 3 4 Accident 3 3 Sulcide 4 Homicide 29a. Certifier (Check only one) 29b. Signature and	(Final on dittons, mediate arrying injury solutions). Lest red to medicel No in 5 Pending investiga 6 Could no determin 2 Medical Extended to determine 2 Medical Exte	b	Due to (Due to	(or es a consequence or as	quance of) quence of)	ceuse gives consider the time, in my consideration the time, in my consideration the time,	yen in Pert I. 26. Place of Dener: 4 Nursing yet kt? Yes 2 No	23b. Did 1 24a. We; perf 24a. We; perf 28d. Describe 28f. Location City or To	tobacco use co Yas 2 No sen eutopsy ormed? Yes 2 No ona) Idence 6 Oth how injury occur (Street end Numb wn, Stete) ceuse(s) end me dete end plece, 29d. Date signe	Onset en Ons	ate detweed do Dec de de de de de de de de de de de de de



State of Maryland / Department of Health and Mental Hygiene 7 391,55

				Certificate of	Death	Re	eg. No.	J	400
		1. Decedent's Name (First, Middle, L	ast)			2. Date of Deat Month	h Day	Year	3. Time of Death
	Physician /Medical	Norma	Ruth	ALBERS		Decemb		997	1:17 A. M.
8	Examiner	4a Facility Name (If not institution, g	ive street and number)		4b. City, Town, or L	ocation of Death	4c. County	of Death	
		Franklin Square	Hospital Cente		Rosedale			imor	
	Funeral Director	5. Social Security Number 6. 214-22-2988 Usual Residence of Decedent	Sex 1	last birthday) If Under 1 Yea Months Days		(Month, Day,	Year) 9/1928	9. Birthp Court	place (State or Foreign stry)
	puel **	10a. State 10b. County	10c. Cit	ty, Town or Location	100			1	0d. Inside City Limits
	firer deeth with the Maryland ritems 23s or 28s-f show in the margined at Funerral Director	MD Baltin	more I	Baltimore 10f. Zip Code		1	0g. Citizen of V	Vhat Cour	1 ☐ Yes 27 No
	23a or	1201 Apparition	Lane	213	220		USA		
	Home 2	11. Marital Status	12. Was Decedent Ever in U Armed Forces?			ecify Yes or No-	14. Race	e - Americ	ean Indian,
21215-0020	by by		1 Yes 2 No If Yes, Give Year or Dates:	1 Yes X No		, , , , , , , , , , , , , , , , , , , ,	Specify		
5-0		15. Decedent's I	Education rade completed)	16a. Decedent's Usual Occu (Give kind of work done life. DO NOT use retin	pation during most of work	king	16b. Kind of Bu	siness/in	dustry
121	within ena.	Elementery/Secondery (0-12)	College (1-4or 5+)						
	offied w	12 17. Father's Name (First, Middle, Las	sel	Homemaker	18. Mother's Nam	o (First Middle 1	Home		
Maryland	0 = 0							9)	
7	merked imatic e	Charles Brauner 19e. Informant's Name/Reletionship	(Type Print)	d 19b. Mailing Address (Street	Anna M	arie Wie	necki	Stete. Zic	(Code)
M	th and the man that the man th	Frederick G. Alb		1201 Appariti				21220	
6	f Heal tem 2 other	20a. Method of Disposition	20b. F	Place of Disposition (Name of cemetery, cremetory or other pl	OII LII, D		20c. Location -	-	
Baltimore,	Page nent o nrt: If I	1 Buriel Cremation 3 4 Donation 5 Other (Spec	R.	A. Ferris & Co	o. Inc.	12/3/97	West C	hest	er, PA
Ba	permit. Depenting Importations any Injury	21. Signature of Funeral Service Lion Slenge M. 9	Hamptonde.	123 S. Wa	mith Fun	St. Hav	re de	 Grac	e. MD
П		23a. Part1. Enter the disease, or co- shock, or heart failure. List onl	mplications that caused the deat y one cause on each line.	th. Do not enter the mode of dy	ring, such as cardiec	or respiretory erro	est,		Approximete Interval Between
	Physician								Onset and Death
7	/Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth)	a. Sepsis					1	3 Days
		resulting in deedily	Due to (d	or es a consequence of):					
	nsit		Ischemic Ischemic					<u> </u>	3 Days
90,	ifficete be assecuted giphysician and as the bunal-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		or as a consequence of): therosclerotic	Disease			1	15 Years
68760	death certificete be attending physicia of for use as the bur	resulting in death) Last		or as a consequence of):					
Box	The law requires that the death certicate has been signed by the attending page 2 should be detached for use a Completed by Physiclan/M		d					1	
	the deay the a sched f	Part II. Other significant conditions	contributing to deeth but not res	ulting in the underlying cause g	iven in Part I.	23b. Did to	bacco use co	ntribute t	o the cause of death?
P.0.	that the need by detac	Type II Diabete	s Mellitus			1XX	es 2 No	3 Pro	bably 4 ☐ Unknown
ds,	een signe hould be	*				24a. Was a	n autoney	24h W	ere autopsy findings
Ö	been shoul	Hypertension				perform	ned?	av	allable prior to impletion of cause
Rec	has ge 2	par Suns College					- 500		deeth?
e	ystcian: The is certificate hu director, page	25. Was case referred to medical			00 01	1 Y	.,	11	Yes 200 No
5	Physician: this certific ral director,	examiner?	Hospital: 1 Inpatient 2	ER/Outpatient 3 DOA	16.	th (Check only or ome 5 ☐ Reside		or (Snaci	6/1
0	Jing Phys h. After this funeral d	27. Manner of Death	28a. Date of Injury (Month, Day Year)	28b. Time of 28c. Inj		28d. Describe he			<i>y</i> /
ion	Attending r death. ctor: After by the fune fileation	1 Netural 5 Pending 2 Accident investigati			ork? ☐Yes 2☐No				
Division of Vital Records,	tel or Attending P rs efter death. al Director: After t ied in by the funers Certification:	3 Suicide 6 Could not determine		ome, farm, street, factory, office fy)	9	28f. Location (Si City or Town		per or Run	al Route Number,
_	Hospi 4 hou Funer taly fill	29a. Certifier (Check only one) Certifying F	hysician: To the best of my kno aminar: On the basis of examina and manner stated.	owledge, death occurred at the ation and/or investigation, in my	time, date and place oplnion, death occu	, and due to the c rred at the time, d	ause(s) and ma ete end plece,	end due t	stated. o the cause(s)
	within 2 To the comple	29b. Signeture and title of certifier	- Total Control	29c. Licer	nse number	2	9d. Date signe	d (Month,	Day, Year)
	3		ous mo		001910		12.	2.9	7
		30. Name and address of person who Dr. Twanna Ammon		n 23a) (Type, Print) in Square Driv	e Baltimo	re Maryl	and 212	37	
	State	31. Date filed (Month, Day, Year)	32. Registrar's Signa	ature					
	Registrar	DEC 3	1997 Jacobie	Leon Rendall					

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month SPENCER ARNOLD 13, 1997 8:53 P.M. December 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 2234 Thomas Run Road Bel Air Harford 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) Deys 15 M 2 F Months Hours Yrs 414-20-5069 83 Sept. 19, 1914 Tennessee Usuei Residence of Decedent 10c. City, Town or Location 10b. County 10d. inside City Limits 1 ☐ Yes 2 No Maryland Harford Bel Air 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2234 Thomas Run Road 21015 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Married 1 Yes 2 XNo Specify: 3 ₩idowed 4 Divorced White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) Textiles Custodian 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Swift James_ (U/K) Arnold Elizabeth (U/K)19e. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Viola Gray Taylor - Daughter 2234 Thomas Run Road, Bel Air, Maryland 21015 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1X Buriai 2 ☐ Cremetion 3 XRemoval from 12-17-97 Mountain City, Tenn. 4 ☐ Donetion 5 ☐ Other (Specify) Phillippi Cemetery 21. Signature of Funerel Service 22. Name and Address of Fecility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, MD 21009 23e. Per 1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervei Between Onset end Death Immediete Cause (Finel disease or condition resulting in death) Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Nos 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

physician and s the buriel-transit

signed by the a

cate hes been signated bags 2 should b

cartificate

this

After

s after des.

within 24 hours To the Funeral C completely filled Hospital

ett.

Physician/Medical

À

Be Completed

10

Certification:

edical

State Registrar

The law requires that the death certificete be executed

Box 68760,

P.O.

Records,

of Vital

Division or Attending **Physician**

/Medicai

Examiner

Funeral

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be nothed at

p

Completed

Be

the Maryland

death

within 72 hours after

el Hygiena.

permit. Pages 1 and 2 should be filt.
Depertment of Health and Mentel th, important: if item 27 is marked oth any fulury or other traumatic even 200s.

Baltimore, Maryland 21215-0020

CARL

10e. Stete

Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest

24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 No

25.	Wes case referred to medical examiner?
07	1 Yes 2 No

28e. Date of Injury (Month, Dey Year)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury et Work? 28b. Time of

Other: 4 Nursing Home 5 Pasidenca 6 Other (Specify) 28d. Describe how injury occurred

28. Place of Death (Check only one)

1 Naturel 2 Accident 3 Suicide 4 D Homicide 5 Pending investigation 6 Could not be

28e. Pieca of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only one)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pieca, end due to the ceuse(s) end menner as stated.

In the best of my knowledge, deeth occurred at the time, dete end pieca, end due to the ceuse(s) end menner stated.

In the best of my knowledge, deeth occurred at the time, dete end pieca, and due to the ceuse(s) end menner stated. 29c. License number

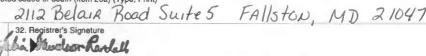
29b. Signature

tending Mysician 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

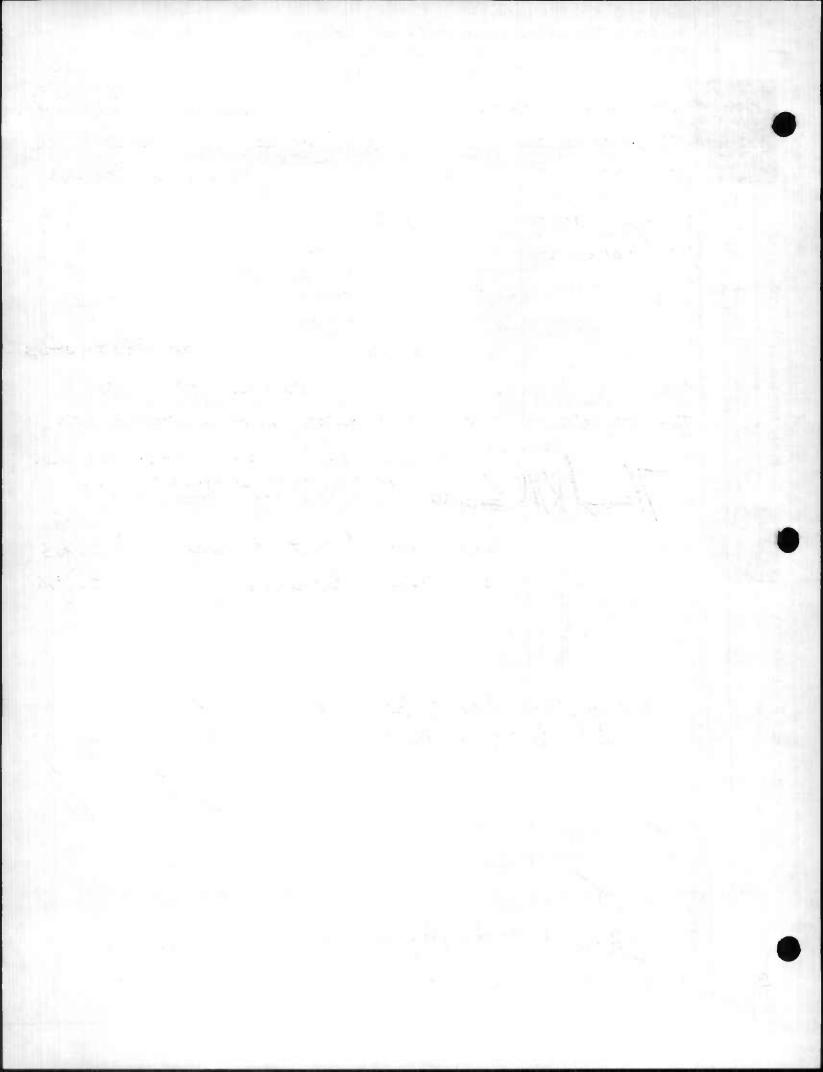
29d. Dete signed (Month, Day, Year)

VIJAY S. Nair, M.D. 31. Date filed (Month, Day, Yeer)

DEC17



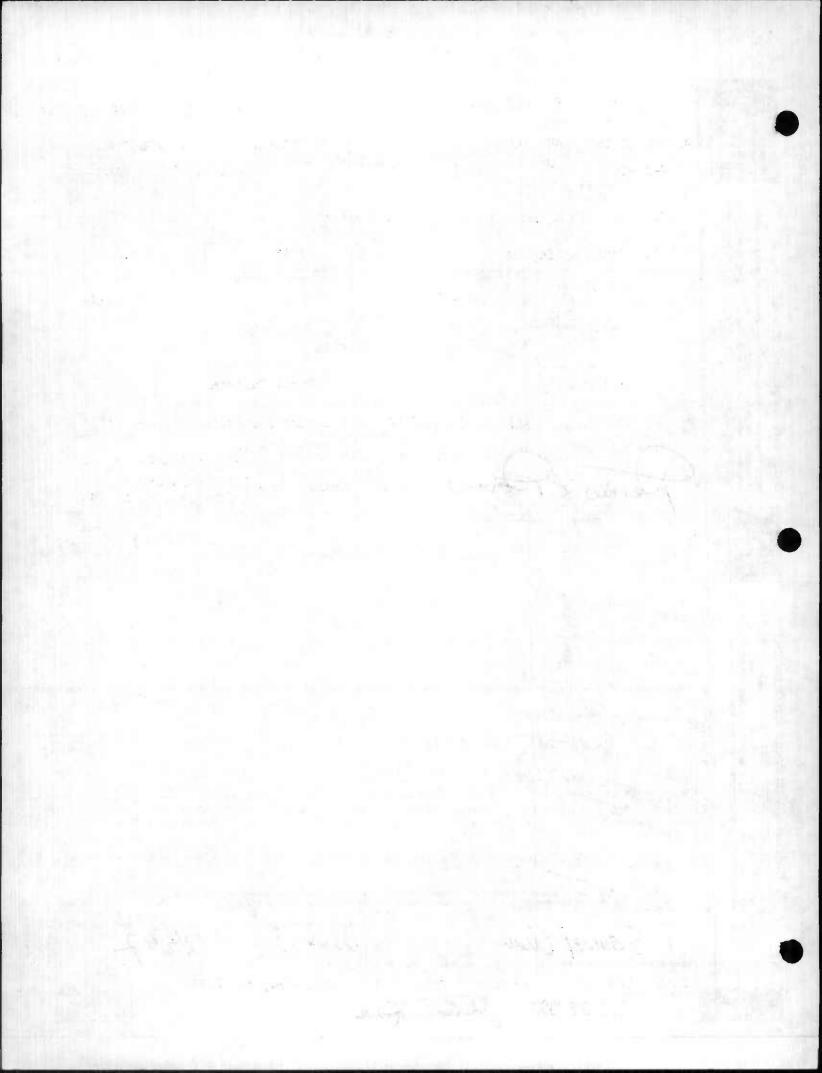
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7 201, 57

		1. Decedent's Na	me (First, Mide	die, Last)		Ce	rtificate of	Deain	2. Dete of Deat	eg. No.	3	. Time of Death
Physic		Will	iam Mau	rice All	enberg				Month	,	Year	
/Medi Examir		4a. Fecility Name	(If not instituti	on, give street end	number)			4b. City, Town, or	DECEMBE Location of Deeth	R 05, 19		:00 AM
		RAVENWOO:	D LUTHE	ERAN VILI	AGE			HAGERSTOW	N	WASHING	TON	
Funeral Director		5. Social Security 217-28-	Number 5023	6. Sex XX M 2□	7. Age (In	yrs. lest birthdey) 5 Yrs.	If Under 1 Yea Months Deys	r if Under 24 Hrs.	8. Date of Birth (Month, Day,	, 1922	9. Birthplace Country!	e (Stete or Foreig and
Mo to		Usual Residence 10a. State	of Decedent 10b. Count	y	100	c. City, Town or Lo	ocation				10d.	inside City Llmit
red sh	to	Md.	Wash	ington			Smithsbu	ra				1 □ Yes 2 🖔 N
or 28	Jrec	10e. Street and N	umber				10f. Zip Code	5	1	Og. Citizen of Wi	het Country?	,
23a	rai	23230	Barth S	ipring Ln			1 10	21783		U.S	S.A.	
"natural", or items 23s or 28s-f show edical Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Never Ma 3 □ Widowed		rried 12. Was D Armed 1 X Ye if Yes, Year	Decedent Ever d Forces? es 2 No Give 41 or Dates: 41		Was Decedent of if Yes, specify Cul 1 ☐ Yes 2 🗷 No	Hispenic Origin? (S ban, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		- American i , White, etc. Whit	
"natur	Completed	(Spe	ecify only high	nt's Education est grede complete	ed) le (1-4or 5+)	16e. Dece (Give life.	dent's Usuai Occu kind of work done DO NOT use retire Teach	upation a during most of wor ed)	king	16b. Kind of Bus		ry
rlygiena. ther than		17. Fether's Name	/First Middle	(ast)			reach		ne (First, Middle, A			
c eve	To Be	Willia						Irene R		reiden Sunieme,	,	
and Mental	-	19e. informant's I				19b. Mailir	ng Address (Stree	et end Number or Ru		City or Town, S	tete. Zip Co	de)
em 27 le		Ann T. A	llenber	a (wike)				Spring Ln				
nent of reminant: If Item		20a. Method of DI	sposition	3 Removal fro	om State	ob. Plece of Dispo cemetery, crer Smiths bw	sition (Neme of netory or other ple	ece) De	C.6.	Smiths bu	lity or Town,	State
important: f any injury o		21. Signeture 11	Uneral Service	Linguise	tri	0 00	Name and Addr			radbury	Ave.	
		23 Pert1. Enter	the disease, o	r complications the	at caused the	deeth. Do not ent	er the mode of dy	ing, such es cardiec	or respiretory erre	eat,		proximate ervai Between
g physicia es the bur	Medical Examiner	disease or conditive resulting in deeth, and the second se	onditions, mmediete erlying rinjury	c	Due	to (or es e consecto (or es e	uence of): uenca of):	Pall				Janes)
attandir for use	clan											
0 0	/ Physician/N	Part II. Other sign	Dull	ulus	death but not	resulting in the ur	nderlying cause gi	ven in Part I.		s 2 No 3		cause of deat y 4 ☐ Unkno
s been sign	Completed by		pros	falt !	Care	wowe			24a. Was an perform		availab	utopsy findings le prior to ston of cause h?
Da at	Com		ne	rudu	ary,	Electo	eus		1 🗆 Ye	0 25 No	1□Ye	8 2 No
certificata rector, par	Be	25. Was case rete examiner?	red to medica	I Harries	1				Check only one)		
this ald	2	1 Yes 2 5			Street American	2 ER/Outpatien	3LI DOA	The second secon	ome 5 🗆 Resider	PROBLEM BY PRODUCED AND ADDRESS.		177
After	catlon						ryat irk?]Yes 2∐No	28d. Describe ho	w injury occurred			
	in by the	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)							28f. Location (Str. City or Town,	State)		
in by the			1	o Physician: To t	the best of my	knowledge, deeth	occurred et the ti	me, date and placa,	and due to the ca	use(s) end menr	ner as stated	l.
in by the		29e. Certifier (Check only one)	1 Certifyir 2 Medical	Examiner: Un the	basis of exam							Causo(3)
in by the	ledical	(Check only one)	2 Medical	end m	basis of exam		29c. \icens			d. Date aigned (
he Funeral Director: pletely filled in by the	ledical	(Check only one)	2 Medical	end m	basis of exam	,	29c. Licens					
in by the	Medical	(Check only one)	American Person of person	who completed ca	anner stated.	,	29c. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	se number				

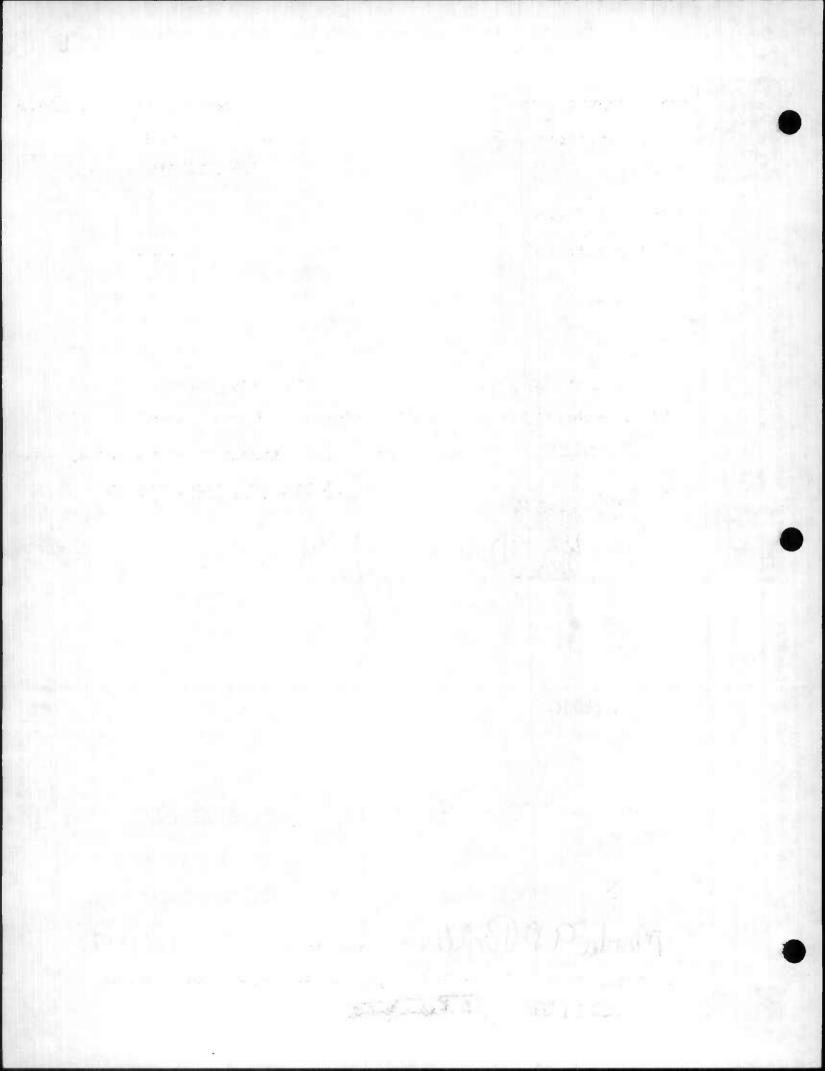
WILLIAM ALLENBERG



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 9 4 5 8

Certificate of Death 1. Decedant's Nama (First Middle Last) 2. Data of Death 3. Time of Death **Physician** Month December 9, 1997 MICHAEL DAVID ALBRIGHT /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 314 Liberty Street Washington Hagerstown if Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthpleca (Stata or Foraign Country) **Funerai** 11X M 2□ F Months Days Hours Yrs. 53 Director 220-40-0544 Maryland Usuel Rasidanca of Decedan 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits the Medical Examiner must be notified at Maryland Washington Director Hagerstown TXXYes 2 □ No 25a-f 10a. Straat and Number 10f. Zip Code 10g. Citizan of What Country? Itama 23a or 314 Liberty Street 21740 U.S.A. 12. Was Dacadant Evar In U,S. Armed Forcas? 1 ⊠Yas 2 □ No if Yas, Giva Yaar or Datas: 1960 S Was Dacadant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Bleck, Whita, atc. filed within 72 hours after 1 Navar Married 2 Married ò Saltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: p Specify: White 3 Widowed 4 Divorced Completed 15. Decadant's Education (Spacify only highast grada completed) 16a. Decedant's Usuel Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT use retired) other than Elamentery/Secondary (0-12) Collage (1-4or 5+) 12 Custodian Roard of Education 17. Fethar's Name (First, Middle, Last) 18. Mothar's Nema (First, Middla, Maidan Sumama) Be 2 2 Chester L. Albright, Sr. Helen Louise Rubeck 19a. Informant's Neme/Ralationship (Type, Print) permit. Pages 1 and 2 an Department of Health and Important: If then 27 is m any injury or other traum 9058. 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Edith M. Whorten/Sister 13947 Fairview Road ClearSpring, Maryland 21722 20e. Mathod of Disposition 20b. Placa of Disposition (Name of cemetary, cramatory or other place) 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Blairs Valley Cemetery 12-13-1997 Blairs Valley, Maryland 21. Signalura of Funaral Sarvica Licensaa 22. Nama and Addrass of Facility Donald E. Thompson Funeral Home Inc. 13607 National Pike ClearSpring, Maryland 21722 Muda 23a Part1. Enter the disease, or complications that dausad the death. Do not anter the mode of dying, such es cardiac or respiratory arrast, shock, or hear feilure. List only one cause on each line. Approximate Intervel Batween Onset end Daath **Physician** /Medical Immediate Causa (Finel disaase or condition resulting in daath) **Examiner** Examiner The lew requires that the death certificate be executed Saquentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury (or as e consequanca of) Box 68760. ettending physician for use es the burie Physician/Medical that initiated avants rasulting in death) Last Dua to (or es e consequança of): Records, P.O. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 Yee 2 No by 24b. Were autopsy findings availabla prior to completion of cause of deeth? Completed 24a. Was an eutopsy performad? 999 1 □Yas 2 □ No Division of Vital or Attending Physician: Be 25. Was casa rafarrad to medical 26. Placa of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yes 2 No 1 | Inpatient 2 | ER/Outpatient 3 | DOA this 28a. Date of Injury (Month, Day Year) 27. Menner of Death 1 Natural 28c. Injury et Work? Certification: 28b. Tima of 28d. Describe how Injury occurred After t 5 Panding Invastigetion death. 1 ☐ Yes 2 ☐ No Director: / 2 Accident 6 Could not be 3 Sulcida 28a. Placa of Injury - At homa, ferm, street, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 4 Homicida within 24 hours of To the Funeral Di completely filled in Hospital 29a. Cartifiar Certifying Physician: To the best of my knowledge, daath occurred at tha time, date and place, and due to the causa(s) and manner as steted.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, data and placa, and dua to the ceuse(s) and manner stated. edical (Check only one) the 29b. Signeture and titla of certifian 29c. Licanse number 29d. Date signed (Month, Day, Year) 050086 30. Nama and address of person who complated cause of dath (Item 23a) (Type, Print) 11110 Medical Campus Rd. Dr. Martha Riggle Hagerstown, Maryland 21740 31. Data filed (Month, Day, Yaar) State Registrar

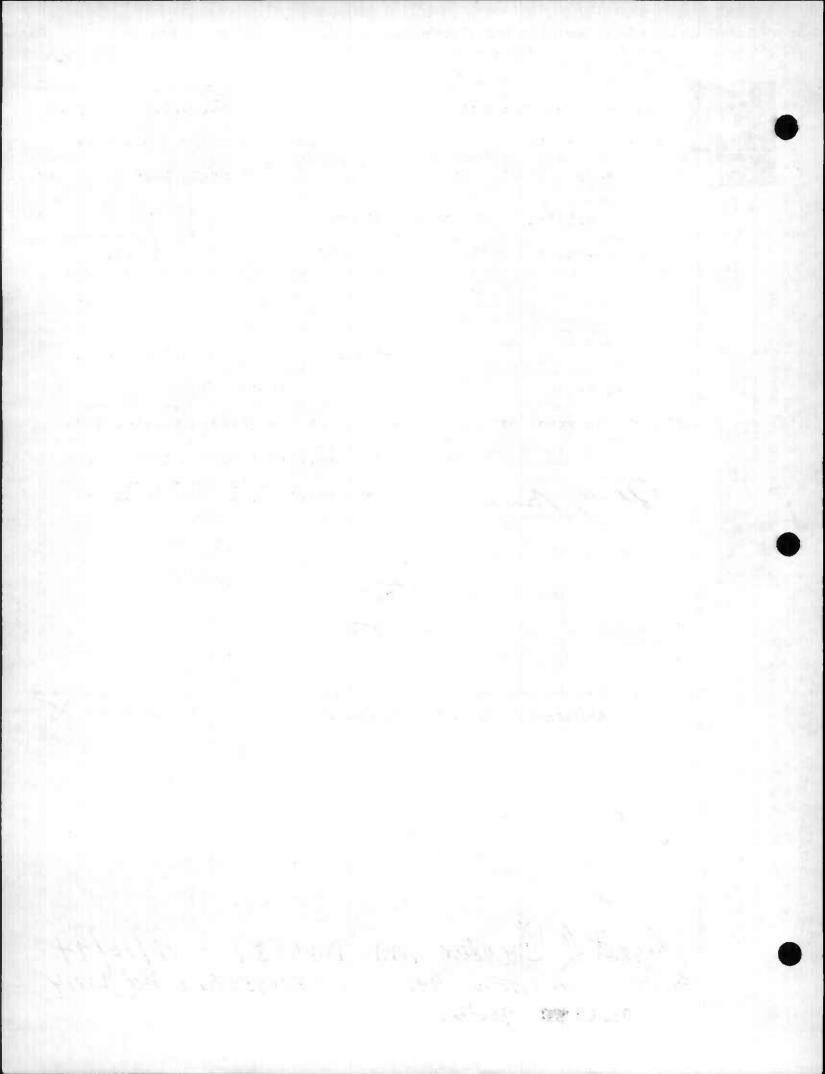


00
6
ô
0
0
Division of Vital Records, P.O. Box 687
=
=
>
O
- L
S
5
Ö

State of Maryland / Department of Health and Mental Hygiene 7 Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Dec. 15, 1997 O. Anderson Sr. 2:40A.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Suburban Hospital Bethesda Montgomery If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6 Sex Birthpiece (State or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** 1 M 2 □ F Months Deys Yrs. Director 577-16-4478 81 Sept. 22,1915 South Carol Usual Residence of Decedent the Maryland 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limita 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examinar must be motified at 1 ☐ Yea 2 No Director Fairfax Alexandria 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 5840 Cameron Run #1217 22303 U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14 Rece - American Indian 11 Marital Status Bieck, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yea 2 ☐ No Specify: Specify: Black by 3 Widowed 4 Divorced Completed 18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: if Item 27 is marked other than ' Elementery/Secondary (0-12) College (1-4or 5+) 12 Printer Selfemployed 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) John Anderson Unknown Maggie 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5840 Cameron Run #1217, Alex., Va. 22303 Alverta Anderson-Daughter other 20a. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 1 XBuriel 2 Cremetion 3 Removel from State 6 Forest Hill Mem. Park 12-19 Clinton, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecility Lewis Funeral Home 21. Signeture Funerei Service Licensee any In 311 N.Patrick St., Alex., Va. 22314 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in death) Examiner Examiner certificate be executed physician end the buriel-tran Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest emente Physician/Medical Due to (or es e consequence of) use as attending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by the s should be deteched 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown farlen g 24b. Were autopay tindinga eveilable prior to 24e. Wea en eutopsy Completed completion of cause of deeth? hes page 2 1 ☐ Yes No this certificete 1 TYes 2 TNo Attending Physician: director. 25. Wea cese referred to medicel examiner? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes No 0 inpatient 2 ER/Outpatient 3 DOA funeral 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: After Naturei 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident or Attend efter death Director: / the 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) à 4 ☐ Homicide To the Hospital of within 24 hours of To the Funeral D Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and mannar as stated.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29e. Certifier Medical (Check only one) 29c. License number 29d. Date signed (Month, Dev. Year) 29b. Signature and title of certifie OW GEORGETOWN 32. Registrar's Signeture 31. Dete filed (Month, Dey, Year) State DEC 1 9 199 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 39460

_					Love I	Ce	rtificate o	f Death		Reg. No.	0,5	
	Physic	ian	1. Decedent's Neme (First, Mid				BEOUER	20	2. Dete of D		Year_	3. Time of Death
	/Medi Exami	cal	STANLEY 4e. Fecility Neme (If not institution				BEAVER	4b. City, Town, or L		eth 4c. Count		3:47 PI
L	Funeral		Saint Josep 5. Sociel Security Number	6. Sex 7.	Age (In yrs. lest	birthdey)	If Under 1 Yea		8. Dete of B			imore lece (Stete or Foreign try)
	Director		212-14-6621	tØM 2□F	79	Yrs.	Months Dey	s Hours Min.	oct.	1,1918	Mary!	land
	and		Usual Residence of Decedent 10a. Stete 10b. Count	у	10c. City, T	own or Lo	ocation				11	0d. Inside City Limits
	Maryl sho	ctor	MD Car	roll	West	mins	ster					1 ☐ Yes 2 No
	th with the 23a or 28	Funeral Director	10e. Street end Number 25 Hahn Road				10f. Zip Code 21 1			10g. Citizen of United		,
21215-0020	72 hours after death with the Maryland "naturel", or items 23a or 28a-f show office! Exempter must be notified at	by	11. Maritel Status 1 □ Never Merried ②□ Ma 3 □ Widowed 4 □ Divorce	If Yes Give	es? © No		Was Decedent of if Yes, specify Cu 1 ☐ Yes 2 No.	Hispenic Origin? (Specify: Specify:	pecify Yes or No Rican, etc.)	No- 14. Ra Ble Specia	ce - America ck, White, d	etc.
5-0	"natur	Completed	15. Decede	nt's Education est grede completed)	1	6e. Dece	dent's Usuel Occi	upetion e during most of wor	kina	16b. Kind of B	usiness/ind	lustry
121		Пр	Elementery/Secondery (0-12)		or 5+)	life.	DO NOT use retir	red)		Dood		
7	Til en la		12 17. Fether's Name (First, Middle	(ast)		M	leat Cutt	18. Mother's Nem	e (First Midd	Food	nol	
Maryland		Be C	Frances I. Al								110)	
2	2 should be and Mantal is marked of	To	19e. Informent's Neme/Relation			19h Malli	nn Address (Stree	et end Number or Ru	Florida		State Zin	Codel
M	d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2		Gloria Beaver/					Vestminste		-	, Ololo, Lip	0000)
Baltimore,	agas 1 ant of Hi nt: If Iten		20a. Method of Disposition 1 □XBurial 2 □ Cremetion 4 □ Donetion 5 □ Other (20b. Plece	e of Dispo	osition (Neme of metory or other pi Valley	lece)	Dete 16/97	20c. Location		wn, Stete
Balti	permit. Pa Departmen Important: any Injury once.		21. Signeture of Funerei Service				2. Name end Add	ress of Fecility		lis Stree		57
	Physician /Medical Examiner	Je.	23e. Pert1. Enter the disease, shock, or heert feilure. List immediate Ceuse (Final disease or condition resulting in deeth)	ADULT e.	RESP I	RATI	DRY DIS	ying, such es cardiec	or respiretory	errest,		Approximete Interval Between Onset end Deeth 26 DAYS
	ecuted and -transit	Examiner	Sequentially list conditions,	b. CURUN	Due to (or es			SS SURGER	ΥΥ			30 DAYS
x 68760,	artificata be executed ling physician and sa as the burial-transit	Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest	c. CORON	Due to (or es		Y DISER	NSE				YEARS
). Box	e death car the attandin hed for usa	Physician/	Part II. Other significant condit		n but not resultin	g in the u	nderlying cause (given In Pert I.	23b. Di	d tobscco use co	entribute to	the cause of death?
7.	es that the de igned by the be datached		CARDIAC	ARRHYTHMI <i>I</i>	AS				1X	Yes 2□ No	3 Prob	pably 4 Unknow
Vital Records,	requires been sign should be	Completed by		7. 1						es en eutopsy formed?	cor	ere sutopsy findings sileble prior to appletion of cause deeth?
Ì	0 - 8	E O							1□	Yes 2 X No	1	Yes 20 No
<u>Ea</u>		Be (25. Wes case referred to medic exeminer?	al				26. Plece of Dee	th (Check only	one)		
01	S S D	2	1 ☐ Yes 2 X No	Hospitel:		/Outpetier	IT 3LI DOA		ome 5 Re	sidenca 6 □Oti	ner (Specify)
sion	ding h. Aftar fune	27. Menner of Deeth 1 Noturel 5 Pending (Month, Dey Year) 2 Accident Investigation					W	ury et ork? □ Yes 2 □ No	28d. Describe	e how injury occu	rred	
Division	or At	ertific	3 ☐ Suicide 6 ☐ Could deter	not be nined 28e. Plece of building,	Injury - At home etc. (Specify)	, farm, sti	reet, fectory, office	а	28f. Location City or T	(Street end Num own, State)	ber or Aure	Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completaly filled in by	edical C	29a. Certifier 11 Certifyl (Check only one) 1 Medica	n occurred et the vestigetion, In my	time, date end plece, opinion, deeth occur	end due to the	e cause(s) end m e, date end plece,	enner ss st end due to	eted. the ceuse(s)			
	Vithir To th	Me	29b. Signeture and title of court	je .			29c. Licer	nse number		29d. Date signe	d (Month, l	Day, Yeer)
1			142	~				D46652		12-	-13-	-97
			30. Neme end address of person	AHUE. M.D	. 76	20	YORK RO	DAD TO	JWSON,	MARYL	AND	21204
	Sta Registr	-	31. Date filed (Month, Day, Year DEC 16	1997	Mudlear l	Rardal	t					

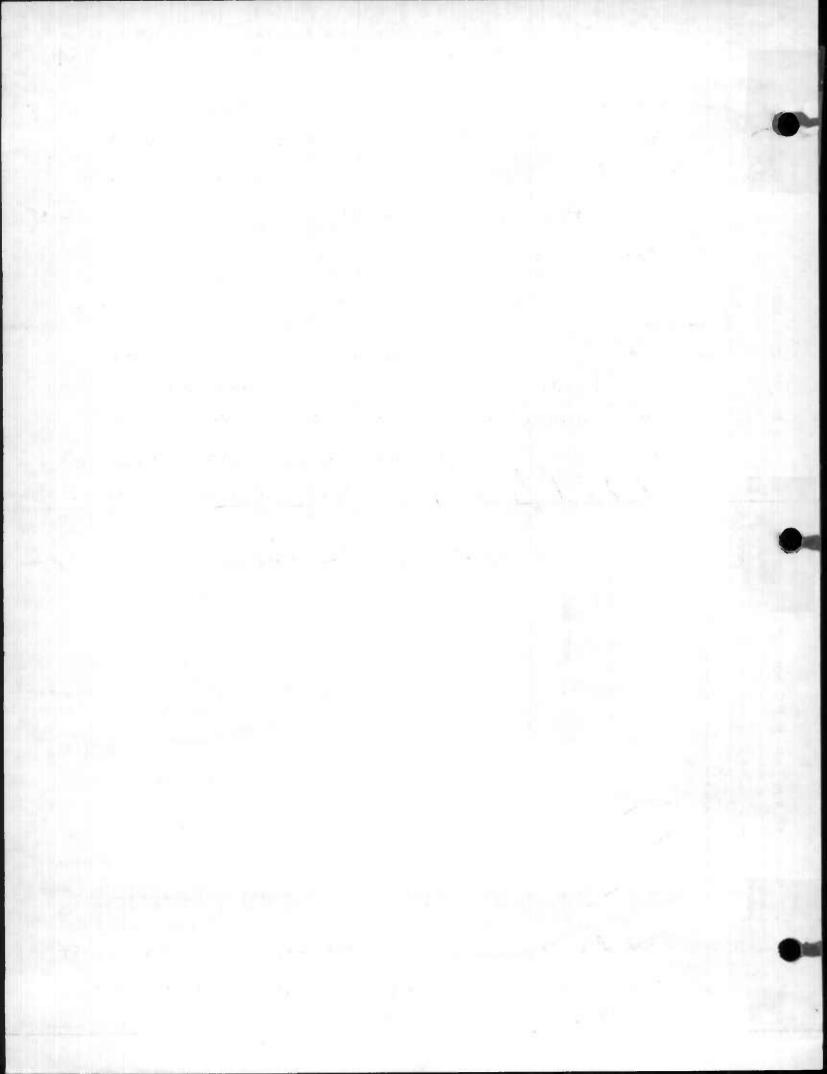
MUSICAL STREET, STREET

THE PARTY IN THE P

may a supplied of the Malagna

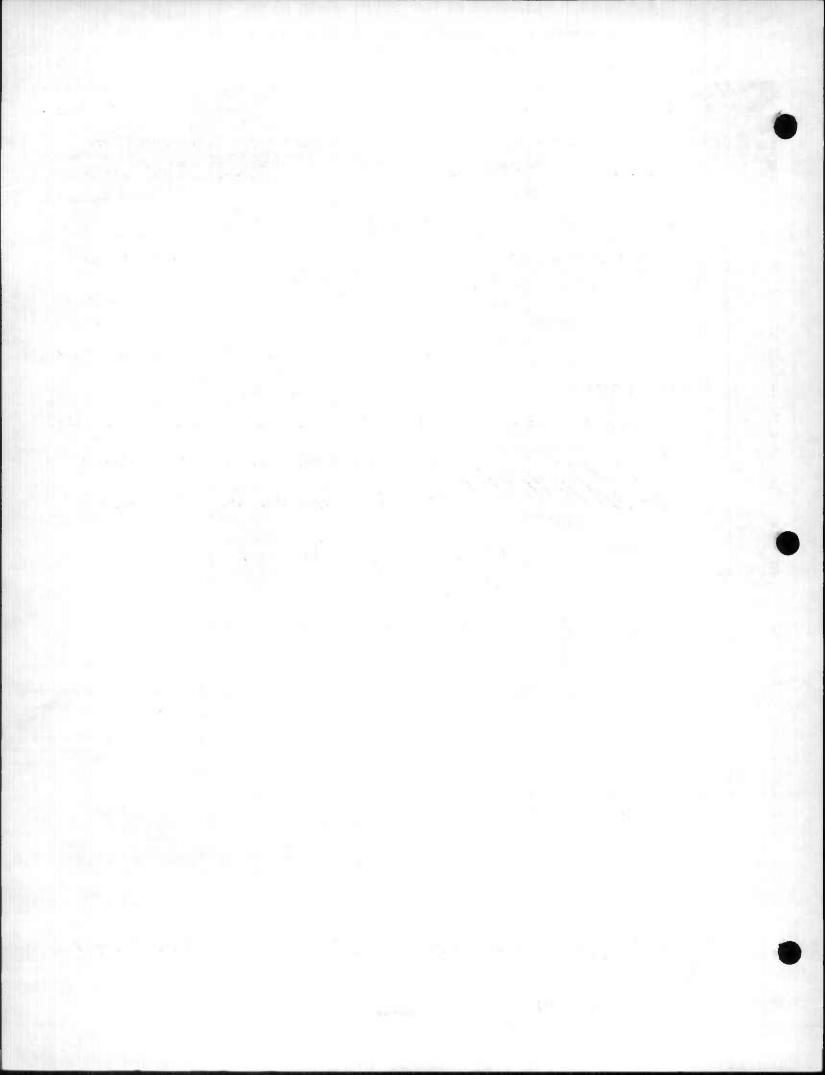
State of Maryland / Department of Health and Mental Hygiene 7 39461

					Ce	rtificate	of .	Death			Reg. No.	1 0	2401
Dhyel	ian	1. Decedent's Name (First, Middla, I				2.71				2. Date of De Month	ath Day	Year	3. Time of Death
Physic /Med		Char	lotte S F	Bender						Decemb		1997	8:50 AM
Exam		4a. Facility Name (If not institution, g	iva street and nu	n <i>ber)</i>			4	4b. City, To	wn, or Lo	ocation of Deat	h 4c. C	ounty of Deatl	1
		Mariner Health						Fore				arford	
Funera Directo		5. Social Security Number 214-20-8417 Usuel Residence of Dacedent	Sax 1□M 2ØF	7. Aga (In yrs.	last birthday) 96 Yrs.		Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bir (Mooth, Da 7/5/0	th y Year)		pplaca (Stata or Foraign intry) ytown, MD
yland		10a. State 10b. County		10c. Ci	ity, Town or Lo	ocation							10d. Inside City Limits
Mar Mar	to	MD Harfo	rd		Fores	st Hill	L						1 ☐ Yas 2 ☐ No
or 28	Director	10e. Street and Number				10f. Zip C	ode				10g. Citize	n of Whet Co	untry?
th wi	<u>a</u>	109 Forest Va	lley Dr.				2	1050			U	J.S.A.	
r dea	Funeral	11. Marital Status	12. Was Dece Armad Fo	edent Evar in L	J,S. 13.	Was Daceder	nt of H	ispanic Ori	gin? (Spo	ecify Yes or No Rican, atc.)	- 14	. Raca - Amar Black, White	
S afte	by Fu	1 ☐ Navar Married 2 ☐ Married	1 ☐ Yes If Yes, Giv	/8		1□ Yes 20		Specify:				pecify:	, 010.
Z1Z15-0020 4 within 72 hours after death with the Maryland jiene. 1 than "natural", or frems 23a or 28a-f show the Medical Examiner must be notified at		3 Widowed 4 □ Divorced	Year or D	ates:								W	hite
C	Completed	15. Decedent's (Specify only highast g	rada complatad)		16a. Dece (Giva	dent's Usual (kind of work DO NOT use	dona d	ation during mos	t of worki	ing	16b. Kind	of Business/I	ndustry
other than vent, the West	dwo	Elementary/Secondary (0-12)	College (1	-4or 5+)				2)			т.	loonito	1
2 0 0 0		17. Father's Neme (First, Middla, Lat	st)			Secreta	ıry	18. Mothe	r's Name	e (First, Middla		lospita umama)	1
should be in marked of imatic eve	To Be	Frank Sta	lev						F	annie H	Tarnis	h	
E SOE	-	19a. Informant's Neme/Relationship	- 4		19b. Meili	ng Address (S	Straat	and Numbe		al Routa Numb			ip Coda)
CENL		Ira H. Living	ston,Jr.	/son		144 Li	Lsa	Lane		York	, PA	17402	
Saltimore, emit. Peges 1 ar Department of Hea mportant: If Itam: ny Injury or othe	y or o	20a. Method of Disposition			Place of Dispo	osition (Nama matory or other	of ar plac	ca)		Date	20c. Loca	tion - City or T	own, Stata
Peg Peg Int: II		1 Nonation 2 Cremation 3 4 Donation 5 Other (Spec			ount Ca	armel (Ceme	etery	1	2/16/97	Litt	lestow	n. PA
Dartill Formit. Formit Important Infortant Inf		21. Signature of Funeral Service Lic	ensee /	1 (22	2. Nama and	Addre	ss of Facilit					
D ed du de		Kulmed	Lote	UL (1 1	Little	s]	F.H. :	34 M	aple Av	re. Li	ttlest	own, PA 1734
		23a. Part1. Enter the disaasa, or co shock, or heart failure. List on	mplications that c	aused the dea	fi Do not an	tar tha mode	of dyin	ng, such as	cerdiac o	or respiratory a	rrast,		Approximate
Physician		Stroom, or route failure. Elst off	y one cause on e	acii iiile.								1	Interval Between Onsat and Death
/Medical		Immediate Cause (Final disease or condition	m	itan	1.1.	col	0_						ST.
Examiner	l.	resulting In death)	a	Due to (or as a consec		-cn						Jun
ed sit	line.		ı b										
and -trar	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying		Due to (d	or as a consec	quenca of):							
fficete be ex physician as the buriel		Cause (Diseese or Injury	c										
tifficete ng phys	edicai	that initiated events resulting in death) Last		Due to (d	or as e consec	quence of):							
	₹		d										
death cert death cert ie attendin	Physician	Part It Other elemifleant conditions	contails sting to de	ath hut not an				on to Date to		001 014	A-brook and		
at the de de de de de de de de de de de de de	hys	Part It. Other significant conditions	contributing to de	ath but not res	suiting in the u	nderrying cau	se grv	en in Part I	•				to the cause of death?
- 6 D 9	by P									10	Yes 25	NO 3 Pr	obably 4 Unknows
lecords, P.O. law requires that the les been signed by th											an autopsy	24b. V	Vara autopsy findings
aw request been 2 should	plet									репо	ormad?	C	vailable prior to ompletion of cause f death?
The lav	Completed									10	Yes 2		☐ Yes 2☐ No
VITAL I	(a)	25. Wes case referred to medical						26 Place	of Death	(Check only		40 1	163 2010
	To B	examiner? 1 Yes 2 No	Hospital:	npatient 2	ER/Outpatier	nt 3 DOA	Oth	or: h		me 5 ☐ Resi		Other (Spec	lfv)
SION OF		27. Manner of Death	28a. Dete	of Injury	28b. Tima o	f 28c	. Injun			28d. Describe			,
Or Attending after death. Director: After din by the fune	atlo	2 Accident Investigation M 1 Yes 2 No					No						
or Attend after death Director: /	tific	3 Suicide 4 Homicide 3 Suicide 4 Homicide 4 Homicide 4 Homicide 5 Coutd not be determined building, etc. (Specify)								28f. Location (City or To		Vum <i>ber or R</i> u	ral Routa Number,
is after a find in the control of th													
To the Hospital or At within 24 hours after d To the Funeral Direct completely filled in by	Ica	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, of the basis of examination and/or investigation, in my opinion and manner stated.						ne, date en pinion, deal	d plece, o	end due to the	ceuse(s) ar	nd manner as	stated.
the the	Med	29b. Signature and titla of certifiar 29c. License number									-		
P ≥ 0 0										29d. Data :	signed (Month	, Day, Year)	
		Davel 5. Du 03229						225	7		Decen	nber 12	11957
		30. Name and address of person who		a of death (Item	n 23a) (Type,	Print)							
		31. Date filed (Month, Day, Year)		naioteada Ci-	61	5 West	Ma	cPhai	1 Ro	Bel	Air,	MD 21	.014
St Regist		DEC 1 E	1997	egistrar's Signa									
		DE019	ובבו	and and	MENT IN COM	rall							



State of Maryland / Department of Health and Mental Hygiene

hysician /Medical	1	1. Decedent's Neme (First, M										Reg. No.			
	_	1. Decedent's Neme (First, N	fiddle, La	st)							2. Dete of D		V	3. Tir	me ot Death
		Edna Till	nan	Bee							Month	per 12,	Year 1 9 9 7	10	:05 AM
xaminer		te. Fecility Neme (If not instit			ımber)				4b. City, To	wn, or Lo	ocation of Dee		nty of Deetl		OJ AM
Kalinilei	п											6.5			
	-	Manor Care I 5. Sociel Security Number	-			vrs. last birthdev) If Under	1 Voor	Chevy				ntgom		
neral	1		6. S	□M 2Å F		The same of the same	Months	Deys	Hours	Min.	8. Dete of B	ay, Year)			tete or Foreig
ector		577-58-4447			/	8 Yrs.					Dec. 4	, 1919	Ala	abama	1
		Usuel Residence of Decedent 10e. Stete 10b. Co.			100	City, Town or L	centian							4011	1 00 11 1
1		100. 00	urity		100.	City, Town of L	Location								de City Limit:
ecto		D.C.	I/A			Washing	ton							14	Yes 2□N
Oire	1	10e. Street end Number					10f. Zip	Code				10g. Citizen	of Whet Co	untry?	
Funeral Director		1815 Quincy S	Stroe	+ N LI			200	011				TT 2 As .	3 C4.	- de	
9	,	11. Maritel Status	JULEC	12. Wes Dec	edent Ever i	n U.S. 13			Ilspenic Orig	nin? (Sp	ecify Yes or N		ed Sta		an .
any injury or other traumatic event, the Madical Examiner many injury or other traumatic event, the Madical Examiner many injury or other traumatic event, the Madical Examiner many injury or other traumatic event, the Madical Examiner many injury or other traumatic event, the Madical Examiner many injury in the many injury		1 Never Married 2 ☑	Married	Armed Fo	orces?		If Yes, spec	cify Cube	en, Mexican	, Puerto	ecify Yes or N Rican, etc.)	E	leck, White		
by		3 ☐ Widowed 4 ☐ Divo		It Yes, Gi	ive 1		1□ Yas	2 No	Specify:			Spe	oify: Wi	nite	
9	-			Yeer or D	Jetes:										
n, the Medical		15. Dece (Specify only hi	dant's Ed	ducation de completed))	16e. Dece	edent's Usue e kind of wor	ol Occup	ation during most	of work	ina	16b. Kind of	Business/	ndustry	
3 6		Elementary/Secondery (0-1			(1-4or 5+)	life.	DO NOT us	se retired	d)						
- S				4		Assis	tant	Pers	sonnel	Dir	ector	U.S.	Gove	ernme	ent
Be (1	17. Fether's Name (First, Mid	die, Last)						18. Motha	r's Nam	e (First, Middle	e, Meiden Sum	eme)		
To B		Robert Till	nan						Vela	Lor					
-		19e. Informent's Name/Relet		Time Print)		19h Mail	ling Address	(Stroot			0	ber, City or Tox	un Stata 7	in Code	
trau															011
Per		Robert D. Be	ee, n	lusband						N. W		hington			
5	2	20a. Mathod of Disposition 1 X Burial 2 ☐ Cremati	ion 2 🗆	Domousi from	State 20	 b. Placa of Disp cemetery, cre 	emetory or o	na or ther plac	ce)		Dete	20c. Locatio	n - City or	Town, Ste	te
2		4 Donetion 5 Othe				leasant	Ride	e Ce	meter	v 12	/17/97	Clio	Alai	nama	
를 라		21. Signeture of Fungsal Sun	ide Ligen	100/1/20	110		22. Neme en				7 - 1 / 2 /	0220		Junia	
any ir		1/1/00	11		010	ann.	McGuir	re F	unera	1 Se	rvice,	Inc.			
		Chill.	/		110		7400 (Geor	gia A	ve.	N.W.,	Washing	ton,	D.C.	
	1	Part1. Enter the diseese shock, or heart failure.	List only	plicetions thet one cause on a	caused the d	eeth. Do not er	nter the mod	le of dyln	ng, such es	cardiac	or respiretory	errest,		Approx	kimeta il Batween
ician	10													Onset	end Deeth
dicai	L								^						
niner		Immediete Causa (Finel		R	000			1	Arn	0 0	*				
		Immediete Causa (Finel disease or condition resulting In death)		e. R	esp	rate	7	1	gra	cs.	7		1		
ē	1	disease or condition			/)	1 rate o (or es e conse		1	grr	cs.	7		1		
nsit miner	1	disease or condition resulting in death)			100	MOA	16	1	grr	cs.	7				
Il-transit Xaminer		disease or condition resulting in death) Sequentially list conditions, if env. leeding to immediate	•		100	O (or es e conse	I G equenca of):		gra	es	7				
i Examiner		disease or condition resulting in death) Sequentially list conditions, if env. leeding to immediate	5		100	O (or es e conse	I G equenca of):		grr di	cs	7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
the burlet-transit		disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initialed events	{		A 1:	O (or es e conse	aquenca of):		gra di.	es se	7		1		
es the buriel-transit	1	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	{		A 1:	o (or es e conse	aquenca of):		dr.	Cs Se	7 ase				
Medical		disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initialed events	{		A 1:	o (or es e conse	aquenca of):		di.	Cs Se	950				
Medical		disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	{	b	Due to	o (or es e conse	oquence of):	^							
Medicai		disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initialed events	{	b	Due to	o (or es e conse	oquence of):	^				I tobacco usa	contribute		
hysiclan/Medicai	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	{	b	Due to	o (or es e conse	oquence of):	^			23b. Dio			to the ca	use of death
by Physiclan/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	{	b	Due to	o (or es e conse	oquence of):	^			23b. Dio	I tobacco use		to the ca	use of death
by Physiclan/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	{	b	Due to	o (or es e conse	oquence of):	^			23b. Dio	Yes 25 N	3 □ Pr	to the ca	use of death
be detached for use as the but by Physiclan/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	{	b	Due to	o (or es e conse	oquence of):	^			23b. Dio	tobacco use	3 Pr	to the ca obably Vera euto svallable p	use of death 4 □ Unknow
be detached for use as the but by Physiclan/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	{	b	Due to	o (or es e conse	oquence of):	^			23b. Dic 1	Yes 25 W	24b. \	to the carobably Wera eutovallable promplation of deeth?	use of death 4 Unknown ppsy findings prior to n ot cause
Completed by Physician/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	{	b	Due to	o (or es e conse	oquence of):	^			23b. Dic 1	Yes 25 N	24b. \	to the ca obably Vera euto svallable p	use of death 4 Unknown popy findings prior to n of cause
Completed by Physician/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions.		b	Due to	o (or es e conse	oquence of):	^	ven in Pert I.		23b. Dic 1	I tobacco use I Yes 25 N s an autopsy ormed? Yes 2 Zino	24b. \	to the carobably Wera eutovallable promplation of deeth?	use of death 4 Unknown ppsy findings prior to n ot cause
To Be Completed by Physician/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initialed events resulting in deeth) Lest		b	Due to	o (or es e conse	equence of):	ausa giv	ze. Place	of Deat	23b. Did 1 24e. Wa perl	I tobacco use I Yes 25 N s an autopsy ormed? Yes 2 Zino	24b. \	to the ca obably Wera eutovaliable promplation of deeth?	use of death 4 Unknown posy findings prior to n of cause
To Be Completed by Physiclan/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions.	dical	b	Due to Due to Due to	o (or es e conse	equence of): underlying co	ausa giv	ven in Pert I. 26. Place ner: 4∑ Nu	of Deat	23b. Dic 1 = 24e. Wa peri	I tobacco use Yes 25 N s an autopsy omed? Yes 2 (XNo	24b. \\ (s)	to the ca obably Wera eutovaliable promplation of deeth?	use of death 4 Unknown ppsy findings prior to n ot cause
To Be Completed by Physician/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions. 25. Wes case referred to mediate examiner? 1 Yes dical	b	Due to Due to	o (or es e conse	equence of): underlying co	Pausa giv	ven in Pert I. 26. Place ner: 4∑ Nu	of Deat	23b. Dic 1 = 24e. Wa peri	I tobacco use I Yes 25 N s an autopsy ormed? Yes 2 XNc ona)	24b. \\ (s)	to the ca obably Wera eutovaliable promplation of deeth?	use of death 4 Unknown ppsy findings prior to n ot cause	
To Be Completed by Physician/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions. 25. Wes case raferred to mediate examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pert Invalue of Conditions of Condition	dical Inding estigetion uld not be	b	Due to Du	o (or es e conse	equence of): undarlying company and all Door 2 M	eausa giv	26. Place	of Deat	23b. Did 1 24e. Wa perl 1 h (Check only me 5 Res 28d. Describe	I tobacco use I Yes 25 N s an autopsy ormed? Yes 2 2 No ona) Idenca 6 0	24b. V	to the ca obably Wera eutovallable pomplation of deeth? I Yes	use of death 4 Unknown posy findings prior to n of cause 2 No
To Be Completed by Physician/Medical	F	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions. 25. Wes case raferred to mediate examiner? 1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pert Invalue of Conditions of Condition	dical	b	Due to Du	o (or es e conse	equence of): undarlying company and all Door 2 M	eausa giv	26. Place	of Deat	23b. Did 1 24e. Wa peri 1 1 h (Check only) me 5 Res 28d. Describe	I tobacco use I Yes 25 N s an autopsy ormed? Yes 2 XNc ona)	24b. V	to the ca obably Wera eutovallable pomplation of deeth? I Yes	use of death 4 Unknown posy findings prior to n of cause 2 No
To Be Completed by Physician/Medical	F 2 2	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Pert II. Other significant conditions: 25. Wes case referred to medexaminer? 1 Yes 2 10 27. Manner of Deeth 1 Neturel 5 Pe 2 1 Accident Inv 3 Suicide 6 Co	dical Inding estigetion uld not be	b	Due to Du	o (or es e conse	equence of): undarlying company and all Door 2 M	eausa giv	26. Place	of Deat	23b. Did 1 24e. Wa peri 1 1 h (Check only) me 5 Res 28d. Describe	I tobacco use I Yes 25 No s an autopsy ormed? Yes 2 X No ona) Idenca 6 10 how Injury occ (Street and No	24b. V	to the ca obably Wera eutovallable pomplation of deeth? I Yes	use of death 4 Unknown posy findings prior to n of cause 2 No
orrector, page 2 should be deficied for use as the but	F 2 2	disease or condition resulting In death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest Pert II. Other significant conditions are examiner? 1 Yes You To Manner of Deeth 1 Neturel 5 Pert Investment Significant Signific	nding estigetion uld not be termined	b	Due to Du	o (or es e conse	equence of): Quence of): undarlying company of the occurred	DA Oth	26. Place ner: 42 Nu y et k? Yes 2 □ I	of Deat	23b. Did 1 24e. Wa perl 1 1 h (Check only) me 5 Res 28d. Describe 28f. Location City or To	I tobacco use I Yes 25 No s an autopsy omed? Yes 2 (XNo ona) Idenca 6 0 how injury occ (Street and Nu wwn, State)	24b. \\ 24b. \	to the carobably Wera eutorivaliable promplation of deeth? I Yes prel Route steted.	use of death 4 Unknown spsy findings prior to n of cause 2 No Number,
To Be Completed by Physician/Medical	F 2 2	disease or condition resulting In death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest Pert II. Other significant conditions are examiner? 1 Yes You To Manner of Deeth 1 Neturel 5 Pert Investment Significant Signific	nding estigetion uld not be termined	b	Due to Du	o (or es e conse	equence of): A C C C C C C C C C C C C C C C C C C	DA Oth	26. Place ner: 42 Nu y et k? Yes 2 □ I	of Deat	23b. Did 1 24e. Wa perl 1 1 h (Check only) me 5 Res 28d. Describe 28f. Location City or To	I tobacco use I Yes 25 No s an autopsy omed? Yes 2 (XNo ona) Idenca 6 0 how injury occ (Street and Nu wwn, State)	24b. \\ 24b. \	to the carobably Wera eutorivaliable promplation of deeth? I Yes prel Route steted.	use of death 4 Unknow posy findings prior to n of cause 2 No
To Be Completed by Physician/Medical	F 2 2 2	disease or condition resulting In death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initialed events resulting In deeth) Lest Pert II. Other significant conditions. 25. Wes case raferred to medexaminer? 1	nding estigetion uld not be ermined	b	Due to Due to	o (or es e conse	equence of): Q C Squence of): undartying compart and DC of	Pausa give Pausa give	26. Place ner: 42 Nu y et k? Yes 2 □ I	of Deat	23b. Did 1 24e. Wa perl 1 1 h (Check only) me 5 Res 28d. Describe 28f. Location City or To	I tobacco use I Yes 25 No s an autopsy omed? Yes 2 (XNo ona) Idenca 6 0 how injury occ (Street and Nu wwn, State)	24b. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	to the canobably Wera eutovallabla promplation of deeth? I Yes bify) wel Route steted, to the cer	use of death 4 Unknown posy findings prior to n of cause 2 No Number, use(s)
To Be Completed by Physician/Medical	F 2 2 2	disease or condition resulting In death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest Pert II. Other significant convex aminer? 1 Yes	nding estigetion uld not be ermined	b	Due to Due to	o (or es e conse	equence of): undartying comparts and and and and and and and and and and	DA Oth DA Oth Wor 1 7, offica et tha tirn, in my o	26. Place ner: 4 1 Nu y et Yes 2 □ I	of Deat	23b. Did 1 24e. Wa perf 1 A Check only me 5 Res 28d. Describe 28f. Location City or To end due to the time	I tobacco use Yes 25 No s an autopsy ormed? Yes 2 Z No ona) Idenca 6 0 how Injury oc (Street and No wm, State)	24b. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	to the canobably Wera eutovallabla promplation of deeth? I Yes bify) wel Route steted, to the cer	use of death 4 Unknown posy findings prior to n of cause 2 No Number, use(s)
pletely filled in by the funeral director, page 2 should be detached for use as the but edical Certification: To Be Completed by Physician/Medical	F 2 2 2	disease or condition resulting In death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest Pert II. Other significant convex aminer? 1 Yes	nding estigetion uld not be ermined	b	Due to Due to	o (or es e conse	equence of): undartying comparts and and and and and and and and and and	DA Oth DA Oth Wor 1 7, offica et tha tirn, in my o	26. Place ner: 4 1 Nu y et k? Yes 2 □ I	of Deat	23b. Did 1 24e. Wa perf 1 A Check only me 5 Res 28d. Describe 28f. Location City or To end due to the time	I tobacco use Yes 25 No s an autopsy ormed? Yes 2 Z No ona) Idenca 6 0 how Injury oc (Street and No wm, State)	24b. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	to the canobably Wera eutovallabla promplation of deeth? I Yes bify) wel Route steted, to the cer	use of death 4 Unknown posy findings prior to n of cause 2 No Number, use(s)
orector, page 2 should be detached for use as the but to Be Completed by Physician/Medical	2 2	disease or condition resulting In death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initialed events resulting In deeth) Lest Pert II. Other significant conditions. Pert II.	nding estigetion uld not be termined litying Phycal Exam	b	Due to Due to	o (or es e conse	ent 3 DC of M treet, factory th occurred onvestigation,	Pausa given ausa given	26. Place ner: 4 🔯 Nu ry et rk? Yes 2 🗆 I	of Deat rsing Ho No	23b. Did 1	I tobacco use I Yes 25 No s an autopsy ormed? Yes 2 No ona) Idenca 6 Chow Injury occ (Street and Nuwn, State) c ceuse(s) and dete and place 29d. Date sig	24b. 1 24	to the carobably Wera eutorivaliable prompletion of deeth? I U Yes prel Route to the cer to the cer to pey, Yes	use of death 4 Unknown posy findings prior to n of cause 2 No Number, use(s)
orector, page 2 should be detached for use as the but to Be Completed by Physician/Medical	2 2	disease or condition resulting In death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initialed events resulting In deeth) Lest Pert II. Other significant conditions. 25. Wes case raferred to medexaminer? 1	nding estigetion uld not be termined litying Phycal Exam	b	Due to Due to	o (or es e conse	ent 3 DC of M treet, factory th occurred onvestigation,	Pausa given ausa given	26. Place ner: 4 🔯 Nu ry et rk? Yes 2 🗆 I	of Deat rsing Ho No	23b. Did 1	I tobacco use I Yes 25 No s an autopsy ormed? Yes 2 No ona) Idenca 6 Chow Injury occ (Street and Nuwn, State) c ceuse(s) and dete and place 29d. Date sig	24b. 1 24	to the carobably Wera eutorivaliable prompletion of deeth? I U Yes prel Route to the cer to the cer to pey, Yes	use of death 4 Unknown posy findings prior to n of cause 2 No Number, use(s)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 13, 1997 Flaine Α. Bellin 12:30 PM December /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Rockville Collingswood Nursing Center Montgomery Hours Min. 8. Date of Birth (Month, Day, year November 20, 5. Social Security Number If Under 1 Year 9. Birthplace (State or Foreign Country) WISCONSIN 7. Age (In yrs. last birthday) **Funeral** 1 M 2 XF Months Days 398-01-2094 78 Yrs 1919 Director Usual Residence of Dacedent 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or frams 23a or 28a-f show traumatic event, the Medical Examines must be notified at 28a-f show 1 Yes 2 No Montgomery Directo Maryland Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 299 Hurley Avenue 20850 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Detes: 11. Marltai Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - Americen Indian, Black, White, etc. Pages 1 end 2 should be filed within 72 hours efter 1 Never Married 2 Married 1 Yes 2 No Specify. þ Widowed 4 □ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be h end Mental I Rose Marie DeGroot Frank Turek 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health e Important: If Item 27 is any Injury or other trains Neil James Devroy 1617 Baycrest Trail, Heath, Texas 75087 (son) 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Allouez Catholic Cemetery 12-19-97 Allouez, Wisconsin 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Schauer & Schumacher Funeral Home a 340 Monroe Avenue, Green Bay, Wisconsin 54301 0 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset end Deeth **Physician** /Medicai Immediata Causa (Final disease or condition rasulting in death) Sepsis 72 hours Examiner Due to (or as a consequence of): Examiner Chronic Obstructive Pulmonary Disease 5 months Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last and the buriel-tran Due to (or as a consequence of): ettending physician for use es the burie Physician/Medical Due to (or as a consequence of). been signed by the e should be deteched t Part II. Other eignificant conditione contributing to deeth but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Completed by 24b. Wera autopsy findings evallable prior to completion of cause of death? 24a. Was an autopsy performed? has 1 Yes 2 No this certificate 1 Yes 2 (No funeral director, 25. Was cese rafarred to medicel examinar? Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Medical Certification: 28a. Data of injury (Month, Day Year) 28c. injury at Work? 28d. Describe how injury occurred After 5 Pending Investigation 1 Naturai 1 Yes 2 No death 2 Accident after death Director: / filled in by the 3 Suicide 6 Could not be datermined 28e. Place of injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida within 24 hours a
To the Funeral D
completely filled 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier 29b. Signature and title of certifie 29c. License numbe 29d. Date signed (Month, Day, Year) 12 death (Item 23a) (Type, Psint) 309 20902

State Registrar

DHMH 16 Rev 6/95

Attending Physician: The law requires that the death certificate be executed

ò

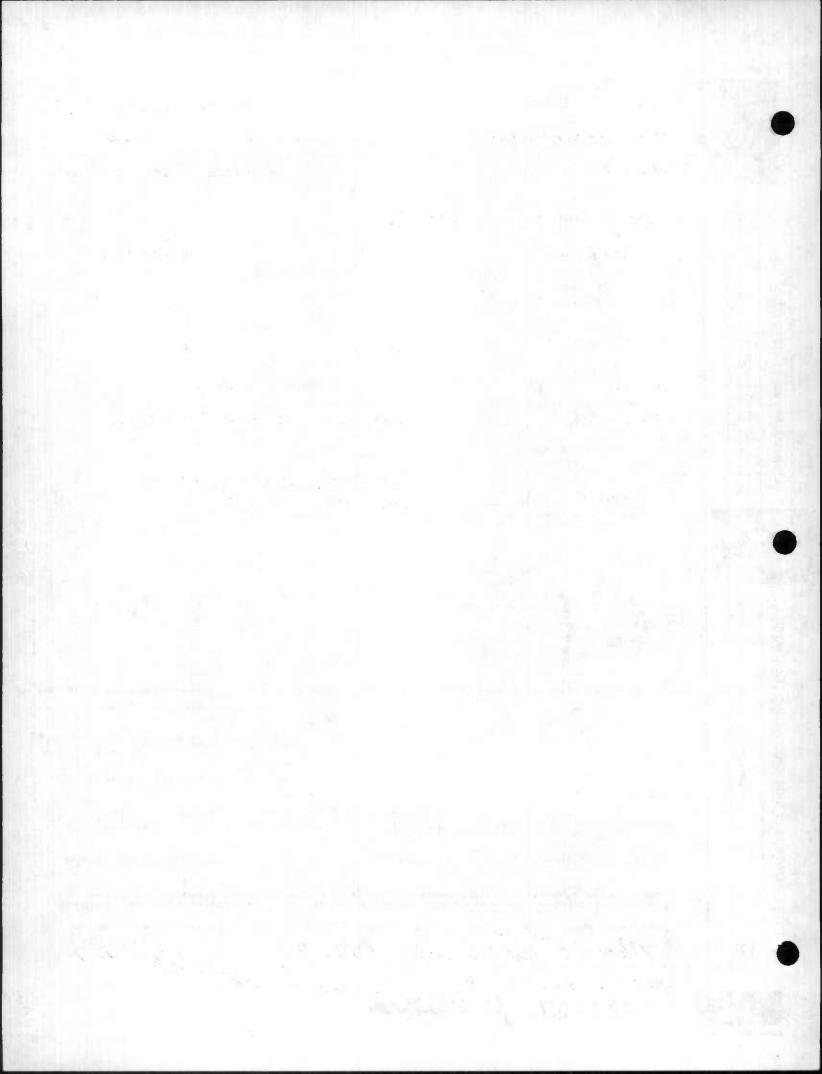
the Hospital

Division of Vital Records, P.O. Box 68760.

with the Maryland

death v

Baltimore, Maryland 21215-0020



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 3 Time of Deeth **Physician** Rucuser 12:29 PM 17 199 /Medical 4e. Facility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth ADVENTIST HOSPITAL SHADY GROVE ROCKVILLE M If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year) MONTGOMERY

9. Birthplece (State or Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) **Funeral** 1 □ M 2 □ F Months Deys 719-16-3724 Director 74 May 20, 1923 South Carolina Usual Residence of Decedent deeth with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3626 Chorley Woods Way 20906 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 [XYes 2 □ No If Yes, Give Yeer or Detes: WWT] Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 72 hours efter 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced WWII White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages I and 2 should be filled within Department of Health end Mental Hygiene. Important: If Item 27 is marked other than any Injury or other trainment. Elementery/Secondery (0-12) College (1-4or 5+) Illustrator Federal Government 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 2 Hayward C. Bennett Blanche Rosa Bell 19e. Interment's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Helen L. Bennett (wife) 3626 Chorley Woods Way, Silver Spring, MD 20906 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 1₺ Burlal 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Parklawn Memorial Park 12/20/97 Rockville, MD 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd. West Silver Spring, MD 20901 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Interval Between **Physician** Immediate Cause (Final disease or condition resulting In deeth) /Medical Examiner Examiner Oron bunef-trensit Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting In deeth) Lest Due to (or es a consequence of): P.O. Box 68760. physician Physician/Medical tha Due to (or es e consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, by 2 24b. Were autopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy certificate hes 1 ☐ Yes 2 No 1 ☐ Yes 2 XNo Division of Vital Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) 1 ☐ Inpatient 2 ☐ POA Other: 4 Nursing Home 5 Residence 8 Other (Specify) To Yes 2□ No After this 27. Menner of Death 28e. Dete of Injury (Month, Day Year) To the Hospital or Attending Privitin 24 hours after death.

To the Funeral Director: After the completely filled in by the funere Medical Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end menner steted. 29a. Certifier (Check only one)

15

State Registrar

31. Date filed (Month

29b. Signature end title of certifier

9901 Medical 32. Registrer's Signeture wha Davidson

51980

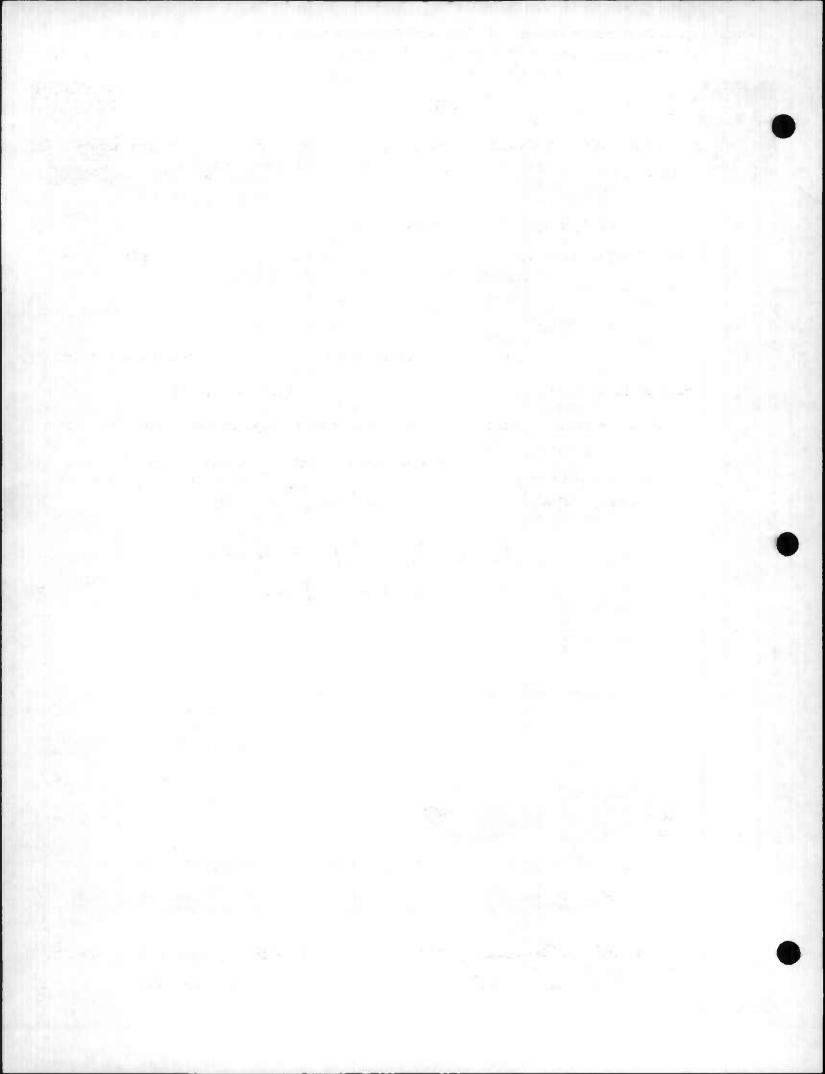
29c. License number

29d. Date signed (Month, Dey, Year)

Cooler price Rockville md

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DHMH 16 Ray 6/95



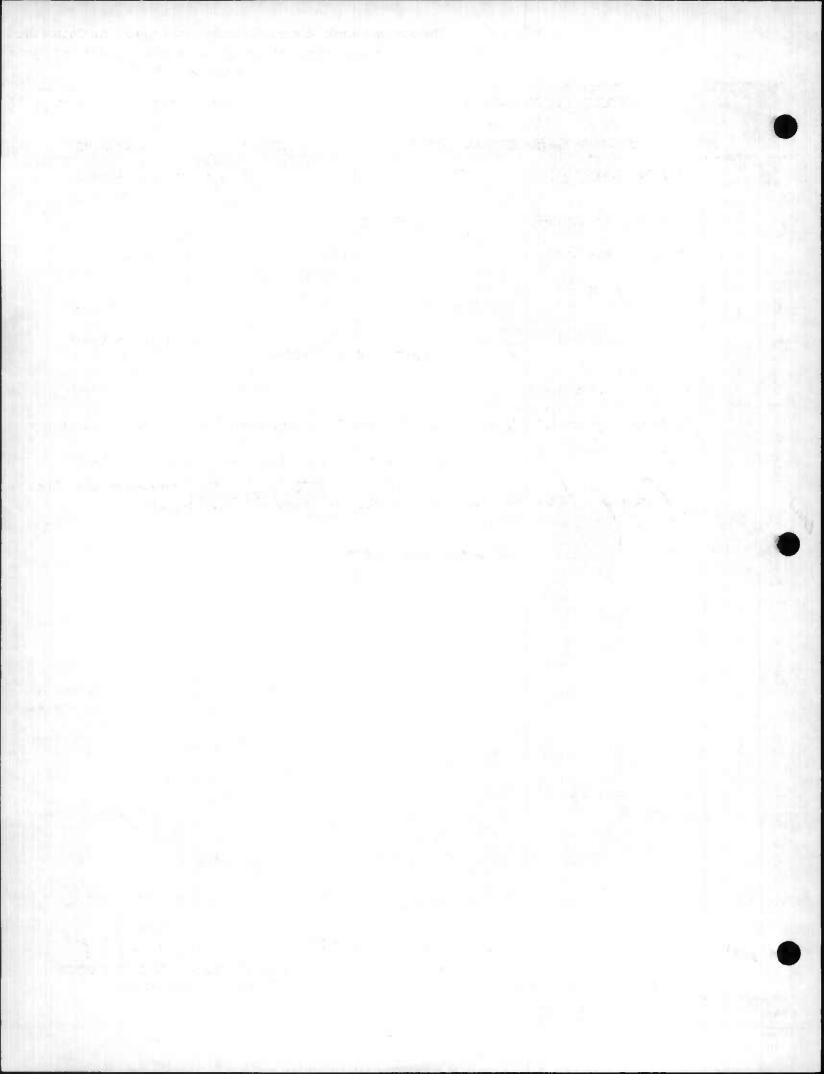
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** MEC 11 1997 WILLIAM GLYNN BRANSFORD 8:23 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** BETHESDA

If Under 1 Year | If Under 24 Hrs. 8. Data of Birth
Months | Days | Hours | Min. | (Month, Day, Year) NATIONAL NAVAL MEDICAL CENTER MONTGOMERY 5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthday) **Funeral** Birthpiaca (Stata or Foreign Country) Months 1 M 2 □ F Yrs. 69 Director 257-36-5504 Jan. 9, 1928 Georgia Usuai Rasidence of Dacedant the Manylend 10a. Steta 10b. County 10c. City. Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f show Examiner must be notified at Director 1 Yas 2₺ No Maryland | Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4304 Federal Street 20853 United States Peges 1 and 2 should be filed within 72 hours efter death a sent of Health and Mental Hygiene.
Int: If item 27 is marked other than "natural", or items 23, may or other traumatic event, the Ned cell Essay or other Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Datas:1945—1969 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: Completed by 3 Widowed 4 Divorced White 15. Decedant's Education (Specify only highest greda complated) 18a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Montgomery County Elamantary/Secondary (0-12) Collaga (1-4or 5+) Registered Sanitarian Government 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumema) Be Jewel Newman Charles L. Bransford 19a. Informent's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Katherine R. Bransford/Wife 4304 Federal Street, Rockville, Maryland 20853 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cremetory or other placa) Data 20c. Location - City or Town, Stata permit. Peges
Department of
Important: If it
any injury or o 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State Boyds Cemetery 4 Donation 5 Other (Specify) Dec. 16, 1997 Boyds, Maryland Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue Rockville, Maryland 20850-2805 21. Signature of Funaral Sarvice Licenses an M00198 our Part I. Entar thy disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head failure. List only one cause on each line. Approximata Intarval Batween Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in daath) END STAGE LUNG CANCER Examiner Dua to (or as a consequenca of): Physician/Medical Examiner ician and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Ceuse (Disease or injury that initiated avants rasulting in daath) Last Dua to (or as a consequenca of): Box 68760, physician the buria Dua to (or as a consequence of) 98 esn. ō signed by the a P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Wara autopsy findings available prior to page 2 should Completed 24a. Was an autopsy parformed? completion of cause of death? certificate has 1 Yes 2K No 1 ☐ Yas 2 ☐ No Division of Vital Be 25. Was casa rafarred to madical exeminar? 26. Place of Deeth (Check only ona) Hospital: 1 ₺ Inpatient 2 □ ER/Outpatient 3 □ DOA Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 10 funeral 28e. Deta of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how Injury occurred Certification: After Attending 1 Netural 5 Pending investigation death. 1 ☐ Yas 2 ☐ No after death Director: the 2 Accident 6 Could not be detarmined 3 Suicida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) filled in by 4 Homicida 8 24 hours 8 Hospital 1 Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as steted.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier Medical completely (Check only one) within 2 29d. Data signed (Moeth, Day, Year) 29b. Signature and title of certifie 29c. Licensa number D-50274 2041 9 who completed cause of death (Hey 23a) (Typa, Print) NATIONAL NAVAL MEDICAL CENTER A.J.COSTE, LT, MC, USN BETHESDA MD 20889-5600 31. Date filed (Month, Day, Year) 32. Ragistrar's Signature State Sulia Devide **DEC 17** Registrar

DHMH 16 Rev 6/95



ysician ledical aminer eral ctor	Decedent's Nar Aa. Facility Neme	ne (First, Middle								Reg. f	10.		
ledical aminer eral ctor	4a. Facility Neme		e, Last)						2. Date Mont	of Death	Day	Year	3. Tima of Deal
eral ctor	4a. Facility Neme	JACK	GATES	S B	BACON				DEC			97	7:20 P
ctor		(If not institution	, give street and i	number)			4b. C	city, Town,	or Location of		c. County		
ctor	1310	03 A SI	HADYSIDE	LA.			GE	RMAN	TOWN		MONT	GOME	RY
ctor	5. Sociel Security		6. Sex		. last birthday)	If Under 1	ear if	Under 24 I		of Birth th, Dey, Yea	The same of the same	9. Birtho	place (State or For
etor	307-03-	-9426	1□XM 2□ F	82	Yrs.	Months D	ays F	lours 1		H 20,		Coun	DIANA
octor	Usual Residence	7							1 - 40 - 40 - 50	11_10			
ctol	10a. State	10b. County		10c. Ci	ity, Town or Lo	cation						1	0d. inside City Lin
5 X	MD.	MONTO	GOMERY		GEI	RMANTO	W						1⊠Yea 2□
1 5	10e. Street end No	umber				10f. Zip Co	de			10g. (Citizen of V	Vhat Coun	ntry?
	1310	O3 A SI	HADYSIDE	LA.			2087	74			II.	S.A.	
Funeral	11. Maritei Status		12. Wes De	ecedent Ever in L Forces?	J,S. 13. V	Vas Deceden			(Specify Yes uerto Rican, et	or No-	14. Rec	e - Americ	
	1 Never Mar	ried 2 Marr	ied 1 🔀 Yes	2 □ No		_			uerto nicari, et	u.)		k, White,	etc.
by	3 D Widowed	4 Divorced	If Yes, o	Dates: WWII		I□Yes 2💢	NO S	pecify:			Specify	" WI	HIVVE
Completed	/5==	15. Decadent	's Education	-11	16a. Deced	lent's Usuai C	ccupation	1	adda	16b.	Kind of Bu	usiness/Ind	dustry
ple	Elementary/Sec		t grede complete	(1-4or 5+)	life. L	kind of work of OO NOT use i	etired)	g most or	working				
0		, (0 12)	6	2	ELEC	CTRONIC	ENG	TNEE	R		ARME	D FO	RCES
Be	17. Father's Name	(First, Middle,	Last)				18.	Mother's	Name (First, A	fiddle, Maid	en Sumam	ie)	
To Be C	CHA	ARLES	В.	BACON					ADELIN	12	GA	TES	
	19a. Informant's N	lame/Relations	nip (Type, Print)	J. 140	19b. Mailin	g Address (S	treet and	Number o	r Rural Route I	Vumber, City			Code)
	ELEANO	OR M. BA	ACON/WIFE	7	SI	AME AS	יד צ	EM #	# 10				
and and and and and and and and and and	20a. Method of Dis			20b.	Place of Dispos	sition (Name	of		Date	20c.	Location -	City or To	wn, State
5			3 Removai from	m State	cemetery, crem			COTTO A	30/00	100			
	21. Signature of F	5 Other (S)		A	RLINGTO				12/22	197	ARLIN	GTON	, VA.
ouce.	1/1/	nlind	aconsed .	1	22	. Name end A	aaress o	Pacility					
- u	14.7	cha	Mercy	MOO MOO	-	LAMBERS	FUN	ERAL	HOMES,	P.A.,	RIVER	DALE	, MD. 20'
	23e. Pert1. Enter shock, or her	the disease, or art failure. List	complications tha	t caused the dear	th. Do not ente	er the mode o	f dying, si	uch as cer	diac or respira	tory arrest,			Approximate interval Batwee
ian				,					A			į	Onset and Dea
cai	Immediate Cause disease or conditi	(Final	6	and.	200	101	+a	for	5 /	wy	os L		
ner	resulting in death)		a	and Dye to (or as a conseq	uence of):		1					
Je J			1	1 elle	chai	6	6	2 -	01.11	-	0		
Examiner	Sequentially list or	onditions	b		or as a consed			4	Corci	m			
	Sequentially list co if eny, leading to in ceuse. Enter Und Cause (Disease o	mmediate erlying											
Medical	THE CHILINGS GABLIC	S	с	Due to (c	or as a consequ	neuce of):				_			
8	resulting in deeth)	Lest		, , , , ,								i	
			d										
Physician	Part II Other signi	Mant and this		death hut and according	him = In Ab	ded to a con-	t t -	Dist	001	Didastas			Abo souss of d
hys	Part II. Other eigni	meant conditio	ns contributing to	death but not res	sulling in the ur	idenying ceus	e given ir	Part.	230		_		the cause of d
<u>a</u>										1 Yes	2LJ No	3 ☐ Prof	bably 4 1 Uni
leted by Physicia									240	Was an au	tonev	24b. W	ere autopsy findi
Completed									2.74	performed'	?	ave	aliable prior to mpietion of caus
Idm												of	death?
Com										1 🗆 Yes	2 🕅 No	1 [☐Yes 2☐ No
	25. Was cese refe examiner?	rred to medical					26	. Piace of	Death (Check	only one)			
	1 ☐ Yes 2 🔀	No	Hospitai:	inpatient 2	ER/Outpatien	t 3D DOA	Other:	4 Nursin	g Home 5 💢	Residence	6 □Othe	er (Specify	y)
ro Be	27. Manner of Death 28a. Date of Injury 28b. Time of Injury Work?							28d. Des	cribe how in	jury occurr	red		
To Be	D 1												
ro Be	2 LJ Accident	6 ☐ Could r determi	ned 286. Pla	ce of Injury - At h	ome, farm, stre	et, factory, of	fice			tion (Street or Town, St		er or Rura	I Route Number
To Be	3 Suicide	4 Homicide building, etc. (Specify)							City	or rown, se	210)		
ro Be		29a. Certifier 10 Certifying Physician: To the best of my knowledge death occurred at the time, date and place								o the cause	(s) and ma	inner as al	tated.
Certification: To Be	3 ☐ Suicide 4 ☐ Homicide 29a. Certifier	1 X Cortifying	29a. Certifier (Check only one) 29a. Medical Examiner: On the best of my knowledge, death occurred at the time, date and plate of examination and/or investigation, in my opinion, death occurred at the time, date and plate of examination and/or investigation, in my opinion, death occurred at the time, date and plate of examination and/or investigation, in my opinion, death occurred at the time, date and plate of examination and/or investigation, in my opinion, death occurred at the time, date and plate of examination and/or investigation, in my opinion, death occurred at the time, date and plate of examination and/or investigation, in my opinion, death occurred at the time, date and plate of examination and/or investigation, in my opinion, death occurred at the time, date and plate of examination and/or investigation, in my opinion, death occurred at the time, date and plate of examination and/or investigation, in my opinion, death occurred at the time, date and plate of examination and/or investigation, in my opinion, death occurred at the time, date and plate of examiner.							time, date a	ind place, a	and due to	the ceuse(s)
Certification: To Be	3 ☐ Suicide 4 ☐ Homicide 29a. Certifier	1 Certifying	and ma	tririer stateu.									
ro Be	3 ☐ Suicide 4 ☐ Homicide 29a. Certifier (Check only	2 Medical I	and ma	inner stated.		29c. Li	cense nu	mber		29d. [Date signed	d (Month,	Day, Year)
ro Be	3 Suicide 4 Homicide 29a. Certifier (Check only one)	2 Medical I	and ma	A stated.	Mar /	29c. Li			DE	29d. [Date signed	d (Month,	Day, Year)
edical Certification: To Be	3 Sulcide 4 Homicide 29a. Certifier (Check only one) 29b. Signeture and	2 Medical E	(. Ko	buy	_ m	2 8		mber 22	05	29d. [Date signed	(Month,	Day, Year)
ro Be	3 Suicide 4 Homicide 29a. Certifier (Check only one)	2 Medical E	and ma	dung use of death (Iter		Print)	Z	92			12/	115	197
edicai Certification: To Be	3 Sulcide 4 Homicide 29a. Certifier (Check only one) 29b. Signeture and	2 Medical E	(. Ko	dung use of death (Iter	/W/ m 23a) (Type, 1 7715	Print)	Z	92	05		12/	115	197

ADDES SEEM LINES

STATE STATE

A DE LEGIS CONTRACTOR OF MALES

les des region yet alles

miles miles ...

Appen Automotive Automotive August

2170

ALIE IN THE STATE OF

STATE OF THE STATE

The state of the second

- W (TERRITOR OF ANTERIOR DESCRIPTION OF A STATE OF A S

		D G-757 3/4		, dii	T		Ce	rtificate	of	Death			Rag. No.	1 3	94	6/
Physicia /Medica		1. Decedent's Nen	ne (First, Middle Carrie	, Last)	Lee		Ва	rker				2. Dete of De Month Decemb	Dey	Year 1997		ne of Deeth
Examine		4e. Fecility Neme	(If not institution,	give street and no	umber)					4b. City, Tow	m, or Lo	cation of Deet	h 4c. Cou	nty of Deetl	h	
		19725 Me	redith I	rive						Derwo	od		Mont	gomer	y Cou	inty
Funeral Director		5. Social Security I 244-34-52	295	6. Sex 1 ☐ M 2 ☑ F		e (In yrs. las 71	st birthday) Yrs.	If Under 1 Months	Year Deys	If Under 2	Min.	8. Date of Bir (Month, Da May 1,	th ly, Year)	9. Birth	nplece (St untry)	ate or Foreign
Maryland I show	tor	Usual Residence of 10e. Stete Maryland	10b. County	mery Cour	nty	10c. City,	Town or Lo	ocation Damascus				10				de City Limits
th with the Maryla 23s or 28s-f shor	ai Director	10e. Street end Nu 19725 Met		Orive 9324	Gue	Road		10f. Zip 0		55 2087:	2	10g. Citizen of Whet Country? United States of America				
urs e	by Funeral	11. Maritel Stetus 1 □ Never Men 3 ◯ Widowed	Ever in U,S. No		13. Was Decadent of Hispenic Origin? (Specify Yes or No- If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - Bleck,¹ 1 □ Yes 2 No Specify:					Raca - Amer Bleck, White		n,				
72 hours natural',	eted	3							of workir	20	16b. Kind o	Business/I	ndustry			
Hed within Hygiane. other than ent, the Me	Completed	Elementery/Sec		(1-4or 5	+)		DO NOT use nemake n		od)			Own H	ome			
d oth	To Be	17. Fether's Name John Mari								(First, Middle yan Ma		ame)				
end end sum		19e. Informent's N Nancy B.		lp (Type, Print) /daught	er							ural Route Number, City or Town, State, Zip Code) Derwood, Maryland 20855				5
00-		20e. Method of Dis 1 XBuriel 2 4 ☐ Donation		3 Removei from				osition (Name metory or oth Cemeter		ice)	De 16	cember , 1997	20c. Location Sanf	ord,		
permit. Pag Department Important: I any injury o		21. Signeture of Fi	unerai Service L	Cous	0069						uner	al Hom				
hysician		23e. Pert1, Enter is shock, or hee		complications that only one cause on	caused eech lin	tha deeth.										imate I Between and Death
/Medicai xaminer		Immediate Ceuse diseese or condition resulting in deeth)	on	e. Ura	icha	1 Can	cer								8 Mor	iths
	Jer				1	Due to (or e	es e consec	quenca of):								
hysicien end the buriel-transit	il Examiner									1						
requires thet the death certificate be executed een signed by the ettending physician and hould be detached for use as the burial-transit	Physician/Medical	thet initieted events resulting in deeth) Last Due to (or es e consequence of): d.														
uires thet the death signed by the etter	ysicia	Pert II. Other signi	ificent condition	ns contributing to c	leath bu	ut not resuiti	ng in the u	nderlying cau	ıse gir	ven in Part I.			tobacco use			
ned b	by Pt											10	Yas 2 N	0 3□Pr	obably	4 Unknow
v requiras been sig should b	ieted b											24a. Wes	en eutopsy rmed?	6	Vere auto	psy findings rior to of cause

24b. Were autopsy findings eveileble prior to completion of cause of death? 1 ☐ Yes 2 🛣 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home And Residence 6 MOther (Specify residence 1 ☐ Yes 2 № No 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of fnjury 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and manner as steted.

Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date end pleca, and due to the cause(s) end manner stated. (Check only one) 29b. Signature and little of certifier 29c. License number

D32407

30. Neme end address of person who completed cause of deglin from 235 (Type, Print)

Joseph M. Haggerty, M.D. 9707 Medical Center Drive, Rockville, Maryland 20850 31. Dete filed (Month, Day, Year)

State Registrar



DHMH 16 Rev 6/95

To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun 10

or Attending Physician: The la

this

After

Be

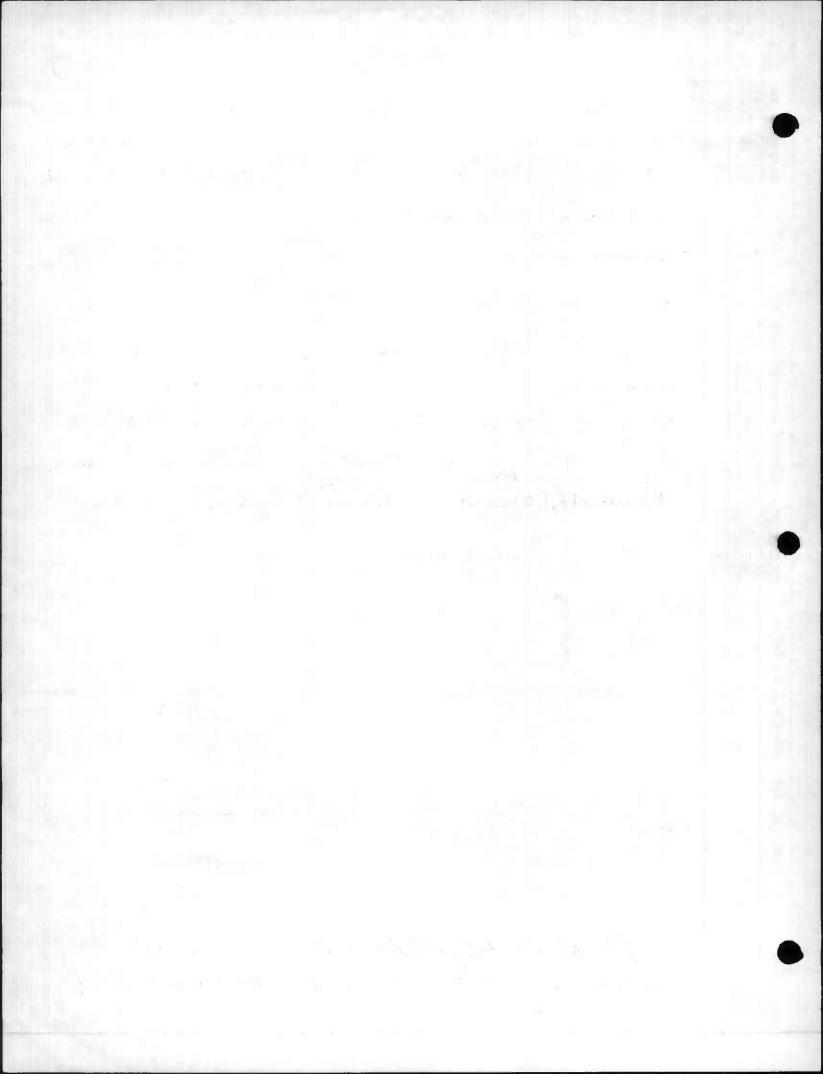
10

Medicai

Division of Vital

December 17, 1997

29d. Dete signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 7

Dharata		s: 23 part I,27,28a-f per MEO G-755 1/2/98 Certificate of Death 1. Decedent's Nema (First, Middle, Lest)						2. Date of D Month	2. Date of Deeth Month Day Yee		3. Time of Deat		
Physic /Medi		T7 1 ! + 1								DECEMBER 11, 1997		9:45PM	
Exami		4a. Facility Nama (If not institution, giva streat and number)						4b. City, Town, or	Location of Dee	th 4c. Count	y of Death		
		11104 POST HOUSE COURT POTOMAC MONTGO								SOMER:	Y.		
Funeral Director		049-32-5851	3. Sex 7. A 1 M 2 F				r 1 Yaar Deys	If Under 24 Hrs Hours Min	8. Date of Birth (Month, Dey, Yeer) Nov. 13,1942		9. Births Cour Sout	pleca (Stata or Forentry) h Carolir	
death certificate be executed be permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland bepertment of Health end Marital Hygiane. a attending physician end a permit be not been traumatic event, to them 23e or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury or other traumatic event, to them 2 as or 28e-1 show eny injury end as or 28e-1 show eny injury end as or 28e-1 show eny injury end as or 28e-1 show eny injury end as or 28e-1 show eny injury end as or 28e-1 show end a		Usual Residence of Decedent 10a. State 10b. County		10c. Ci	tv. Town o	or Location						10d. Inside City Lin	
	Director	Maryland Montgon	nery		otoma							1 □ Yes 2♥	
	ai Dire	10e. Street end Number 11104 Post House Ct. 10f. Zlp Code 20854 United S											
	Completed by Funeral	11. Marital Status 1 Nevar Marriad 2 Marrie 3 Widowad 4 Divorced	12. Was Deceden Armed Forces d 1 Yas 2 If Yes, Give Year or Dates	? No	J,S.	13. Was Decedent of Hispenic Origin If Yas, specify Cuban, Mexican, F			Specify Yes or N to Rican, etc.)	Bi	14. Race - American Indian, Bleck, White, etc. Specify: White		
		15. Decedent's (Specify only highest	Education		16e. D	ecedent's Usu	al Occup	petion during most of wa	rkina	16b. Kind of I	Business/In	dustry	
		Elementery/Secondary (0-12)	College (1-4or	5+)				during most of wo		II S D	ant (of Labor	
		17. Fether's Neme (First, Middle, La	5 + nst)					1		e, Maiden Sume		JI Labor	
	To Be	Roy Barnett						Margaret Davidson					
		19a. Informant's Neme/Relationship	p (Type, Print)		19b. N	Meiling Address	s (Stree	t end Number or R	ural Route Num	ber, City or Tow	n, State, Zip	Code)	
		Vincent Treacy 20a. Method of Disposition			Plece of D	4 Post	me of	se Ct.,	Potomac Data	Maryla 20c. Location	nd 2	20854 own, Stete	
		1 ☐ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (5)							12-15-9	Alexar	dria	Virgini	
		21. Signature of Juneral Service Li						ess of Fecility		11203861	iai ia ,	VIIGIII	
	n/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Lest b. Due to (or as a consequence of): c. Due to (or es a consequence of): d											
ed by the attendir deteched for use	Physician/	Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								23b. Did tobacco use contribute to the cause of deet			
5.8	by								Yes 2□ No				
	eted								24a. Wa	s an autopsy formad?	ev	ere autopsy findin reilabla prior to empletion of causa death?	
2 S S	6								X	Yes 2□No	P	Yes 2□ No	
2 S S	Completed						100		ath (Check only	one)			
2 s b	Be	25. Wes cese referred to medical examiner?	He a site!				I Ot	her: 4 Nursing I	dama eVVb	sidence 8 DO		(y)	
S S S	To Be	examiner? 1X Yes 2 No	Hospitel: 1 Inpat		ER/Outp		JA		1				
as 2 s s	To Be	examiner? 1X Yes 2 No 27. Menner of Deeth 1 Natural 5 Pending	28e. Date of In (Month, D	ury ey Yeer)	28b. Tin Inju	me of ury	28c. Inju Wo	ry et ork?	28d. Describe	how Injury occu			
ning rnysicien: the law n. Affer this certificate has b funeral director, pege 2 s	To Be	examiner? 1)X Yes 2 No 27. Menner of Deeth 1 Natural 5 Pending 2 Accident investiga 3 XX Sulcide 6 Could no	28e. Date of Ing (Month, D	ury ey Yeer)	28b. Tin Inju Unkno	me of ury M	28c. Inju Wo	ry et irk?] Yes 2 XX No	28d. Describe	ingested	drugs	ol Route Number	
fing Physician: The law n. n. After this certificate has b funeral director, pege 2 s	To Be	examiner? 1\(\text{Yes} \) 2 \(\text{No} \) 27. Menner of Deeth 1 \(\text{Natural} \) 85 \(\text{Pending} \) 2 \(\text{Accident} \) investiga	28e. Date of In (Month, D) 12/11/97 28e. Piece of Ir building, e	ury ey Yeer)	28b. Tin Inju Unkno	me of ury M	28c. Inju Wo	ry et irk?] Yes 2 XX No	28d. Describe	ingested (Street end Num own, Stete) 11	drugs beror Run 104 Pos	el Route Number, t House Ct	
ning rnysicien: the law n. Affer this certificate has b funeral director, pege 2 s	Certification: To Be	examiner? 1\(\) Yes 2 \ No \\ 27. Menner of Deeth 1 \ \) Natural 2 \ \) Accident 3 \(\) Sulcide 4 \ \) Homicide 29a. Cerl 1 \ \) Certifying (Chapter of L) Chapter 2\(\) Medical Ex	28e Date of In (Month, D) tion t ba ed 12/11/97 28e Plece of Ir building, e Home Physician: To the basis taminer: On the basis	ury ey Yeer) njury - At h etc. (Specif	28b. Tin Inju Unkno ome, ferrify)	ne of ury DWN M n, street, factor	28c. Inju Wo	ny et ork? Yes 2XXNo	Subject 28f. Location City or To	ingested (Street end Num own, Stete) 111 Potomac, e cause(s) and n	drugs beror Run 104 Pos Md.	iteted.	
After this certificate has b funeral director, pege 2 s	To Be	examiner? 1\(\) Yes 2 \ No \) 27. Menner of Deeth 1 \ \) Natural 2 \ \) Accident 3 \(\) \(\) Sulcide 4 \ \) Homicide 29a. Cerl (Ch. one) 2\(\) Medical Ex	28e. Date of In (Month, D) tion t ba ed 28e. Plece of Ir building. E Home Physician: To the besi	ury ey Yeer) njury - At h etc. (Specif	28b. Tin Inju Unkno ome, ferrify)	ne of ury M DWN M n, street, factor deeth occurred or Investigetion	28c. Inju Wo 1 y, office at the ti n, in my o	me, dete end place	Subject 28f. Location City or To	ingested (Street end Num own, State) 111 Potomac, e cause(s) and n	drugs ber or Run 104 Pos Md. nenner as a	ateted. o the ceuse(s)	
in a 4 hours after death. the Funeral Director: After this certificate has b notestay filled in by the funeral director, pege 2 s	edicai Certification: To Be	examiner? 1\(\) Yes 2 \ No \\ 27. Menner of Deeth 1 \ \) Natural 2 \ \) Accident 3 \(\) Sulcide 4 \ \) Homicide 29a. Cerl 1 \ \) Certifying (Chapter of L) Chapter 2\(\) Medical Ex	28e Date of In (Month, D) tion t ba ed 12/11/97 28e Plece of Ir building, e Home Physician: To the basis taminer: On the basis	ury ey Yeer) njury - At h etc. (Specif	28b. Tin Inju Unkno ome, ferrify)	ne of ury M DWN M n, street, factor deeth occurred or Investigetion	28c. Inju Wo 1 y, office at the ti n, in my o	me, dete end place	Subject 28f. Location City or To	ingested (Street end Num own, Stete) 11 Potomac, e cause(s) and n d, date end plece	drugs aber or Rum 104 Pos Md. henner as a h, and due to	Dey, Yeer)	
ing Physician: The law n. After this certificate has b funeral director, pege 2 s	edicai Certification: To Be	examiner? 1\(\) Yes 2 \ No 27. Menner of Deeth 1 \ \) Natural 2 \ \) Accident 3 \(\) Sulcide 4 \ \) Homicide 29a. Cerl (Chips on one) 27. Mender of Deeth 1 \ \) Certifying 27. Madical Examples of the certifier	28e Date of In (Month, D) tion t ba ed 12/11/97 28e Plece of Ir building, e Home Physician: To the basis taminer: On the basis	njury - At hote. (Specific examines to f my knoor examines tated.	28b. Tin Inju Unkno ome, ferr fy) owledge, c	me of ury M DWN M n, street, factor deeth occurred or Investigation 29	28c. Inju Wo 1 y, office at the ti n, in my o	me, dete end place	Subject 28f. Location City or To	ingested (Street end Num own, Stete) 11 Potomac, e cause(s) and n d, date end plece	drugs aber or Rum 104 Pos Md. henner as a h, and due to	ateted. the ceuse(s)	
To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has b completely filled in by the funeral director, pege 2 s	edicai Certification: To Be	examiner? 1\(\) Yes 2 \ No 27. Menner of Deeth 1 \ \) Natural 2 \ \) Accident 3 \(\) Sulcide 4 \ \) Homicide 29a. Cerl (Chips on one) 27. Mender of Deeth 1 \ \) Certifying 27. Madical Examples of the certifier	28e. Date of In (Month, D) 12/11/97 28e. Plece of Ir building. e Home Physician: To the basis. end manner s	niyuy - At h Niyuy - At h No. (Specific of my kno of examine tated.	28b. Tin Inju Unkno oome, ferm fy) owledge, c otion end/o	me of ury M DWN M n, street, factor deeth occurred or Investigetion 29: ype, Print)	28c. Inju 28c. Inju Wo 1 y, office at the ti , in my c. Lican:	me, dete end place	Subject Subject 28f. Location City or To	ingested ingested (Street end Num own, Stete) 11: Potomac, e cause(s) and not date end plece 29d. Date sign	drugs aber or Rure 104 Pos Md. menner as a ,, and due to ed (Month, BER 12	oteted. o the ceuse(s) Dey, Yeer)	

DHMH 16 Rav 6/95

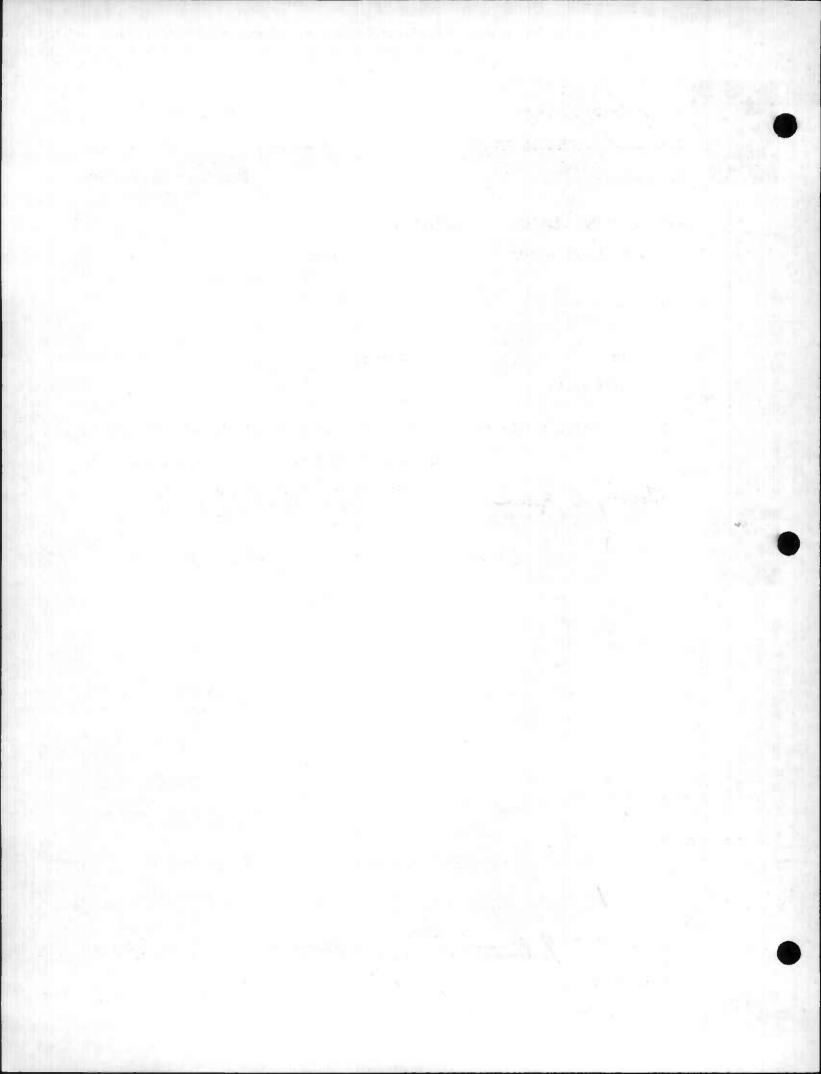


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth Month **Physician** BEATRICE A. BROWN /Medical 4b. City, Town, or Location of Deeth 4c. (1723 4e. Fecility Name (If not institution, give street end number) 4c. County of Deeth **Examiner** ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS
If Under 1 Yeer If Under 24 Hrs. ANNE ARUNDEL 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) Funera! Deys 1 M 2 XF Months Hours Yrs. Director 220-30-4417 85 FEB. 2 1912 ALABAMA Usual Residence of Decedent the Merylend 10e. State 10h County 10c. City, Town or Location 10d. Inside City Limits me 23a or 28a-f show 1 X Yes 2 No Director MARYLAND ANNE ARUNDEL ANNAPOLIS 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after deeth with 809 CARROLLTON AVENUE 21401 US Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒No If Yes, Give Yeer or Detes: r than "natural", or items the Medical Examiner in 11. Maritel Stetus Wes Decedent of Hispenic Orlgin? (Specify Yes or Notif Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 □ Never Merried 2 □ Married 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: BLACK 3 ☑ Widowed 4 ☐ Divorced "natural". Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. ANNE ARUNDEL COUNTY Elementery/Secondery (0-12) College (1-4or 5+) BOARD OF EDUCATION 6th CUSTODIAN Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be Peges 1 and 2 should be nent of Heelth and Mental MOSES ALLEN CARRIE DAVIS 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Item 27 Item 27 809 CARROLLTON AVENUE ANNAPOLIS, MD. 21401
ce of Disposition (Name of Date 20c. Location - City or Town, State MARY R. BRUMMELL (DAUGHTER) Baltimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 1 € Burial 2 Cremetion 3 Removel from Stete permit. Pege Department of Important: If any Injury or = 0 4 ☐ Donetion 5 ☐ Other (Specify) HILL CREST CEMETERY 12/10/97 ANNAPOLIS, MD. 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility WM. REESE & SONS MORTUARY, P.A. · Reese 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List *only* one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) >/yeary Examiner Due to (or es e consequence of): Examiner The law requires that the deeth certificate be executed buriel-tran pue Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as e consequence of): Box 68760. ettending physician Physician/Medicai thet initieted events resulting in deeth) Last the Due to (or es e consequence of) 80 987 P.O. Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown signed t Division of Vital Records. by 24b. Were eutopsy findings aveileble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy page 2 hes this certificate 1 Yes 2 XNo 1 □ Yes 2 □ No or Attending Physician: funeral director, 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 1 ☐ Yes 25 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deetl 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1. Natural 5 Pending Investigation 2 Accident 1 Yes 2 No deeth efter deeth Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 4 I Homicide within 24 hours Hospital 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. Medical 29a. Certifier completely (Check only one) the 29b. Signeture end title of continue 29c. License number 29d. Dete signed (Month, Dav. Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Peterson tre trappolis MC. 600 32. Registrer's Signeture
The Dandson-Randell 0 9 1997 State Registrar

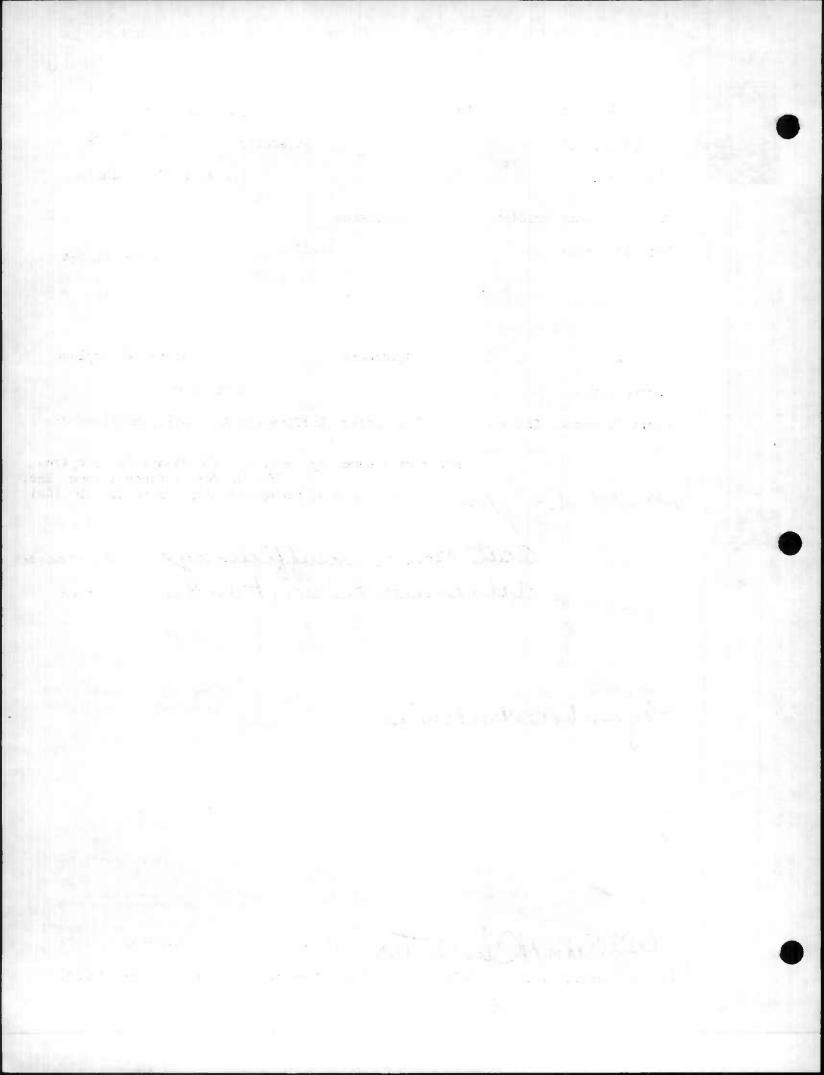
DHMH 16 Ray 6/95



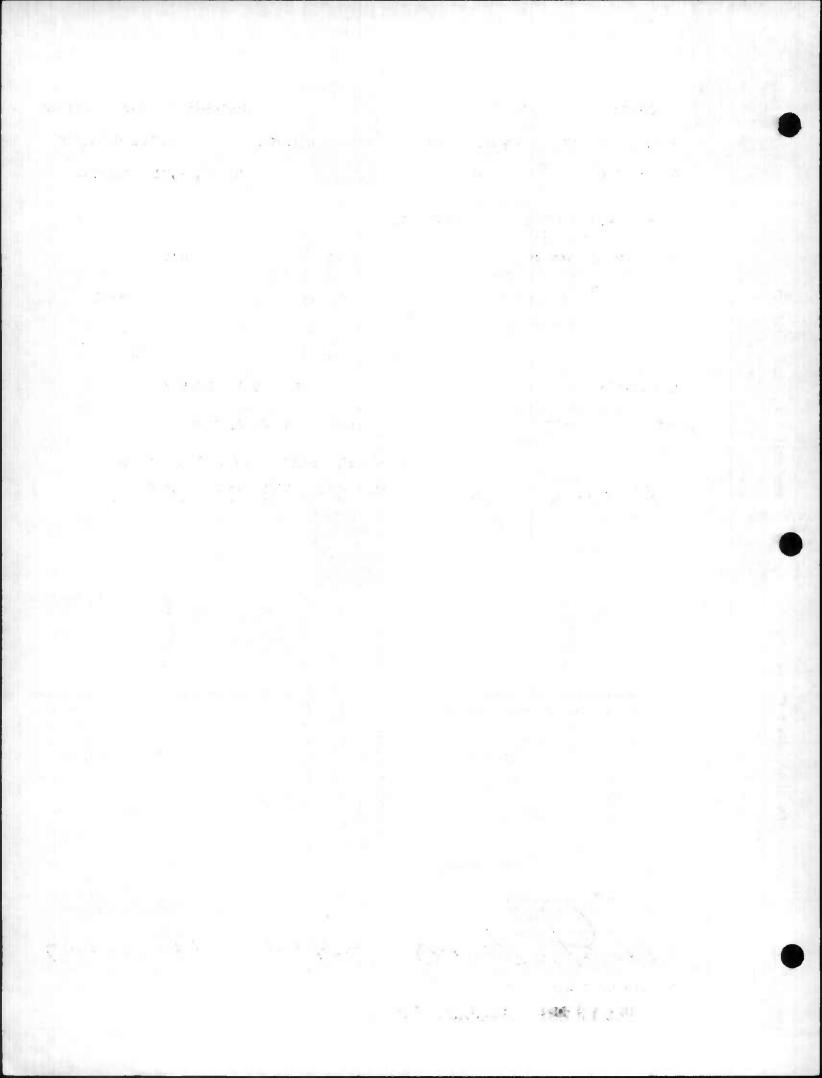
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Day **Physician** Month December 3, 1997 Adeline Burda 9:18AM Fmma /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death Examiner Anne Arundel 3656 Bay Drive Edgewater If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 7. Age (In vrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funeral** 10 M 2XX Months Days Hours Yrs. Director 79 Feb 24 1918 Minnesota 474-07-8446 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at 1 ☐ Yes 20XNo Director Edgewater Anne Arundel 10f. Zip Code 10e. Street end Number 10g. Citizen of What Country? 6 21037 3656 Bay Drive items 23a United States death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Marital Status 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: by Specify: White 3 Widowed 4 □ Divorced Completed the Medical 15. Decedent's Education (Specify only highest grede comp 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) should be filed within 7: and Mental Hyglene. Elementary/Secondary (0-12) College (1-4or 5+) 12 2 Secretary State of Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Pages 1 and 2 should be end Mental Mary Adamek Joseph Novak 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health end If item 27 is n or other traun 1101 Dreams Landing Way Annapolis, Maryland 21401 Alois J. Burda, III(Son) 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Burial 2 Cremetion 3 Removal from Stete permit. Page Department of Important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) St. Mary's Cemetery Dec. 9, 1997 Annapolis, Maryland Signeture of Funeral Service Licensee 22. Name and Address of Fecilityohn M. Taylor Funeral Home, Inc. 147 Duke of Gloucester St. Annapolis, MD 21401 Part 1. Enter the disease, or complications tret used the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one ceus, on each line. Approximate Intervel Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Finet disease or condition resulting in deeth) Drivkedicte Examiner Physician/Medical Examiner The law requires that the death certificate be axecuted physician and the burial-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Box 68760. Due to (or as a consequence of): P.0. Pert II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert t. 23b. Did tobacco use contribute to the cause of deeth? by the 1 Yes 2 No 3 Probably 4 Unknown signed t Records, p Completed 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Was en eutopsy performed? page 2 certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Was case referred to medicet 26. Piece of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpetient 3 | DOA 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 this funaral 27. Menner of Deeth Certification: 28d. Describe how injury occurred 28b. Time of 28e. Dete of Injury (Month, Dev Year) 28c. tnjury et Work? After 5 Pending Investigation 1 Neturei s aftar death. 1 ☐ Yes 2 ☐ No 2 Accident In by tha 3 Suicide 6 Could not be determined 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 T Homtcide To the Hospital of within 24 hours at To the Funeral Discompletaly filled Hospital 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date and place, end due to the ceuse(a) end manner stated. Medical 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) December 4, 1997 D01030 cause of deeth (Item 23e) (Type, Print) 133 Defense Hwy. #112 30. Name and address of person who compl Annapolis, MD 21401 (410-224-2255) William Choate, M.D. 31. Dete filed (Month, Dey, Year) DEC 1 0 1997 32. Registrar's Signeture State - Randell ha Davidson Registrar



hysician /Medical	1	Decedant's Name (First, Middla, L HUBERT	BUXTON					2. Date of De Month DECEMB		1997	3. Time of Death 8:16AM
xaminer	_	4a. Fecility Nema (If not institution, gi MARINER HEALTH		G HOME			4b. City, Town,	or Location of Deat	,		ORGE'S
ineral rector		264-38-3946	Sex 1 XM 2 ☐ F 64	e (In yrs. last	birthday) Yrs.	If Under 1 Yes Months Dey		Hrs. 8. Dete of Bi Min. (Month, Di JUNE 26	th Year) 1933		blece (Stata or Foreign KGIA
ahow adm	-	Usuel Residence of Dacedent 10a. Stata 10b. County		10c. City, To	own or Loc	cation				1	Od. Insida City Limit
be northed Director	2	MD P.G. CO	UNTY	OXON	HILL						1 XYas 2 □ N
al Dir	5	10e. Street and Number	m 204			10f. Zip Code 2074			10g. Citizen of V	What Coul	ntry?
solical Examiner must be nortified at		903 MARCY AVE AP 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forcas? 1 2 Yes 2 N If Yas, Giva Yaar or Datas:				f Hispenic Origin uban, Mexican, P	? (Specify Yas or No uerto Rican, etc.)	14. Rad Blee	e - Americ ck, Whita,	
ieted b		15. Decedant's E	Education	16	Sa. Deced	ant's Usual Occ	upation		16b. Kind of B	usinass/in	dustry
	1	(Specify only highest gi	College (1-4or 5	+)			ne during most of ired)	working	D 0 0	NOTITE OF	
F CO	3	9 17. Fathar's Nama (First, Middla, Las	t)		LABOR	KEK	18 Mother's	Nama (First, Middle	D.C. O		
traumatic event, train. To Be-Comp	0	LUKE BUXTON	,				100	E BELLE K		14)	
		19a. Informant's Name/Relationship	(Type, Print)	1	9b. Mailin	g Address (Stre	et and Number o	r Rural Routa Numb	er, City or Town,	State, Zip	Code)
other tr	F	AUDREY BUXTON /WI	FE				ST. S.W.	WASHINGT			
6	1	20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 [Ramoval from Stata	cema	tary, crem	sition (Nama of latory or other p	,	Data	20c. Location		
Injury	-	4 ☐ Donetion 5 ☐ Other (Special Signature of Funarel Sarvice Lice	**	MD V		NS-CHEI Name end Add		12-23-9	7 CHELTE	NHAM	MD
Buch		· Vinto	-	1085		ALEXANI	ER S.PO	PE FUNERA .E. WASHI		200	20
		23a. Part 1. Entar the diseasa, or con shock, or heart failura. List only	nplications that caused y one ceuse on each lin	tha death. D	o not ente	er the mode of d	ying, such es car	dlec or respiratory	orrest,		Approximeta Interval Between Onset and Death
cian lical iner		tmmediata Cause (Final disease or condition resulting in death)	· ans	Ruc Dua to (or as	_	- /-	Sopu F	Thy			hek mond
the buriet-transit		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	c/	Due to (or es	bei	1		uva		0	hllnow!
use as		resulting in death) Last	d	Due to (or es	a consequ	ience oi).					
be detached for by Physicia		Pert II. Other significant conditions	contributing to death bu	rt not resulting	n the un	darlying causa	given in Part I.	23b. Did	tobacco uss co	ntribute to	the cause of deat
Phy								10	Yes 2□ No	3 Pro	bebly 4 Whikno
page 2 should be c									an autopsy ormed?	ev	are autopsy findings allable prior to impletion of cause death?
Com								10	Yes 20 No	1[Yes 2□ No
Be Be		25. Was casa referred to medical axaminar?	Una-itali					Death (Check only	ona)		
5 P	-	1 ☐ Yas 251 No 27. Manner of Death	Hospital: 1 Inpatiar		Outpatient	3LI DOA		ng Homa 5 ☐ Ras	how Injury occur		ý)
the fune		1 ☑ Natural 5 ☐ Panding 2 ☐ Accident investigation	28a. Date of Injur (Month, Day	Year)	Injury	28c. In W	ork? □Yas 2□No	200. 0430/100	now anjury coour		
		3 Suicida 6 Could not to data mined		ry - At home, (Specify)	ferm, stre	eat, factory, offic	0		Street and Numb wn, Stata)	er or Rure	al Route Number,
lical		29a. Certifiar 1 Certifying Pl (Check only one) 2 Medical Exa	hysician: To the best of miner: On the basis of end mannar stat	examinetion i	ige, daath and/or invi	occurred at tha astigation, in my	tima, data and p opinion, daeth o	lace, end dua to the occurred at the tima,	causa(s) and middle and place,	annar as s and due to	tated. o the cause(s)
Med		29b, Signature and title of dentiller	1			29c. Lica	nsa number	,	29d Data signe	d (Month,	Day, Year)
1	1	HROTEN	AD/Illa	-14/)	50	1956		beci	151	1997
	1		omipleted causa of de	eath (Item 23	a) (Type, F	Print)	,				



ysicia		1. Decedent's Neme (First, Middle, Las	et)		ertificate of	Dodiii	2. Dete of De Month	Reg. No. 🗹 1	39L Year 3.	Time of Death
Medica	ai	EUGENE	BELL		1	4 Ch Tour	DEC.	14, 19	97 7	:50AM
amine	er	4a. Facility Name (If not institution, give 3127 31st AVE				TEMPLE	HTTLLS	,		ORGE'
eral ctor		578-16-5735	7. Age (/ X/M 2 F	n yrs. last birthday 83 Yrs.	y) If Under 1 Yea Months Deys	r if Under 24 H	rs. 8. Date of Bir	th V Year)	9. Birthplace (Country) SOUTH C	State or Forei
		Usual Residence of Decedent 10e. State 10b. County	10	Oc. City, Town or t	Location				10d in	side City Limit
	to	MARYLAND PRINCE	GEORGE'S	TEMPL	E HILLS					XYes 2□N
S Inc.	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Country?	
		3127 31st AVE.			20748			USA		
1	d by Funerai	11. Meritel Status 1 Never Married Married 3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 X Yes 2 □ No if Yes, Give Year or Dates: 7/8/43 □ 1/1		. Was Decedent of If Yes, specify Cul	ben, Mexican, Pue	(Specify Yes or No erto Rican, etc.)		e - American Ind ck, White, etc.	
Complete	Completed	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12)	ucation	16e. Dec	edent's Usual Occu te kind of work done DO NOT use retin FILE CLE	during most of wed)	vorking	(F	ED. GOV OF ARM	T.)
d	To Be	17. Fether's Name (First, Middle, Last) ARTHUR BELL,					ame (First, Middle,	, Maiden Suman	ne)	
1		19a. informent's Name/Reletionship (T) HAZEL BELL/ WIFE	ype, Print)		ling Address (Street 31st AVE					_
		20e. Method of Disposition 1 ABurial 2 Cremation 3 4 Donetion 5 Other (Specify)	Removel from State	20b. Place of Disp cemetery, cre	position (Name of ematory or other place of Veterar	ace)	Dete 12-19-9	20c. Location -	City or Town, S	tete
once.		21. Signature of Funeral Service Licens		201	22. Name and Addr	ess of Facility	MARSHALI	L'S FUNE	RAL HOM	
cal		23a. Part1. Enter the disease, or compositions, or heart feilure. List only of immediate Ceuse (Final disease or condition resulting in death)	lications that caused the ne cause on each line.		nter the mode of dy		ac or respiratory e	rrest,	Appr	oximate val Between et and Death
al er Examiner	edica	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Due		equence of):	lng, auch es cardi		rrest,	Appr	oximate val Between
an/Medical Examiner	arymedical	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Due	a to (or as a conse	equence of):	Ing, auch es cardi	ac or respiratory e	rrest,	Apprinter Onse	oximate val Between at and Death
Physician/Medical Examiner	Physician/Medical	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Due	a to (or as a conse	equence of):	Ing, auch es cardi	ac or respiratory e	tobacco usa col	Apprinter Onse	oximate val Between at and Death
by Physician/Medical Examiner	by Physician/Medical	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Due	a to (or as a conse	equence of):	Ing, auch es cardi	23b. Did t	tobacco usa col	Apprinter Conscious Apprin	oximate val Between at and Death Plant and Dea
Completed by Physician/Medical Framiner	Completed by Physician/Medical	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. Due	a to (or as a conse	equence of):	ing, auch es cardi	23b. Didd	tobacco usa co Yes 2 No an autopsy med?	Apprinter onse	cause of death 4 Unkno toppy findings prior to on of cause
Be Completed by Physician/Medical Examiner	be completed by Physician/Medical	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions condi	b. Due	deeth. Do not en	equence of): aquence of): underlying cause gi	ven in Pert i.	23b. Did to 1 24e. Wes period	tobacco usa col Yes 2 No an autopsy rmed?	Apprinter Conse	cause of death 4 Unkno toppy findings prior to on of cause
To Be Completed by Physician/Medical Examiner	to be completed by Physician/Medical	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Part II. Other significant conditions condi	b. Due c. Due d	a to (or as a consect to (or a))).	ent 3 DOA of 28c. Inju	ven in Pert i. 26. Piece of Doher:	23b. Did to the seath (Check only of Home 5 🖫 Resident	tobacco usa col Yes 2 No an autopsy rmed?	Apprinter Conse	cause of death 4 Unkno toppy findings prior to on of cause
Certification: To Be Completed by Physician/Medical Examinar	Certification: 10 be completed by Physician/Medical	Immediate Ceuse (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underfying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions are under the conditions conditions. 25. Was case referred to medical exeminer? 1	e. Due b. Due c. Due d	a to (or as a consect to (or a consect to (or a)))).	enter the mode of dy aquence of): aquence of): aquence of): underlying cause given the second of	ven in Pert i. 26. Piece of Doher: 4 \(\text{Nursing} \) in Yes 2 \(\text{No} \)	23b. Did to the seath (Check only of Home 5 A Resider 28d. Describer 28f. Location (Scity or Tok	tobacco usa col Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth now injury occuri	Apprinter on the competition of death. 1 Yes er (Specify) red	oximate val Between at and Death Course of death Unknotopsy findings prior to on of cause?
Certification: To Be Completed by Physician/Medical Examinar	Certification: 10 be completed by Physician/Medical	Immediate Ceuse (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions condi	e. Due b. Due c. Due d	a to (or as a consect to (or a))).	equence of): aquence of): aq	ven in Pert i. 26. Piece of Doher: 4 \(\text{Nursing} \) No 20	23b. Did to 1 24e. Wes period 1 28d. Describe to 28d. Describe to 28f. Location (\$ City or Towns and due to the control of the	tobacco usa coo Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth- now injury occurs street and Numb	Apprinter Apprinter Conse Cons	cause of death dunknow topsy findings prior to on of cause 2 (XNo
To Be Completed by Physician/Medical Examiner	redical Certification: 10 be completed by Physician/Medical	immediate Ceuse (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions condi	e. Due b. Due c. Due d	a to (or as a consect to (or a))).	equence of): aquence of): aq	ven in Pert i. 26. Piece of Doher: 4 \(\text{Nursing} \) Nursing at rk? 1) Yes 2 \(\text{No} \) No	23b. Did to 1 24e. Wes period 28d. Describe to 28f. Location (Scrity or Townson and due to the courred et the time, of the course of the time, of the course of the time, of the course of the time, of the course of the time, of	tobacco usa coo Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth- now injury occurs street and Numb	Apprinter of the complete of death of the complete of the comp	coximate val Between at and Death leave of death leave of death leave of death leave of death leave of death leave of death leave of death leave of death leave of death leave of death leave of death leave of leave of leave of leave le
premy filled in by the tuneral director, page 2 should be dateched for use es the bur edical Certification: To Be Completed by Physician Medical	medical Certification: 10 be Completed by Physician/Medical	Immediate Ceuse (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions condi	e. Due b. Due c. Due d	a to (or as a consect to (equence of): aquence of): aq	ven in Pert i. 26. Piece of Doher: 4 \(\text{Nursing} \) Nursing at rk? 1) Yes 2 \(\text{No} \) No	23b. Did to 1 24e. Wes period 28d. Describe to 28f. Location (Scrity or Townson and due to the courred et the time, of the course of the time, of the course of the time, of the course of the time, of the course of the time, of	tobacco usa coo Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth now injury occur Street and Numb cause(s) end ma date and plece, it	Apprinter of the complete of death of the complete of the comp	oximate val Between at and Death leave of death 4 Unkno topsy findings prior to on of cause 2 QXNo

State of Maryland / Department of Health and Mental Hygiene 7

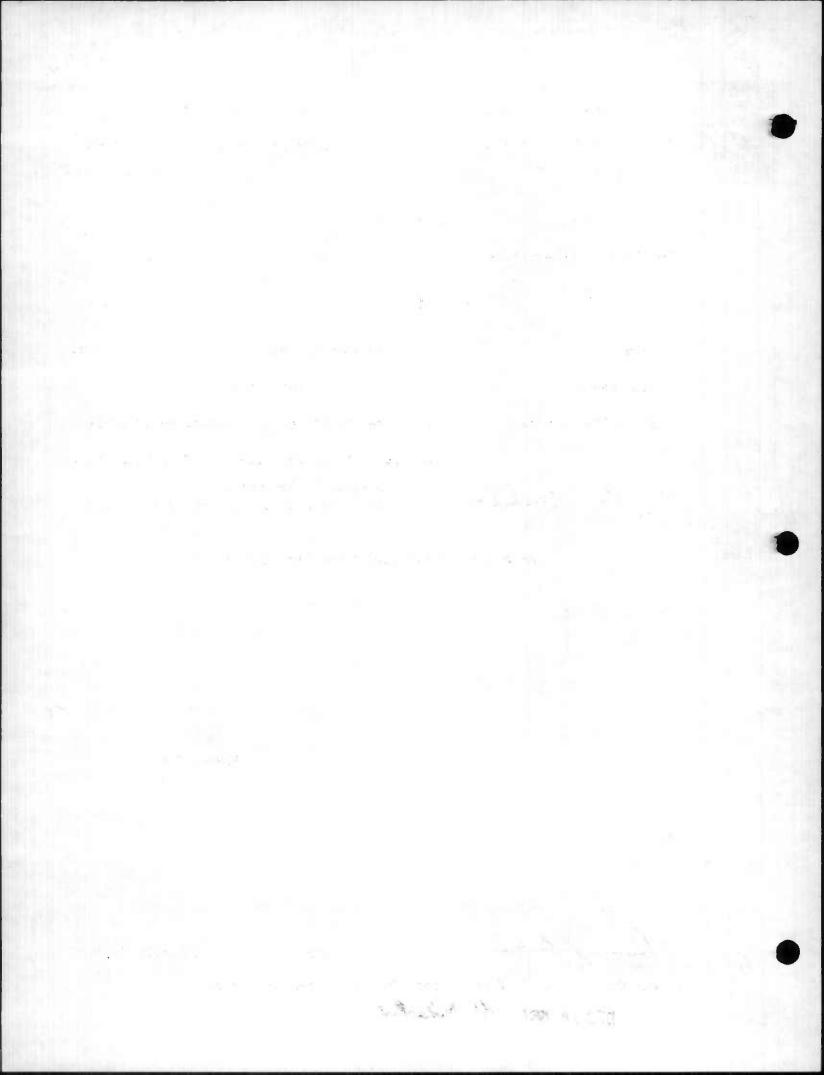
	BELIN					C	ertificate	of	Death		Reg. No.	0	9413
n			1. Decedent's Neme (First, Middle, L	ast)						2. Dete of De	eth	Maria	3. Time of Deeth
	Physici /Medi		JOHN	BELI	V					Month DECEME	BER 06,1	Year QQ7	9:15 P
	Examir		4e. Fecility Neme (If not institution, g	ve street end number)				4b. City, Town, or Lo	cation of Deet	h 4c. Count	y of Deeth	J.IJ F
			FORT WASHINGTON	HOSPITAL					FORT WASH	INGTON	PRINC	E GEO	RGES
	Funeral		Sociel Security Number 6.	Sex 7. A	ge (In yrs.	lest birthd	ey) If Under 1 Months		if Under 24 Hrs.	8. Deta of Bir (Month, De			lece (Stete or Foreign
	Director		251-07-1904	TLAPM 2LIF	80	Yrs		00,0	110010	May 21	, 1917	Sout	h Carolina
	and *		Usual Residence of Decedant 10e. Stete 10b. County		Ti0c Cit	y, Town or	Location			_		Τ,	0d. Inside City Llmits
	f sho	ò	D.C. N/A									,	No Yes 2 No
	s 1 and 2 should be filed within 72 hours after death with the Maryland if health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Expresser must be notified at	Director	10e. Street end Number		Wa	shing	10f. Zip (ode.			10g. Citizen of	What Cour	Α
	with with			oot N U			101. 210		0011				my r
	ns 20	Funeral	1207 Emerson Str	12. Was Decedent	Ever in U	S 1	3 Wes Decede		0011 Hispanic Origin? (Sp	acify Ves or No	U.S	· A ·	an Indien
	fler d	Fun	1 Never Married 2 Merried	Armed Forces	?	,			Hispenic Origin? (Speen, Mexican, Puerto	Rican, etc.)	Ble	ck, White,	
020	ors a	by	3 ☐ Widowed 4 ☐ Divorced	if Yes, Give Year or Dates:		-45	1 Yas 2	No	Specify:		Speci	b: Bla	ck
5-0020	2 ho	Completed	15. Decadent's E			16e. De	cadent's Usual	Occup	petion		16b. Kind of E		
215	hin 7	ple	(Specify only highast ga	rade com <i>pleted)</i> Coilega (1-4or	5+)	(G life	ive kind of work	retire	during most of work	ing			
2121	se filed withln al Hygiene. I other than vent, the Me	NO.	Elementary/Secondery (0-12)	oonoga (1 40)	01,	C	Congress	io	nal Court		U.S. G	overn	ment
nd	al Hy office	Be (17. Father's Neme (First, Middle, Les	t)					18. Mother's Name	(First, Middle	, Maiden Sume	me)	
Na	should be ind Mental I	To	Zeb Belin						Eva Ger	nette			
Maryland	and and is me		19e. Informent's Name/Reletionship	(Type, Print)		19b. M	ailing Address (Straet	t and Number or Rura	al Route Numb	er, City or Town	, Stete, Zip	Code)
	of Health item 27		Bertha Belin -	Wife		1207	Emerso	n S	Street N V	V Washi	ngton D	C 200	11
ore	00		20e. Method of Disposition 1 Burlei 2 □ Cremetion 3	Bomouei from State		lece of Dis emetary, o	sposition (Neme crematory or oth	of er ple	ice)	Dete	20c. Location	- City or To	wn, Stete
altimore,	Pages ment of ant: If its ury or o		4 Donetion 5 Other (Spec		Roa	noke	Salem H	ap	t. Ch. 12	2-13	Garysb	urg,	N.C.
Sa	permit. Pag Department Important; I any injury o		21. Signeture of Funeral Service Lice	insee			22. Name end	Addre	ess of Fecility	1 Home	Tmo		
9	20599		10. p. 11	Passell	-				l's Funera h Street N			DC 2	0011
	Physician ¹		23e. 9agr. Enter the diseese, or core book, or haart failure. List only	nplications that cause y one ceuse on eech I	d the deat line.	h. Do not	enter the mode	of dyi	ng, such es cardiec (or respiretory e	rrest,		Approximete intervei Between Onset end Deeth
	/Medical		immediete Ceuse (Final diseese or condition	Artorio	aalar	ntin	Camilia		cular Disc				
	Examiner		resulting In deeth)	e. AL LELIO:			sequenca of):	ds	Cular Dise	ease			
	₽ ₩	iner											
	entificate be executed ding physician and se as tha bunel-transit	Examiner	Sequentielly list conditions, if eny, laeding to immediata causa. Enter Underlying	D	Dua to (c	r es e con	sequance of):						
20,	cian cian souriel		causa. Entar Underlying Cause (Disease or injury	c									
68760,	cate t	edicai	that initiated evants resulting in deeth) Lest	0,	Due to (o	r es e cons	sequenca of):						
×	leeth certifica ettanding pl	/Me		d.								1	
Bo	eth c												
o ·	tha de by the e	Physiclar	Pert ii. Other significent conditions	contributing to death t	out not ras	ulting in the	e underlying cau	ise giv	ven In Pert i.	23b. Did	tobacco use co	ontribute to	the cause of death?
2	es that tigned by									1 🗆	Yes 2 No	3 Prot	pebly 4 Ponknow
ds,	50 00	d by								240 18/00	en eutopsy	24h Wa	ere eutopsy findings
ecord		Completed								perfo	ormed?	eve	elieble prior to
	has has	mp								INSPE	CTION	of	daeth?
=	icata he									1 🗆	Yas 2 X No	1.	Yes 2 No
Vital	Physician: The this certificata ral director, peg	Be	25. Wes case referred to medical exeminer?	Hospitei:		_		Ott	26. Pleca of Deeth	(Check only	one)		
ō	this ald	To.	No No No No No No No	1 inpati		ER/Outpat			har: 4 Nursing Ho				1)
	D FE	atlon	1 Naturei 5 ☐ Panding invastigation		ay Year)	28b. Time Injur	y M	v. injui Wo 1 □	ry et rk? I Yes 2 □ No	28d. Describe	how injury occu	rred	
		Certification:	3 ☐ Sulcide 6 ☐ Could not lead termined	28e. Piaca of in building, at	jury - At he tc. (Specif	oma, ferm,	street, fectory,	office		28f. Location (City or To	Street end Num wn, Stata)	ber or Rure	l Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical (29a. Cartifiar 1 Certifying P. (Check only one)	nysician: To the best miner: On the basis of end menner st	of examina	wledga, da tion and/or	ath occurred at investigetion, li	tha tir	me, dete end place, a opinion, daath occurr	and dua to the ed et the time,	causa(s) and m data end placa,	annar as st and due to	ated. tha ceusa(s)
	ro th rothin	Me	29b. Signeture and titla of cartifier				29c.	Licens	se number	T	29d. Date signe	ed (Month,	Dey, Year)
	(N. 10	lunte o				~	OME:		DECEMBE	D 00	1007

State Registrar Dennis Chute M.D. 111 Penn Street, Baltimore, Maryland 21201
31. Date filed (Month, Dey, Yeer)
32. Registrer's Signetura

DEC 16 1997

30. Nema and eddress of person who complated cause of deeth (Item 23e) (Type, Print)





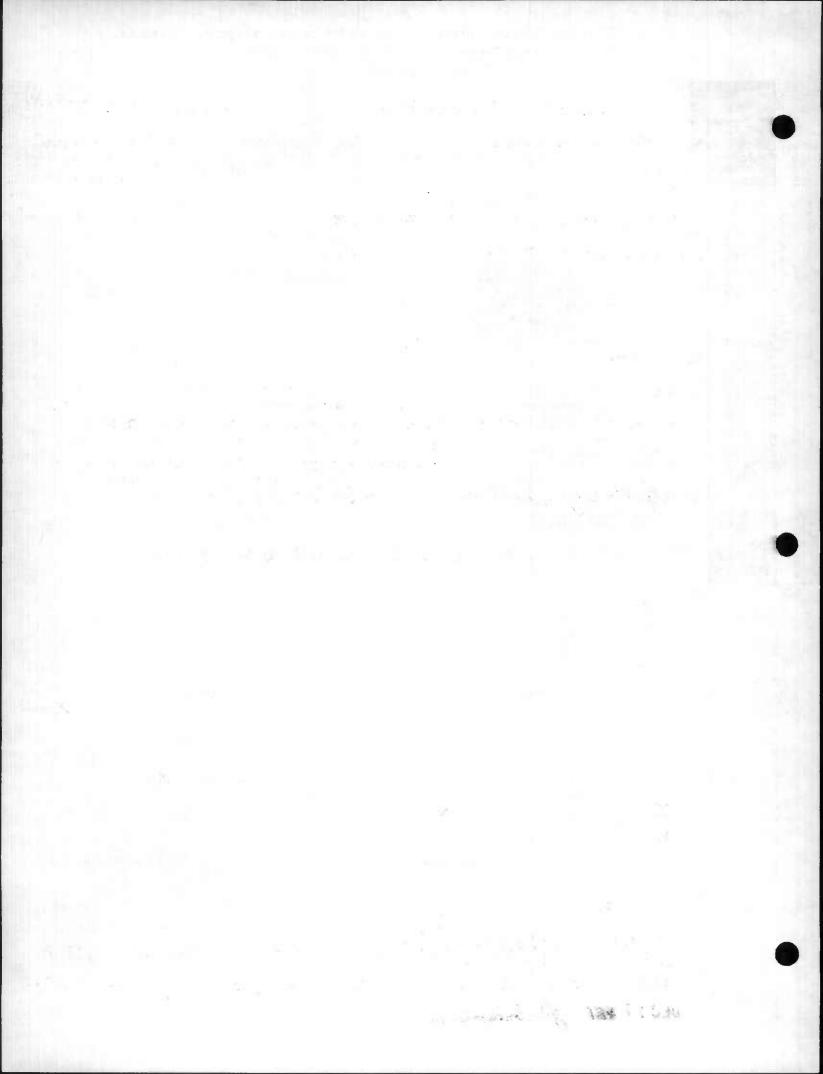
State of Maryland / Department of Health and Mental Hygiene 39474 Certificate of Death 3. Time of Deeth 01:59 PM 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month DECEMBER 15, 1997 BUCKLAND EVELYN /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner HOSPITAL CENTER GEORGES CHEVERLY PRINCE GEORGES 5. Sociei Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2₩F 579-20-8567 74 Director Yrs N. CAROLINA Usuel Residence of Decedent 10e. Sfete 10b. County 10c. City, Town or Location 10d. Inside Ctty Limits r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at 1√ Yes 2 No Director PRINCE GEORGE'S MARYLAND CAPITOL HEIGHTS tha 10f. Zip Code 10g. Citizen of Whet Country? 1603 RITHCIE-MARLBORO ROAD 20743 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bteck, White, etc. filed within 72 hours after 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 WHITE 1 Yes 2 No þ 3 Widowed Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede com 16b. Kind of Bustness/industry completed) pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if fem 27 is merked other than eny injury or other treumstic avant Elementary/Secondary (0-12) College (1-4or 5+) CASHIER PRIVATE 10th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) WADE PEARSON ELLA KING 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Cod 20743 19e. Informant's Neme/Relationship (Type, Print) MARLENE STUBBS / GRANDDAUGHTER 1603 RITCHIE-MARLBORO ROAD CAPITOL HEIGHTS, MD 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBuriel 2 ☐ Cremetton 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) CEDAR HILL CEMETERY 12/19 SUITLAND, MARYLAND 22. Name end Address of Fecility MARSHALL'S FUNERAL HOME 21. Signeture of Funeral Service Licenses -bni 4308 SUITLAND ROAD SUITLAND, MD suscoe 23e. Pert1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such es cardlec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel ARTERIOSCUERGTIC CARDIOVASCULAR DISEASE diseese or condition resulting in death) **Examiner** Examiner that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting to death) Lest and Due to (or es e consequenca of): Box 68760. physician Physician/Medical the Due to (or es e consequence of): attanding p Pert II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Pert I. o the 23b. Did tobacco use contribute to the cause of death? 2 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown been signed t Records, by Completed 24a. Was an eutopsy performed? 24b. Were eutopsy tindings eveilable prior to completion of cause of deeth? page 2 cartificate has 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this carifficately filled in by the funeral director, 25. Was case referred to medical Be 26. Place of Deeth (Check only one) examiner? 1 XYes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ER/Outpetient 3 ☐ DOA 10 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Division 5 Pending investigation Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, streef, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete). 4 Homtcide 24 hours af Funeral Di 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the cause(s) end menner stated. 29a. Certifier Medical 2 29c. License number 29d. Dete signed (Month, Day, Year) DECEMBER 16, 1997 3001 HOSPITAL DRIVE, CHEVERLY, MARYLAND 20785 MARIO GOLLE JR MD

State Registrar

31. Dete filed (Month, Dey, Year)
DEC 1 7 1837

32. Registrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien® AMEND# 18 12-11-97 Certificate of Death AACO HEALTH cms 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** AM VERNON CHARLES BACHMAN, SR. December /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Anne Arundel North Arundel Hospital 5. Social Security Number 6. Sex 7. If Under 1 Year Birthplece (State or Foreign Country)
 MARYLAND 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, **Funeral** Months Hours Devs 78 Vrs Director 24,1919 218-10-0223 Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Exeminer must be notified at 1 Yas 2 No Director MARYLAND ANNE ARUNDEL PASADENA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 131 BROOKFIELD RD. U.S.A 14. Race - American Indien, Bieck, White, etc. 21122 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1□ Yes 2□ No Specify: WHITE ģ 3 ☐ Widowed 4 ☐ Divorced 1944-46 Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Eiementery/Secondary (0-12) College (1-4or 5+) WINDOW INSTALLATION SELF-EMPLOYED 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be IDA THERESA GOODRICH 1 and 2 should be Health and Mental FREDERICK BACHMAN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zlp Code) permit. Peges 1 and 2 s Department of Health ar Important: if Item 27 is any injury or other trac (SON) FREDERICK J. BACHMAN 1711 GRANDVIEW RD. PASADENA, MARYLAND 21122 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 ☑ Burlai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GLEN HAVEN MEMORIAL PARK 12-9-97 GLEN BURNIE, MARYLAND SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MARYLAND 21061 cumplications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, only one cause on each line. Physician /Medical Immediate Cause (Finel disease or condition resulting in death) ASPIRATION PNEUMONIA **Examiner** Examiner HYPOXEMIC RESPIRATORY FAILURE Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Couse (Disease or injury that initiated events ettending physician end for use es the burial-tran certificate be exec CHRONIC OBSTRUCTIVE PULMONARY DISAS Physician/Medical Due to (or as e consequence of): CARPLOMYOPATHY YEAR ate has been signed by the e page 2 should be detached to Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings evailable prior to Completed 24a. Wes an autopsy completion of cause of deeth? 2 0 No 1 Yes 1 Yes 2 No 25. Was case referred to medical Be 26. Place of Deeth (Check only one) examiner? 1 Yes 2 No Other: 2 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) Manner of Deeth Certification: 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 No 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Jernon Bachman, Sr

P.O. Box 68760, Division of Vital Records, after deeth Director: A Hospital c To the Hospital within 24 hours a To the Funeral Completely filled

> 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) TAMES APPIAH-PIPPING MORTH ARUNDEL FIOSPITAL, 301 HOSPITAL DRIVE, GLEN BURNIE State Registrar

29b. Signeture end title of certifier

29a. Certifier

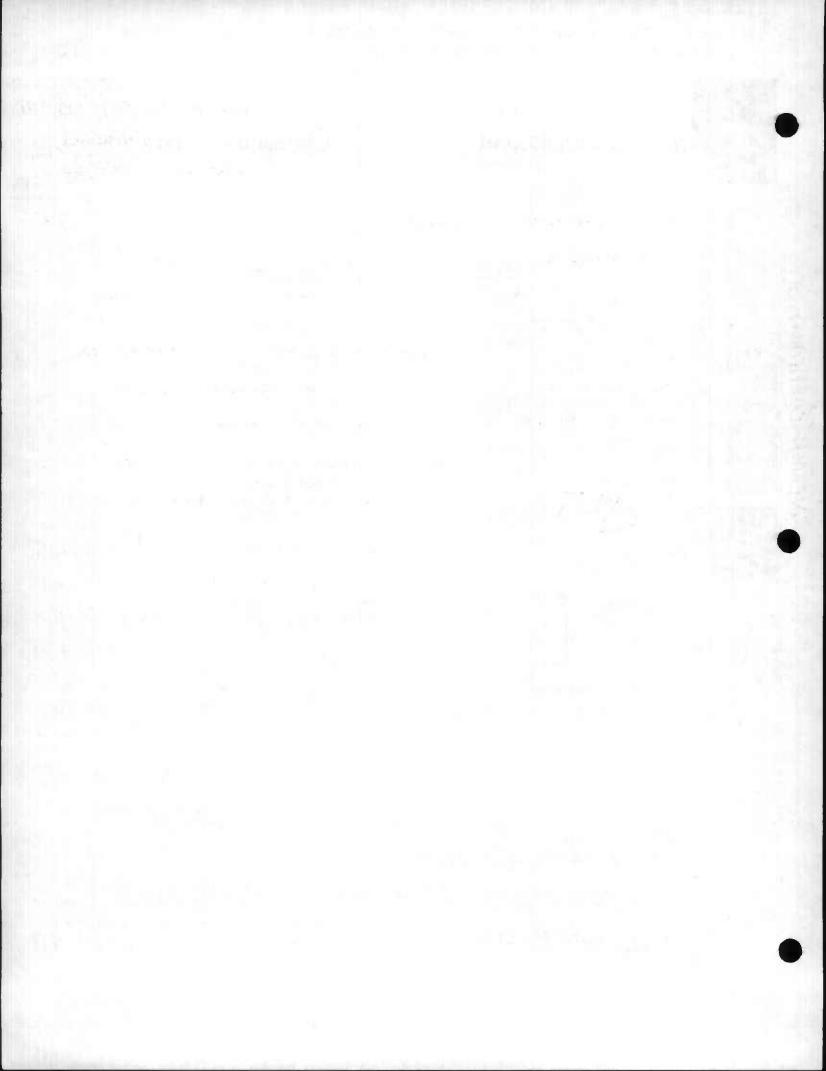
Medical

ba Davidson

Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and piace, and due to the cause(s) and manner as stated.

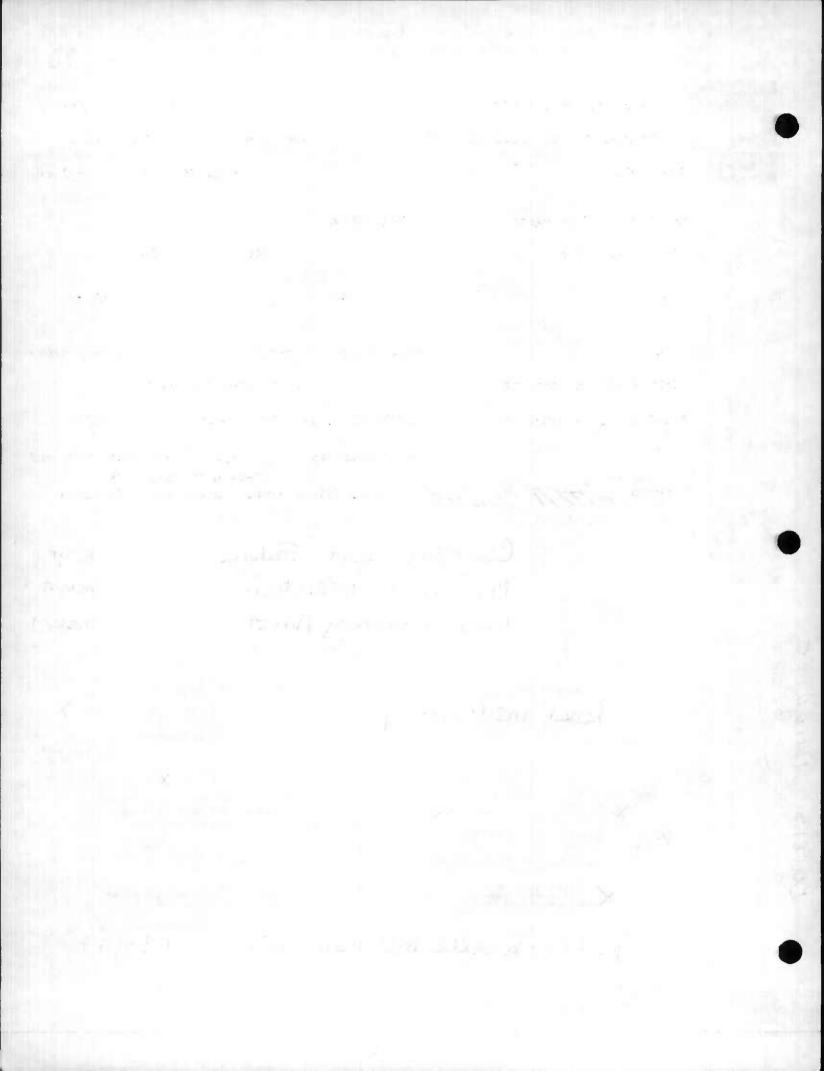
| Medical Examiner: On the best of my knowledge, deeth occurred at the lime, date and piace, and due to the cause(s) and manner stated.

29c. License number D47689 29d. Date signed (Month, Day, Year)



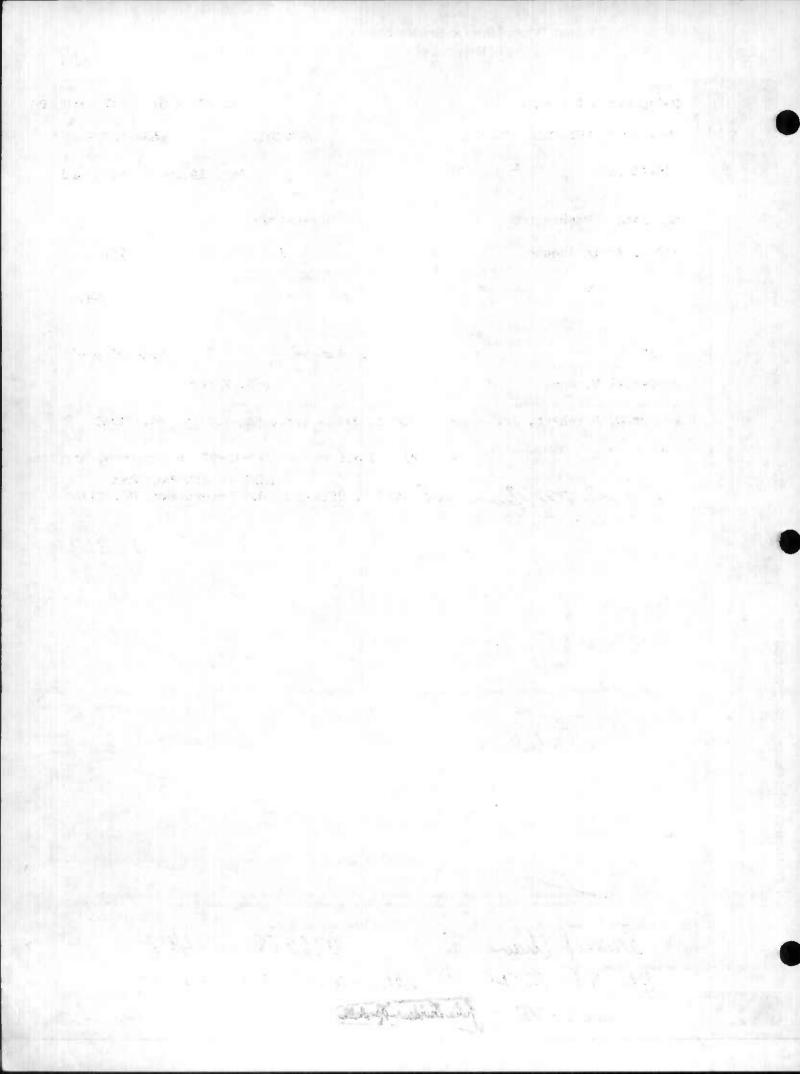
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygieneo

-		Decedant's Nama (First, Middla, Last)	TILE	Ce	rtificate of	Death	2. Data of Dea			Fima of Death
Physic /Med		Margaret Virginia BOW	ERS				Month	Day 1	Yaer 997	1009
Exam		4a. Facility Nama (If not institution, giva street and		M. T.		4b. City, Town, or L	ocation of Death	4c/County		
		Washington County Hosp	oital			Hagersto			ashingt	on
Funera Directo	_	5. Social Sacurity Number 6. Sax 1 M 2 M		yrs. last birthday, Yrs.	Months Days		8. Data of Birth (Month, Day Sept.	Year) 26, 192	9. Birthplaca (Country) 0 Ma	Stata or Foraign
death with the Maryland ms 23a or 28e4 show great be notified at		Usual Rasidanca of Dacadant 10a. Stata 10b. County	10c	. City, Town or L	ocation				10d. In	side City Limits
e Mar	ctor	Maryland Washington		Ha	agerstown	1			11	□Yas 2X No
or 28	Director	10e. Street and Number			10f. Zip Coda		1	0g. Citizan of V	What Country?	
8th w	ral	11312 Manse Road				2174		USA		
j # 2	by Funeral	Armed 1 Nevar Married 2 Married 1 Yes	acedant Evar i Forcas? es 2 X No Giva er Datas:	in U,S. 13.	Was Dacedant of If Yas, specify Cub 1 ☐ Yas 2 🛣 No	Hispanic Origin? (Span, Maxican, Puarto Spacify:	ecify Yas or No- Rican, atc.)		e - Amarican Indo ck, Whita, atc.	
5-00 2 hou		15. Dacadant's Education		16a. Dece	dant's Usual Occu	pation		16b. Kind of Bu	usinass/Industry	
21215 within 7 iene. than "n	Completed	(Spacify only highast grada complate Elementery/Secondary (0-12) Colleg	e (1-4or 5+)			during most of work				
ed w	Con	8 0		meat	tweigher	& wrappe			0	y store
Maryland 21215-0020 of 2 should be filed within 72 hours ef the and Mental Hygiene. The marked other than "natural", or traumatic event, the Medical Exert traumatic event, the Medical Exert.	o Be	17. Fathar's Nama (First, Middla, Last) John Hamilton Barnhari				18. Mothar's Nam	a (First, Middla, i 'rances]		na <i>)</i>	
, Marylc and 2 should saith end Men n 27 is marke ner traumatic	To	19a. Intormant's Name/Relationship (Type, Print)		19b. Maili	ing Addrass (Straa	t and Number or Ru			Stata. Zip Coda)
Main d 2 mid 2 milh e 27 is 27 is or trau		Carol Howard - daughter				Fall Dr.		-		
Ore, of He Item		20a. Mathod of Disposition		b. Placa of Dispo	osition (Nema of matory or other pla	ace)	Data	20c. Location -	City or Town, S	tata
Page ment ment and its or		1 ☑ Bunal 2 ☐ Cramation 3 ☐ Ramoval fro 4 ☐ Donation 5 ☐ Other (Specify)	om Stata		ll Cemete		10-97	Hagers	town, Ma	aryland
Baltimore, Mippenii. Peges 1 and 2 Department of Health a Important: It Item 27 Is any fully or other trainone.		21. Signature of Funeral Sarvica Licansaa	1			ass of Facility MI				740
FIGURE		23a. Part1. Entar tha disaasa, or complications the shock, or haart tailure. List only ona cause of	at caused tha con each lina.	daath. Do not an	tar tha moda of dy	ing, such as cardiac	or raspiratory arr	ast,	Appr	oximata val Between
Physician /Medical		Immediate Course (Final)	2					Onse	it and Deeth
Examiner		Immadiata Causa (Finel disaasa or condition rasulting in deeth) a.	Longe	stive	Heart	tauli	JVC		10	Dyr
	Je J		Dubi	to (or as e consa	quance of):	archer			Inc	teat
ocuted nd transi	Examiner	Sequantially list conditions, b	Duat	to (or as a conse		a C 1001			110	· Will
SO, se exe		Sequantlally list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or injury c.	Cardi	o Pexr	ronary	Arres	+		Ir	start
68760, difficete be executed g physician and est the bunel-transit	edical	that Initiated avents rasulting in death) Last	Dua to	o (or as a consec						
= 00		d								
Box deeth certile e ettending ed for use e	clar									
O. C. O. C.	Physician/M	Part II. Other eignificant conditions contributing to	1.0			iven in Part I.		es 2 No	ntribute to the o	
S, Pes that	by P	kenal In	Suttle	cienci	1		101	es 2L NO	3 Probably	4 SCOURION!
Cords, P.O v requires that the been signed by th	ted						24a. Was a perfor		24b. Wara au availabla	topsy tindings
2 s s s s s s s s s s s s s s s s s s s	Completed								complati of daath	on of causa
T age	Co						1□ Y	as 2 No	1 ☐ Yas	2□ No
of Vital R. Physician: The ir this certificate hi	Be	25. Was case reterred to medical axaminar?		. 7	0	26. Plece of Dea				
Shys of Shys	. To	1 185 25(10	☐ Inpatiant :	2 ER/Outpatie	III JUDOA		oma 5 Rasida 28d. Dascribe h			
	tlon		onth, Dey Year	r) Injury	Wo	ork?]Yas 2□No	200. Dascribe in	ow injury occur	160	
5 5 8 8 E	Certification:	3 ☐ Sulcida 6 ☐ Could not be	aca ot Injury - A Ilding, atc. (Sp	At home, tarm, st ecify)	reat, factory, offica		28f. Location (Si City or Town		per or Rural Rou	ta Number,
Di Di To the Hospital or within 24 hours efte To the Funeral Dir completely filled in	Medical C	29a. Certifiar (Check only one) Certifying Physician: To Certifying Phy	tha best ot my a basis of axem annar stated.	knowledge, deat Ination and/or In	h occurred at tha ti vastigation, in my	ima, data and place, opinion, daath occur	and dua to tha c red at lha tima, d	ausa(s) and ma ate and placa,	annar as stated. and dua to tha c	ause(s)
To the To the	Me	29b. Signatura and title of certitiar	A	,	29c. Lican	sa number	2	9d. Data signe	d (Month, Day,	(aar)
		I Gull Cicca	ulle	~ M	D WDI	0005213	4	12	8/97	
		30. Nema and address of person who completed co								
		Dr. Sill Ciccar		3 B	yrkit	Dr. W	illiam	Sport	md.	
St	ate	31. Data filed (Manth Day, Year) 1997	Julia Day	ignature Mason-Pane	1000				•	



Physician	1. Decedent's Nama (First, Midd Helen Marie B	Annual Control		Cer	titicate	OT I	Death		2. Data of Dee	Reg. No. oth BER 07,	Yearo	3. Time of Each th
/Medical Examiner	4a. Facility Nama (If not institution RAVENWOOD LUT	on, giva street and nu				4	b. City, Town,		cation of Daath	4c. Count		1 111121111
Funeral Director	5. Social Sacurity Number 215-18-2408 Usual Rasidence of Dacedant	6. Sax 1 □ M 2 🛣 F	7. Aga (In yrs. la:	st birthday) Yrs.	If Undar 1 Months	Year Days	If Under 24 Hours	Hrs. Min.	8. Data of Birtl (Month, Day Aug. 1	h /, Year)	9. Birthp	placa (State or Foreigntry) ryland
Ind 21215-0020 be filed within 72 hours after death with the Maryland tall Hygiene. tal Hygiene and other than 'natural', or items 23s or 28s-f show event, the Medical Examinator must be notified at Be Completed by Funeral Director	10a. Stata 10b. County	shington	10c. City,	Town or Loc	10f. Zip Co		agersto	wn		10g. Citizan of		10d. Inside City Limit 1 🖾 Yas 2 🗆 N
23a or	130 E. Irvin	Avenue			Tot. Zip oc	Jua	21	L74:		rog. Citizati of	USA	•
15-0020 72 hours after death with the Maryla hatural; or items 23a or 28a-f sho deal Evaning from the northed at deal by Funeral Director	3 ☐ Widowad 4 ☐ Divorce	Armad Formad Formad Formad Tried 1 ☐ Yas	2XNo iva		/as Decedan Yas, specify ☐ Yas 21		ispenic Origin in, Maxicen, P Specify:	? (Spa	acify Yes or No- Ricen, atc.)	14. Re Bla Specia	ck, White,	cen Indien, etc. white
Maryland 21215-0020 d 2 should be filed within 72 hours at th and Mental Hygiene. T is marked other than "natural", or traumatic event, in Medical Exami To Be Completed by F	15. Decedar (Specify only higher Elamantary/Secondary (0-12)	nt's Education ast grada complated) College (16a. Deced (Giva) lifa. D	O NOT use i	ratired	ation during most of eeper	worki	ing	16b. Kind of B		gov t
Aaryland 212: 2 should be filed within and wheald Hygiene. Is marked other than surmetic event, In M. To Be Comp	17. Fathar's Name (First, Middla								(First, Middla, A. Klin	Maidan Surnar		
re, Maryle 1 and 2 should Health and Men am 27 is marks wher traumatic	19a. Informent's Neme/Ralation Robert C. Barr		- son						al Routa Numbe			
Baltimore, IV pemit. Pages 1 end: Department of Health Important: If item 27: any injury or other tr once.	20a. Mathod of Disposition 1 🗷 Burial 2 🗆 Crametion 4 🗆 Donation 5 🗀 Other (5		State cen	natary, cram	atory or otha	r plac		12	Data 2-11-97	20c. Location		own, Stata
Baltimor permit. Pages Department of Important: If it any Injury or o	21. Signeture of Funeral Service			22.	Name end A	Addres	s of Facility		NICH FU	INERAL :	HOME	
Physician /Medical Examiner	23a. Part1. Enter the disaasa, o shock, or haart failure. Lis Immadiete Ceuse (Finel disaasa or condition rasulting in death)	r complications that conly one cause on e	Stro			f dyin	g, such as cer	diac c	or respiratory en	rast,		Approximeta Interval Between Onset end Deeth
s, P.O. Box 68760, se that the deeth certificate be executed gned by the ettending physician end be detached for use as the buriel-trensit by Physician/Medical Examiner	Saquentially list conditions, if any, leading to Immedieta ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b c d	Dua to (or a	as a consequ								
I Records, P.O. Bo The law requires that the death the has been signed by the ettel page 2 should be detached for recompleted by Physicial	Pert If. Other significant conditions of the significant condition			ing in tha un	darlying ceus	sa giva	an in Part I.		23b. Did to			the causa of death
aw requires been size been size been size been size been size should	Brane	anon Es nulla	tis						24a. Was a perfor	an autopsy med?	av	ara autopsy findings allebia prior to mpiation of ceuse daath?
Vital Recontificate has rector, page 2	25. Was cesa rafarrad to person								1 🗆 Y		1[☐ Yas 2☐ No
Of Vita Physician: this certific ral director,	axaminer?	Hospital:	Inpatiant 2 EF	R/Outpatient	3□ DOA	Othe	r. 1		MCheck only or na 5 ☐ Rasid		nar (Specif	iv)
Vision of Attending Phys octor: After this by the funeral of iffication: To	27. Mannar of Death 1 Natural 5 Pandie 2 Accidant Invasti	28a. Data (Moni		8b. Time of Injury	28c.	Injury Work			28d. Dascribe h			
Divis	3 ☐ Suicida 6 ☐ Could 4 ☐ Homicide determ	nined Zoa. Place	of Injury - At homing, etc. (Specify)	e, farm, stre	et, fectory, of	fice		2	28f. Location (S. City or Town		ber or Rura	al Routa Number,
Division c To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After t completely filled in by the funeral Medical Certification:	29a. Cartifiar 1 Certifyir (Check only one) 2 Medical	ng Physician: To the Examiner: On the be and mani	best of my knowle asls of axamination ner statad.	edge, death n and/or inva	occurred at the	ha tim my op	a, data and pl pinion, daath o	lace, a	and dua to tha c ad at the time, d	ausa(s) and malate and place,	anner as s and dua to	faled. the ceuse(s)
To the within To the comp	29b. Signatura and titla of certifia	I Chan)		29c. Li	D	366 S	5	2	29d. Date signe	d (Month,	Day, Year)
	30. Nama and address of person	who complated caus	is of deeth (tem 2.	3a) (Typa P	geel o	tru	m,	111	3 21	1742	-	
State Registrar	31. Deta filed (Month, Day, Year) DEC	0 9 1997 D	agistrera die tur	widson	Panda M	10	/					

BARNHART, HELEN



Examiner **Funeral** Director the Marylend 28a-f show I is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinat must be notified at permit. Peges 1 and 2 should be filed within 72 hours after death v. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a and highry or other traumatic event, the Medical Examiner research. Baltimore, Maryland 21215-0020

Physician

/Medical

Examiner

attending physician and for use as the burief-transit

signed by the a

The law requires that the death certificete be executed

Division of Vital Records, P.O. Box 68760,

Baker, Clarence Russel

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 39478 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** 03AM Clarence Russell Baker 1997 Drocember /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Hagerstown Washington County Hospital Washington 5. Social Security Number 9. Birthplaca (State or Foreign 7. Aga (In yrs. last birthday) 1 M 2□ F 212-14-6218 73 Yrs. Usual Residence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Washington Hagerstown 1 Yas 2 No Directo 10e. Street and Number 10f. Zip Coda 10a. Citizen of What Country? 16612 National Pike 21740 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Biack, White, etc. 11. Marital Status 1 Naver Married 2 Married 1□ Yes 2 No þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Collega (1-4or 5+) Elemantary/Secondary (0-12) Laborer Recucling 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Malden Sumame) Raymond Baker Isabelle Bowman 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Cleona Lushbaugh (Friend) 30 N. Main St. Smithsburg, Md. 21783 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☑ Cremation 3 ☐ Ramoval from State Dec. 9,1997 Smithsburg. Md. Smithsburg Crematory 5 Other (Specify) Signature of Fuperal Service Li 22. Name and Address of Facility 12525 Bradbury Ave. Davis Funeral Home Smithsburg, Md. 21783 enno Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death Immediate Cause (Final disaasa or condition resulting in death) myscardial infarction Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to Immediate cause. Entar Undarlying Cause (Diseasa or Injury that initiated events resulting In death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 28. Piace of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yes 2 No Certification: To 1 ∑Inpatiant 2 ☐ ER/Outpatlent 3 ☐ DOA 27. Manner of Death 28a. Date of fnjury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Invastigation 1 Matural 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be determined 3 ☐ Suicida 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homleide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one)

State Registrar

29b. Signature and true of certified

DHMH 16 Rev 6/95

ofter death

24 hours

To the Hosp within 24 ho To the Fune completely fi

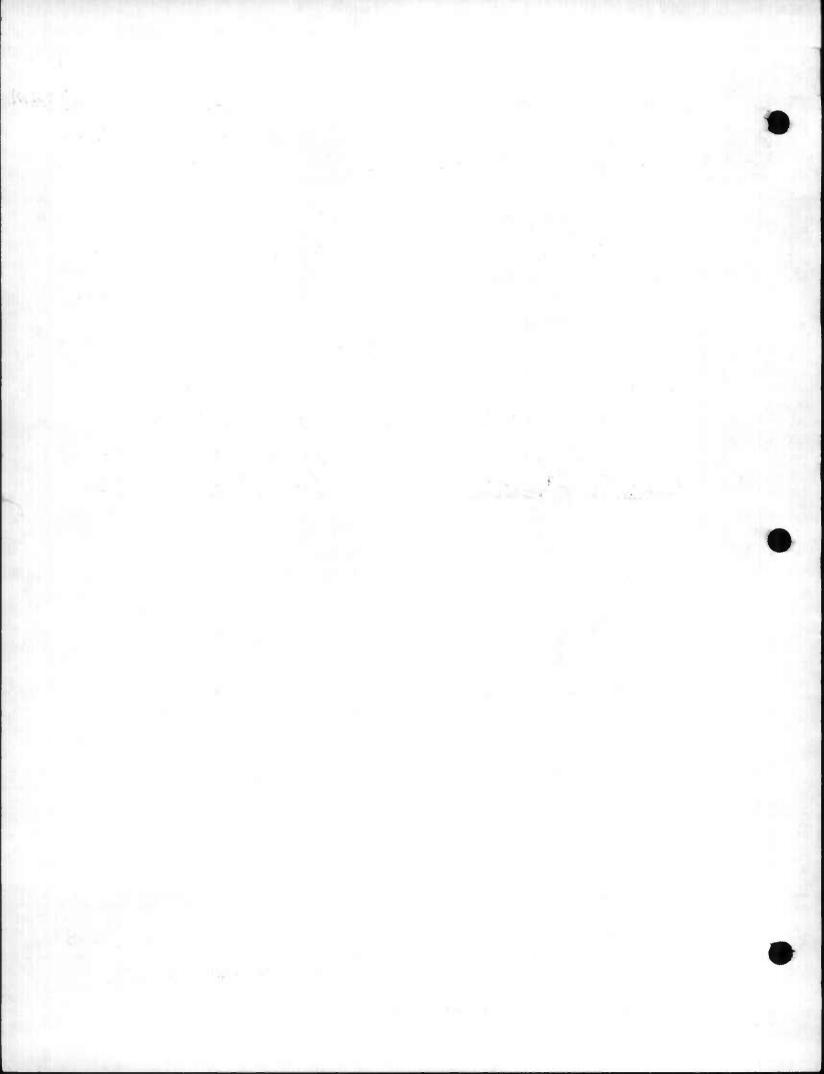
29c. License number

29d. Data signed (Month, Day, Year)

lagens (oc

32. Redistrar's Signature

completed cause of death (Item 23a) (Type, Print) Charles C. Spencers



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Deeth LESTER ANDREW BARNES 1997 11:35 PM December 11 4a. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Washington County Hospital Hagerstown Washington If Under 24 Hrs. 8. Deta of Birth Hours Min. (Month, Dey, Year) 5. Social Security Number If Undar 1 Yaar Birthplaca (Steta or Foreign Country) 7. Aga (In yrs. last birthday) 1 M 2 F Months Days 212-24-5264 68 Yrs. Jan. 25, 1929 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Washington Hagerstown 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20200 Landis Road 21740 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Yeer or Dates: 14. Race - American Indian, Biack, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No. If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 11. Marital Status 1 Nevar Married 2 Married 1 ☐ Yes 🏖 No Specify: Specify: White 3 Widowed 4 Divorcad 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantery/Secondary (0-12) College (1-4or 5+) Vice President Manufacturing 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Andrew Jacob Barnes Laura Iva Baker 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 20200 Landis Road, Hagerstown, Maryland 21740

Bate 200. Location - City or Town, State Joyce Barnes 20e. Method of Disposition 20b. Plece of Disposition (Neme of cematery, cremetory or other plece) 1X Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) Rest Haven Cemetery 12+15-97 Hagerstown, Maryland 21. Signeture of Funeral Sarvice Licensee 22. Nama and Address of Facility Minnich Funeral Home 415 E. Wilson Blvd., Hagerstown, Maryland 21740 L. Westal 23a. Part1. Enter the diseesa, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. Approximete Intervel Between Onsat and Death Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events.) Cause (Disease or Inju that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No 26. Place of Death (Check only one) 2 X No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 ☐ ER/Outputient 3 ☐ DOA 28d. Describe how injury occurred

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

6

Completed

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at

ai Hygiene.

Pages 1 and 2 should be fill ment of Health and Mentai H ant: If item 27 is marked oth

other

Department of important: If any injury or once. injury or

with the Maryland

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

Certification: after death Director:

Physician/Medical by Division of Vital Records, Completed Be 10

25. Was case referred to medical examiner? 1 Yes 27. Manner et De 5 Ti Pending 2 Accident

6 ☐ Could not be 3 Suicide 4 Homicide 29a. Cartifiar Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) (Check only

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 - No

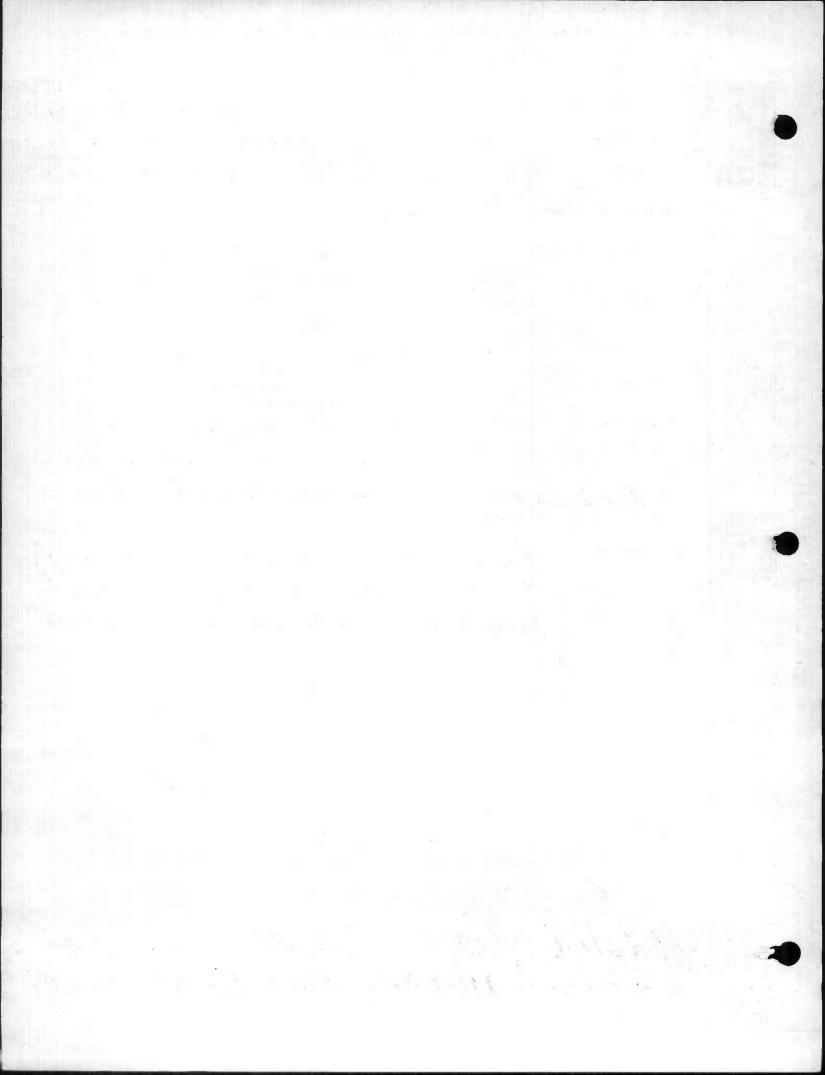
28f. Location (Street end Number or Rural Route Number, City or Town, Steta)

of deeth (Item 23e) (Type, Print)

31. Data flied (Month, Dey, Yaar) 1997 5 DEC

edical

To the Hospital within 24 hours a To the Funeral C

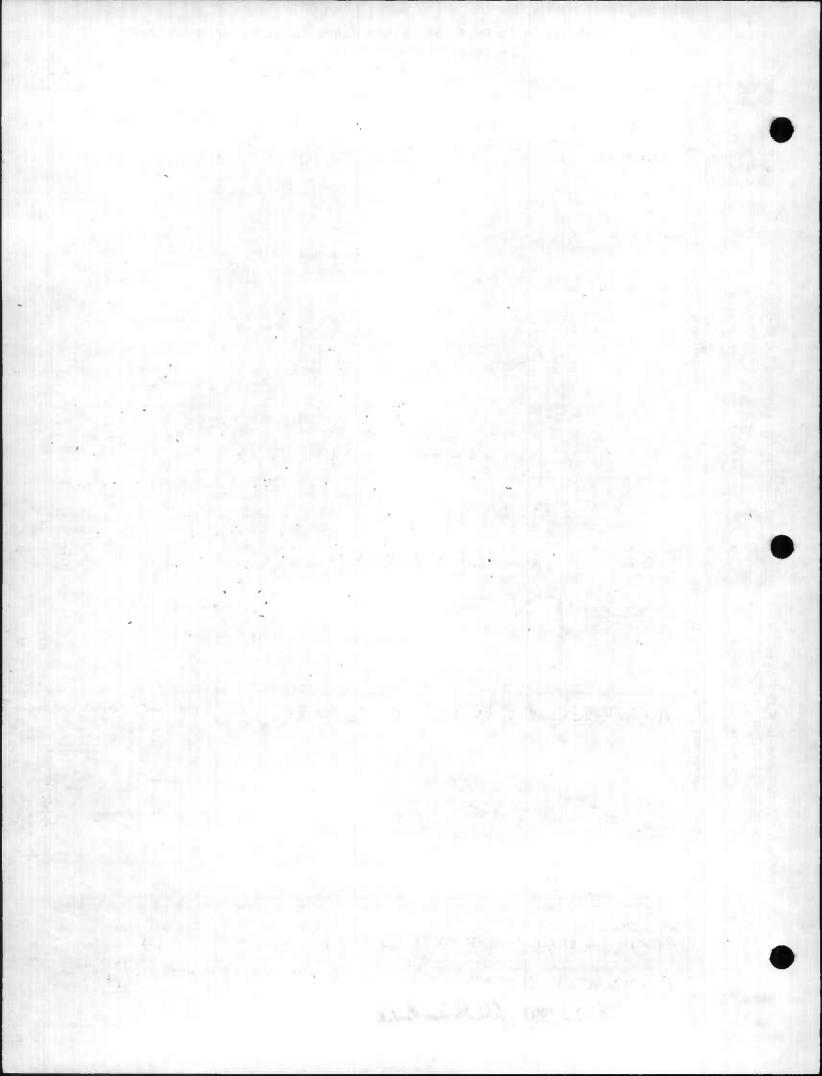


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene-Certificate of Death Reg. No. 2. Dete of Deeth 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth Month Day Year **Physician** John H. Cotingame December 14, 1997 11:30 am /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not Institution, give street and number) Examiner Carroll County General Hospital Westminster Carroll If Under 1 Year | Months | Deys 5 Social Security Number 6 Sex 7. Age (In yrs. last birthdey) If Under 24 Hrs. Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Months 100 M 20 F Hours Yrs. 90 Director 216-16-6414 April 4, 1907 Kentucky Usuel Residence of Decedent tha Maryland 10e State 10c. City. Town or Location 10b County 10d. Inside City Limits than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 No MD Carroll Westminster Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3622 Bixler's Church Rd. 21158 United States Funeral filed within 72 hours eftar death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☑ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify þ 3 □ Widowed 4 □ Divorced White WWII Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Hygiena. foreman Greenspring Dairy 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Neme (First, Middle, Last) Be Pages 1 and 2 should be finant of Haaith and Mental I intern 27 is marked of Joseph Cotingame Nancy Fields 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) Nancy Utz, daughter 2115 Hanover Pike, Hampstead, MD 21074 or other 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 12/17/97 Date 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of Important: if any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Meadow Branch Cemetery Westminster, MD 21. Signeture of Funerel Service Licensee 22. Parrect Adors of Family Home & Chapel 412 Washington Rd., Westminster, MD 21157 Katherine Pritts - Sweets 23a. Pert1. Enter the disease, or complications that caused the shock, or heart failure. List only one ceuse on each line. deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Intervel Between Onset end Deeth **Physician** Weds /Medical immediate Cause (Final diseese or condition resulting in deeth) Examiner Examiner that the death cartificate be axecuted physician and s the bunel-trans Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 50 USB 23b. Did tobacco use contribute to the cause of death? ed by tha a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 20 Sign 24b. Were eutopsy findings evailable prior to completion of ceuse of deeth? Completed 24e. Wes an eutopsy ils cartificate has b 1 TYPE 2 THE 1 ☐ Yes 2 ☐ No. or Attending Physician: after death. Director: After this carifica 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 thpatient 2 □ ER/Outpetient 3 □ DOA 2 1 Yes 2 LNd funaral 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours aff To the Funeral Di complately filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier edical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifler 29c. License number Will gold Selvagam

State Registrar 31. Dete filed (Month, Day, Year)
DEC 15 1997

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) pool E Rd CO ESTM INSTER MD 20157 32. Registrar's Signeture

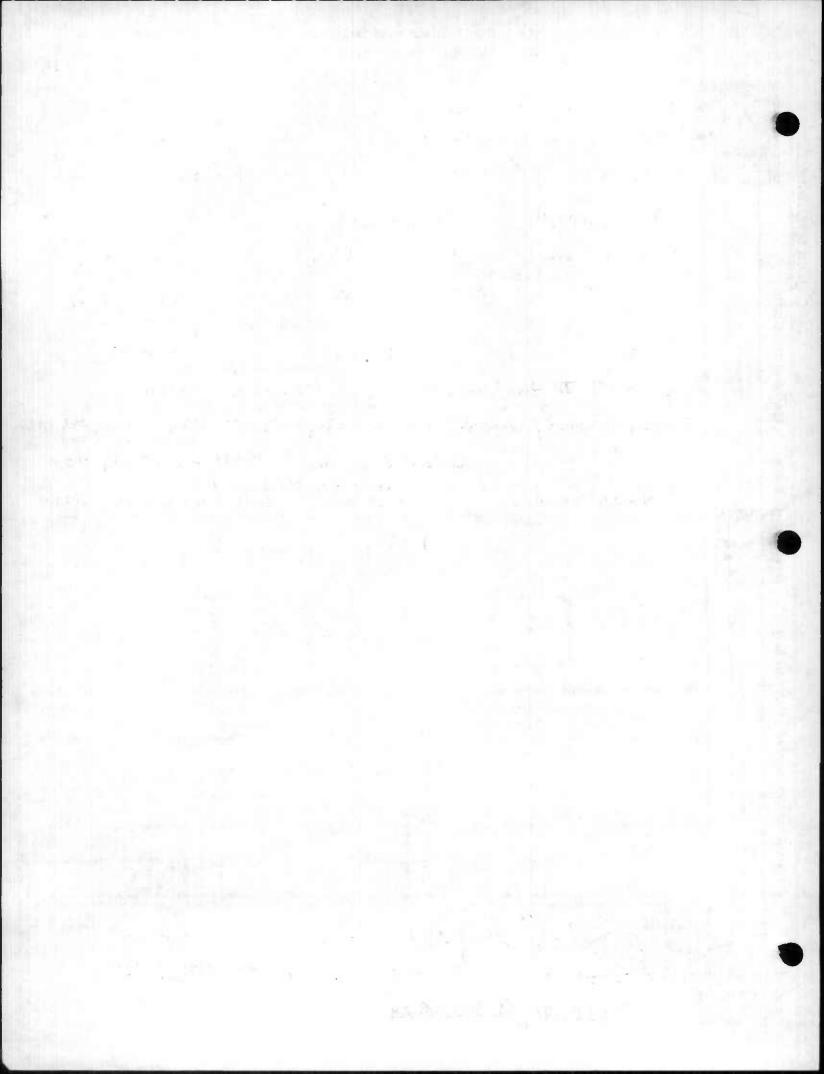


Division of Vital Records, P.O. Box 68760,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

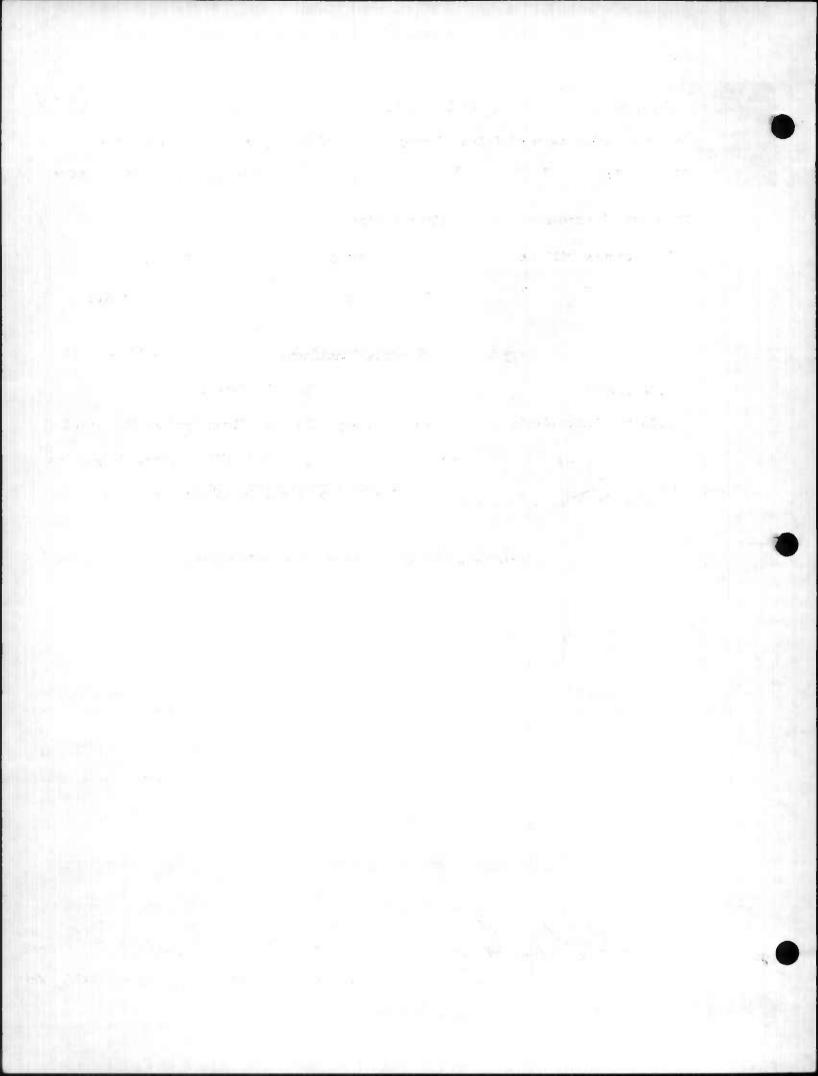
State of Maryland / Department of Health and Mental Hygiene

				C	ertificate d	of Death	Re	g. No. 9	391	181
Dhysisian		Decedent's Neme (First, Middle, I	Last)				2. Data of Deeth)		Time of Deeth
Physician /Medical		Diane L	INNE CO	mas			December	TO 19	97' 9	:10 pm
Examiner	4.0	Facility Neme (If not Institution, g GREATER BALTIMO		NTER		4b. City, Town, or TOWSON	Location of Deeth	4c. County of BALT	of Deeth IMORE	
Funeral Director	2:	Social Security Numbar 20-56-907 suel Residence of Decedent	1 M 2 K F 7. Age (In)	rs. last birtho	Months De				9. Birthpiece Country) Marky	(State of Foreign
show d.m		a. Stata 10b. County	10c.	City, Town o	r Location				10d. l	nside City Limits
28a-f show	1	md CARR	.011	We 57	minster				1	☐ Yes 2 No
r tems 23a or 28a-fs rice; must be notified	100	e. Street and Number 1 Golden E	Fagle Court	-	10f. Zip Cod	158	10	g. Citizan of W	het Country?	
liens Inches	11.	. Maritei Stetus	12. Was Decedent Ever in Armed Forcas?	U,S.	 Was Decedent of If Yas, specify C 	of Hispanic Origin? (S uban, Mexican, Puer	Specify Yes or No- to Rican, atc.)		- American Ir	ndian,
5		1 Never Merried 2 Married 3 Widowed 4 Divorced	1 Yas 2 No If Yes, Give Year or Detes:		1 □ Yes 2 🔀	lo Specify:		Specify:	whi	te
t, the Medical		15. Decedent's (Specify only highest of	Education grade completed)	16e. De	ecedent's Usuel Oc live kind of work do	cupetion ne during most of wo ired)	rking	6b. Kind of Bu	siness/Industr	У
then tre M		Elementary/Secondary (0-12)	College (1-4or 5+)		Teller			Bank	ing	
marked other imatic svent, in	17.	Father's Neme (First, Middle, La	st)			1	me (First, Middle, M	le <i>iden Sum</i> eme	9)	
arked atic s To F		Alvin J. T.	Zumbrun	, SR.		Maria	nne 1	'olan		
is ma		e. Informent's Neme/Relationship	11 1 1	19b. M	eiling Address (Str	eet end Number or R		1	1	Λ .
or other traumatic svent,		imothy V. Coma	s/husband		Sposition (Neme of	Fagle Co	unt 1	estmi	nster,	mel 2115
	206	e. Method of Disposition 1 Burial 2 Cremetion 3	☐Removal from State	cemetery,	cremetory or other	oleca)	and the last	Oc. Location - 0	^	Stete
any injury	21	4 ☐ Donetion 5 ☐ Other (Spec Signeture of Funerel Sarvice Lic		arroll	Clema	T10V	12/12/97	-ampst	ead,	md.
any ir		Juffer V. Sc	mbur		6028 Sy	drass of Facility V. Zumb	our Filt	nehune	md .	21784
	23	a. Art Enter he diseese o co nock, or heart feilure. List on	mplications that caused the di y one cause on each line.	eeth. Do not	enter the mode of	tying, such es cardia	or respiretory erra	st,	App	proximete prval Between
ician dical	1.	The Court (Final							Ons	set end Deeth
iner	dis	mediete Ceuse (Finel saese or condition sulting in deeth)	Marked hy	potens	ion and	pradycardi	a		2 0	days
<u> </u>					sequence of):					
iel-transit Examiner	Sa	quentielly liet conditions	b. Advanced		ila nervo:	Så			15	years
		quentielly list conditions, eny, leeding to immediate use. Enter Underlying use (Diseese or Injury	W- W-							
as the buriel-transit	ras	et initieted events sulting In deeth) Lest	C. Due to	(or as e con	sequance of):					
Su S			d							
ched	Par	t il. Other significant conditiona	contributing to death but not i	esulting in th	a underlying cause	given in Part I.		1/		cause of death?
be dete by Pt	_						1 □ Ye	8 2 No	3 Probably	4 ☐ Unknown
should eted	_						24e. Wes en		eveilebl	utopsy findings le prior to tion of cause
age om							1 X Yes	2 No	1 🖔 Yes	
director, page 2 s		Wes case referred to medical				26. Plece of Dec	eth (Check only one			
ral director, p		exeminer? 1 Yes 2 No	Hospital: 1 Inpatiant 2	☐ ER/Outpe	tient 3 DOA	Other: 4 Nursing H	loma 5 ☐ Resider	nce 8 Otha	r (Specify)	
e funera ation:	27.	Menner of Deeth 1 Neturel 5 Pending 2 Accident Invastigeti	28a. Dete of Injury (Month, Dey Year)	28b. Time Inju		ijury et Vork? Yes 2 No	28d. Describe how	v injury occurre	d	
ed in by the funeral		3 Suicida 6 Could not determine		home, farm,	street, fectory, offic	00	28f. Location (Str. City or Town,	eet and Numbe State)	r or Rural Rou	ute Number,
completely filled in by the funeral	296	e. Certifier 1 Certifying P (Check only one) 2 Medical Exa	hysician: To the best of my k miner: On the basis of exemi	nowledge, de Inetion end/or	eeth occurred at the Investigetion, in m	time, date end pleca y opinion, deeth occu	, end due to the ce irred et the time, de	use(s) and mer te end placa, e	ner es steted	ceusa(s)
completely filled in by the funeral director, Medical Certification: To Be C	290	b. Signature and title of certified	Ch ha	MO	T-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	nse number 3352	29	d. Date signed 12/11/		Year)
	30. Be	Neme and eddress of person who	completed cause of deet (II	tem 23e) (Typ	Pe Printy Great	er Baltim arles Stre	ore Medic	al Cen	ter MD 2120	04
State legistrar	-	Dete filed (Month, Dey, Year) DEC 1 2 1	32 Registrar's Sig							
ricgistial		250121	331							



State of Maryland / Department of Health and Mental Hygiene 7 39482

sician edicai		Decedent's Name ((First, Middle, Le IR		CHA	IKIN)				2. Date of Da Month	Day	Year	1 2	of Deat
miner	4	Fecility Name (If n	ot institution, gir					4	4b. City, To	wn, or Lo	cation of Dea	th 4c. Co	ounty of Dea	ath	
	_	ariner He	ealth Ca	re of S	Silver	Spring		S	ilver	Spr	ing	Mon	tgome	ry	
rai	100	Social Security Num		Sex 1√2 M 2 □ F	7. Age (In yrs 72	s. last birthday Yrs.) If Und Month	der 1 Year hs Days	if Under Hours	24 Hrs. Min.	8. Date of Bi (Month, D Dec . 21	rth ay, Year)	9. Bi	irthplace (State Country) W Jerse	e or Fore
	-	ual Residence of D									Dec. 21	,1724	110	. OCID	- ,
	104	. State 1	Ob. County		10c. C	ity, Town or L	ocation							10d. Inside	City Lin
10	Ma	ryland	Montgom	erv	9-	ilver S	Sarir	na						tXI Ye	e 20
Director	100	. Street and Numb	- 6	~~;	0.	TTACT C						Table Section		9 (1) (1) (2)	
급							1 155	Zip Code				10g. Citizer	n of What C	Jountry?	
Te.		0613 Sto	ney Hil	1 Ct.			2	20901				U.S.	Α.		
Funeral	11.	Marital Status		12. Was Dec Armed F	pedent Ever in I	U.S. 13.	Was Dec	cedent of H	lispanic Origina. Mexican	gin7 (Spe	city Yes or N Rican, etc.)	0- 14.	Race - Am Black, Wh	sencan Indian,	
		1 Never Married	2(X Married		2 17 No	JII		20 No	Specify		interior distances				
by		3 ☐ Widowed 4 I	Divorced	Year or I	Dates:	ATT	112.100	- GLI 140	Specify.			Sg	secity: Wi	irre	
Completed			5. Decedent's E	ducation		16a, Dece	edent's U	leual Occup	ation	arche i riche e	07.21	16b. Kind	of Business	s/Industry	
ple		Specify Second	only highest gr		(1-4or 5+)	(Givi	DO NOT	work done of Tuse retired	during most f)	t of works	ng				
dwo		Jementary/Jecond	ary (0-12)	College	4	Elect	trica	al Eng	ineer			U.S.	. Gove	ernment	-
		Father's Name (Fir	rst, Middle, Last	j	7				And the second district of the second distric		(First, Middle	Maiden Su	mame)		
88													arramo,		
10		ouis Cha				_			-		instei				
		a. Informant's Nam	and the same of the same of	The state of the s							I Route Numb			Zip Code)	
	P	Bella E.	Chaikin	Wife		10613	Sto	oney H	1111 (Ct. S	ilver	Spring	g, MD	20901	
	20a	. Method of Dispos			20b.	Place of Disp cemetery, ore	// noition //	Name of	sal .		Date	20c. Local	tion - City o	r Town, State	
		¥□ Burial 2 □ 0 4 □ Donation 5			State					12	10/97	Tr - 1	11- 01	h	TTA
	21	Signature of Fund			I.J	ing Dav								nurch,	VA
8	21	State of Funer	A 10	nsee /		Ī	z. Name Lyes-	-Pears	son Fu	y inera	ll Home	s		201	
"	π	Mu	MA	· In	^	1	184/	Wilso	n Blv	rd . A	rlingt	on V	A 22	201	
an al er	lmi dis res	a. Part1. Enter the shock, or hoof for mediate Cause (Fir ease or condition sulting in death)	allura. List only	one cause on	each line.	ath. Do not en	nter the m	node of dyin	g, such as	cerdiac o	r respiratory	arrest,		Approxim Interval 8 Onset en	etween
al er	Imredis res	mediate Cause (Fire	nal litions, ediate ing ury	one cause on	Due to (ath. Do not en	nter the m	node of dyin Rel of):	g, such as	cerdiac o	r respiratory	arrest,		Approxim	etweer
AMedical Examiner	See if a cear Cartha	mediate Cause (Fire ease or condition utking in death) quentially list condition in the co	nal litions, ediate ing ury	one cause on	Due to (th. Do not en	nter the m	node of dyin Rel of):	g, such as	cerdiac o	r respiratory	arrest,		Approxim	etween
a prijan/Medical Examiner	See if a cear Cartha	mediate Cause (Fire ease or condition utking in death) quentially list condition in the co	itions, ediate ing st	bd.	Due to ((or es a conse	dequence o	node of dyin Ref of):	ng, such as	cerdiac o	r respiratory	arrest,		Approxim	etween d Deeth
a prijan/Medical Examiner	See if a cear Cartha	mediate Cause (Fir ease or condition ulting in death) quentially list condi ny, leading to imm use. Entar Underly use (Disease or inji t initiated avants ulting in death) Las	itions, ediate ing st	bd.	Due to ((or es a conse	dequence o	node of dyin Ref of):	ng, such as	cerdiac o	23b. Did	arrest,	e contribut	Approxim Interval B Onset en	etweend Deeth
a prijan/Medical Examiner	Serif a ceu Caatha res	mediate Cause (Fir ease or condition ulting in death) quentially list condi ny, leading to imm use. Entar Underly use (Disease or inji t initiated avants ulting in death) Las	itions, ediate ing st	bd.	Due to ((or es a conse	dequence o	node of dyin Ref of):	ng, such as	cerdiac o	23b. Did	tobacco us	e contribut	Approxim Interval 8 Onset en	etweend Deeth
by Physician/Medical Examiner	See if a ceed a ceed that res	mediate Cause (Fir ease or condition ulting in death) quentially list condi ny, leading to imm use. Entar Underly use (Disease or inji t initiated avants ulting in death) Las	itions, ediate ing st	bd.	Due to ((or es a conse	dequence o	node of dyin Ref of):	ng, such as	cerdiac o	23b. Did	tobacco us	e contribut	Approxim Interval B Onset en	e of de
by Physician/Medical Examiner	See if a ceed a ceed that res	mediate Cause (Fir ease or condition ulting in death) quentially list condi ny, leading to imm use. Entar Underly use (Disease or inji t initiated avants ulting in death) Las	itions, ediate ing st	bd.	Due to ((or es a conse	dequence o	node of dyin Ref of):	ng, such as	cerdiac o	23b. Did	tobacco us	e contribut	Approxim Interval 8 Onset en L GL Were autops evailable pric completion o	e of de
by Physician/Medical Examiner	See if a ceed a ceed that res	mediate Cause (Fir ease or condition ulting in death) quentially list condi ny, leading to imm use. Entar Underly use (Disease or inji t initiated avants ulting in death) Las	itions, ediate ing st	bd.	Due to ((or es a conse	dequence o	node of dyin Ref of):	ng, such as	cerdiac o	23b. Did	tobacco us	e contribut	Approxim Interval 8 Onset en L gl le to the caus Probably 4	e of de
by Physician/Medical Examiner	See if a ceed a ceed that res	mediate Cause (Fir ease or condition ulting in death) quentially list condi ny, leading to imm use. Entar Underly use (Disease or inji t initiated avants ulting in death) Las	itions, ediate ing st	bd.	Due to ((or es a conse	dequence o	node of dyin Ref of):	ng, such as	cerdiac o	23b. Did 1 24a. Wa:	tobacco us	e contribut	Approxim Interval 8 Onset en L GL Were autops evailable pric completion o	e of de
क छ। e Completed by Physician/Medical Examiner	See if a concern of the concern of t	mediate Cause (Firease or condition ulting in death) quentially list condition, leading to immuse. Entar Underly use (Disease or Injit initiated avants ulting in death) Las	itions, ediate ing ury st	bd.	Due to ((or es a conse	dequence o	node of dyin Ref of):	g, such as	cerdiac o	23b. Did 1 24a. Wa:	tobacco us Yes 224	e contribut	Approximation of deeth?	e of de
व हा o Be Completed by Physician/Medical Examiner	Servir a Servir a ser	mediate Cause (Firesease or condition sulting in death) quentially list condition, leading to immense. Entar Underly use (Disease or Inji tinitiated avants ulting in daath) Last III. Other significa	itions, ediate ing ury st	b c d	Due to (for as a conse	equence of	of): of): of):	g, such as	cerdiac o	23b. Did 1 24a. Wa: peri	tobacco us Yes 274 s an eutopsy ormed? Yes 2 4	e contribut	Approxim Interval B Onset en I GL Were autops evailable pric completion o of deeth? 1 Yes 2	e of de
ৰ ছ To Be Completed by Physician/Medical Examiner	See if a cee cee cee cee cee cee cee cee cee c	mediate Cause (Firease or condition ulting in death) quentially list condition y, leading to immuse. Enter Underly use (Disease or Injuly in initiated avants ulting in death) Last till. Other signification.	itions, ediate ing ury st	b. C. Contributing to d	Due to (Due to	(or es a conse	equence of aquence of	of): of): DOA Other	en in Part I. 26. Placa	cerdiac of	23b. Did 1 24a. Wat peri	tobacco us Yes 274 san eutopsyormed? Yes 2 4	e contribut No 3 24b	Approxim Interval B Onset en I GL Were autops evailable pric completion o of deeth? 1 Yes 2	e of de
ৰ ছ To Be Completed by Physician/Medical Examiner	See if a cee cee cee cee cee cee cee cee cee c	mediate Cause (Firesese or condition sulting in death) quentially list condition, leading to immerse. Entar Underly use (Disease or Inji infliated avants ulting in death) Last till. Other signification of the condition of the	itions, ediate ing ury st	b c d Hospital: 1 28a. Data (Mor)	Due to (Due to	for as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of as a consecutive of a consec	equence of a quence node of dyin of): of): of): DOA Other 28c. Injury Worl	en In Part I. 26. Placa er: 4 No. No. y at Kr.	of Death	23b. Did 1 24a. Wa: peri	tobacco us Yes 274 san eutopsyormed? Yes 2 4	e contribut No 3 24b	Approxim Interval B Onset en I GL Were autops evailable pric completion o of deeth? 1 Yes 2	e of dead	
ৰ ছ To Be Completed by Physician/Medical Examiner	See if a cee cee cee cee cee cee cee cee cee c	mediate Cause (Firease or condition ulting in death) quentially list condition, leading to immuse. Entar Underly use (Disease or Inji t initiated avants ulting in death) Las till. Other signification. Was cese referred examiner? Yes 2 Nother all Nother	itions, ediate ing ury st	b c d Hospital: 1 28a. Data (Morn	Due to (Due to	cor as a consector as	equence of equence of	node of dyin of): of): of): DOA Other 28c. Injun Worl 1 □	en in Part I. 26. Placa	of Death	23b. Did 1 24a. Wa: perf 1 (Chack only me 5 Res	I tobacco us Yes 2 Yes 2 ona) idence 6 how injury o	e contribution 3 1 24b.	Approximinterval B Onset en I ggl - I	e of de
ৰ ছ To Be Completed by Physician/Medical Examiner	See if a cee cee cee cee cee cee cee cee cee c	mediate Cause (Firease or condition ulting in death) quentially list condition y, leading to immuse. Entar Underly use (Disease or injuit initiated avants ulting in death) Last 11. Other algnification of the condition of the c	itions, ediate ing ury st	b c d Hospital: 1 28a. Data (Morn nee 28a. Place	Due to (Due to	cor as a consector as	equence of equence of	node of dyin of): of): DOA Other 28c. Injun Worl 1 □	en In Part I. 26. Placa er: 4 No. No. y at Kr.	of Death	23b. Did 1 24a. Wat perf 1 (Chack only) me 5 Res 28d. Describe	I tobacco us Yes 2 Yes 2 ona) idence 6 how injury o	e contribution 3 1 24b.	Approxim Interval B Onset en I GL Were autops evailable pric completion o of deeth? 1 Yes 2	e of de
Certification: To Be Completed by Physician/Medical Examiner	Services Ser	mediate Cause (Firesease or condition sulting in death) quentially list condition, leading to immense. Entar Underly use (Disease or Inji initiated avants ulting in death) Last III. Other signification of the condition of the	itions, ediate ing ury st ant conditions of to medicel 5 □ Panding investigation of □ Could not be determined	b. C. C. Hospital: 1 28a. Place build	Due to (Due to	cor as a consector as	equence of aquence of	DOA Other 28c. Injury World 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en In Part I. 26. Place er: 4 4 No	of Death	23b. Did 1 24a. Wa: perf 1 (Chack only me 5 Res 28d. Describe	tobacco us Yes 2 Yes 2 ona) idence 6 how injury o (Street and \(\) wm, State)	24b.	Approximinterval 8 Onset en I gg	e of de Unki
ৰ ছ edical Certification: To Be Completed by Physician/Medical Examiner	See if a cee cee cee cee cee cee cee cee cee c	mediate Cause (Firesease or condition sulting in death) quentially list condition, leading to immense. Entar Underly use (Disease or Inji initiated avants ulting in death) Last III. Other signification of the condition of the	itions, ediate ing ury st	b	Due to (Due to	cor as a consector as	equence of aquence of	DOA Other 28c. Injury World 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en In Part I. 26. Place er: 4 4 No	of Death	23b. Did 1 24a. Wa: perf 1 (Chack only me 5 Res 28d. Describe	tobacco us Yes 2 Yes 2 ona) idence 6 how injury o (Street and \(\) wm, State)	24b.	Approximinterval 8 Onset en I gg	e of de Unkni ir to Cause No
Certification: To Be Completed by Physician/Medical Examiner	See if a cee cee cee cee cee cee cee cee cee c	mediate Cause (Firease or condition witting in death) quentially list condition witting in death) quentially list condition witting to immuse. Entar Underly use (Disease or Injit initiated avants witting in death) Last	itions, ediate ing ury st and conditions of the medical state of the med	b	Due to (Due to	cor as a consector as	equence of a squence DOA Other Work of tory, office and at the time lon, in my on 29c. License	en In Part I. 26. Place er: 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	of Death	23b. Did 1 24a. Wa: perf 1 (Chack only) me 5 Res 28d. Describe 28f. Location City or To	I tobacco use I Yes 2 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	e contribut No 3 F	Approximinterval Bonset en Interval Bonset en Inter	e of de Unkr	
ৰ ছ edical Certification: To Be Completed by Physician/Medical Examiner	See if a cee cee cee cee cee cee cee cee cee c	mediate Cause (Firease or condition ulting in death) quentially list condition ulting in death) quentially list condition, leading to immuse. Entar Underly use (Disease or Inji t initiated avants ulting in death) Las till. Other signification of the condition itions, ediate ing ury st and conditions of the medical state of the med	b	Due to (Due to	cor as a consector as	equence of a squence DOA Other Work of tory, office and at the time lon, in my on 29c. License	en In Part I. 26. Place er: 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	of Death	23b. Did 1 24a. Wa: perf 1 (Chack only) me 5 Res 28d. Describe 28f. Location City or To	I tobacco use I Yes 2 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	e contribut No 3 F	Approximinterval Bonset en Interval Bonset en Inter	e of de unk y finding to f cause No		
ৰ ছ edical Certification: To Be Completed by Physician/Medical Examiner	See if a cercary of the cercary of t	mediate Cause (Firease or condition witting in death) quentially list condition witting in death) quentially list condition, leading to immuse. Entar Underly use (Disease or Injit initiated avants uiting in death) Las till. Other algnification witting in death and the condition of the condit	itions, ediate ing ury st ant conditions of to medicel 5 Panding investigation of the determined determined conditions of the conditions	b	Due to (Due to	cor as a consector as	equence of a squence DOA Other Work of tory, office and at the time lon, in my on 29c. License	en In Part I. 26. Place er: 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	of Death	23b. Did 1 24a. Wa: perf 1 (Chack only) me 5 Res 28d. Describe 28f. Location City or To	I tobacco use I Yes 2 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	e contribut No 3 F	Approximinterval Bonset en Interval Bonset en Inter	e of de Unk y finding to to to to to to to to to to to to to	
ৰ ছ edical Certification: To Be Completed by Physician/Medical Examiner	See if a cercary of the cercary of t	was cese referred examiner? I Death of the resident of the re	itions, ediate ing ury st ant conditions of to medicel 5 Panding investigation of the determined determined conditions of the conditions	b	Due to (Due to	cor as a consector as	equence of a squence DOA Other Work of tory, office and at the time lon, in my on 29c. License	en In Part I. 26. Place er: 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	of Death	23b. Did 1 24a. Wa: perf 1 (Chack only) me 5 Res 28d. Describe 28f. Location City or To	I tobacco use I Yes 2 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	e contribut No 3 F	Approximinterval B Onset en I Guerral Route No. Were autops evallable pric completion of deeth? 1 Yes 2 ec/fy)	e of de universe of de unive	



State of Maryland / Department of Health and Mental Hygien § 7 39483

							Cer	tificate o	of Death		R	eg. No.		
	11.0		1. Decedent's Nar	ne (First, Middla, La	ist)		100130			2	. Date of Deat	h	1250	3. Time of Death
	Physic		G	IRLEAN	E. C	HASE					DEC.	14,1	Year 997	2030
	/Medi Exami		4a. Facility Name	(If not institution, giv					4b. City, Tow	n, or Loca	ition of Death	4c. County		2030
4	LAGIIII	161	SHAD	Y GROVE	V DALEVIA	ידכיי א	ОСРТТ	λT.	POC	KVII	TE	MONT	TGOM	PDV
1	Funeral		5. Social Security I			7. Aga (In yrs.		If Undar 1 Ya		4 Hrs. 8	בעני. Data of Birth			
	Director		213-56- Usuai Residence d	6096	I□M 260F	59	Yrs.	Months Da	ys Hours	Min.	Data of Birth (Month, Dey, Apr.]	6,193	8 Ma	lace (Stete or Foreign eryland
	and		10a. State	10b. County		10c, Cit	y, Town or Lo	cation					1	Od. Insida City Limits
	/shc	0	MD	Montgo	merv		Gai	thers	hura					1 ☐ Yas 2X No
	28a-	ect	10e. Street and Nu		mer y		Jul	10f. Zip Coo				0- 09:41	10-10-11	
	th with	Funeral Director		Stream	side D	rive			0879			0g. Citizen of V U.S		try
	dea dea	ner	11. Marital Status		12. Was Dece Armed For	dent Ever in U	S. 13. V	Vas Dacedent	of Hispanic Origi Cuban, Mexican,	In? (Speci	ty Yas or No-			ean Indian,
020	filed within 72 hours efter death with the Maryland Hygiene. 'haturel', or frems 23e or 28e-f show int, the Medical Exeminer must be notified at	by Fu		ried 2 Married 4 Divorcad	1 Yas If Yes, Give	2₽No e		Yas 2		Puello Hi	can, etc.)	Specify	ck, White,	ack
21215-0020	nature	leted	(Spe	15. Decedent's E	ducation ade completad)		(Giva	ent's Usual Ockind of work do	na during most	of working		16b. Kind of Bu	usinass/ind	Justry
	s 1 end 2 should be filed within 72 hours if Health end Mental Hygiene. Item 27 is marked other than "naturel", other traumatic event, its Medical Exi	Completed	Elementery/Sec 8th	ondery (0-12)	College (1	-4or 5+)		me Ma	ker			НО		
nd	tai Hy d oth	Be		(First, Middle, Last)							Aeiden Sumem	10)	
yla	should bind Ment	10	Roy Ch	ase					Luc	ılle	Hacke	∋y		
Maryland	2 sho end is me			lame/Relationship (* .				reet end Number					
	1 end Health em 27 ther tr		Mary C	Chase (D	aughte:	r)	212	Perry	winkle	Ln.	, Gai	thersb	urg,	MD 20878
ore	of He		20a. Method of Dis	sposition	Bomoval from 6		Place of Disposemetery, crem	sition (Neme o	f plece)		Date	20c. Location -	City or To	wn, Stata
Ē	Pages nent of I int: If ite			5 Other (Special		Ga	ate of	Heave	en Cem	. 12	/20/97	Silv	er S	Spring, M
Baltimore,	permit. Pages 1 end Department of Health Important: If tem 27 eny Injury or other ti once.		21. Signatury of F	unaral Service Lige	Proof In	enk	au 22	SNOWD	dress of Facility EN FUNI	ERAL	HOME 20850	, P.A.		
	Physician /Medicai Examiner		shock, or her shock, or her lmmediate Cause disease or conditi resulting in death)	on		rdiopu		ry Ar		ardiac or i	espiratory arm		n	Approximate Interval Between Onset and Deeth
Н	D &	Examiner			Ga	11 Bla	dder,	Canc	er				n	nonths
	nd	E	Sequentially list of	onditions,	0.		r as a conseq	-		- 17				
ó	an e		Sequentially list or if any, leading to it cause. Enter Und Ceuse (Disease or that initiated event	mmediate erlying	De	ep Vei	n Thr	ombos	is				is	days
ox 68760,	deeth certificate be executed e attending physician end ed for use es the buriel-transit	n/Medical	that initiated event resulting in death)	Last	d	_	ras a consequ							
Bo	d for	Icla	Part II. Other elani	ficant conditions	contributing to do	ath hut not room	ulting in the us	doduina acus	shoon in Dart I		22h Old to	haces use see	ntelbute te	the cause of death?
P.0	es that the de igned by the a be detached t	/ Physician		nic Rena			uning in the ur	loenying cause	given in Part I.			3.7		bably 4 Unknown
Records,	requires been sign should be	leted by	Gastı	cointest	inal B	leedir	ng				24e. Wes a perfor		av	ere autopsy findings allable prior to mpletion of cause
al Re	The law cate hes b	Completed	Severe	e Esopha	gitis						1 □ Ye	s 2 XNo		deeth? ☑Yes 2⊠No
Vital	ysician: The s certificate director, pag	Be	25. Was case refe examiner?	rred to medical						of Deeth (Check only on	Θ)		
of	2 00	2	1 ☐ Yes 2 🖸	C No	Hospital: N Ir	npatiant 2	ER/Outpatien	3□ DOA	Other: 4 Nurs	sing Home	5 Reside	nce 6 □Oth	er (Specif	y)
ion	Jing After fune	ation:	27. Manner of Dee Netural 2 Accident	th 5 Pending Investigatio		of Injury h, Dey Year)	28b. Time of Injury		njuryat Work? 1 □ Yes 2 □ N		d. Describe ho	ow injury occur	red	
Division	* # F C	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	289. Place	of Injury - At hong, etc. (Specify	ome, farm, stra y)	aet, factory, off	ica	28	f. Location (Si City or Town		er or Rure	il Route Number,
	To the Hospital or within 24 hours effer To the Funeral Dirticompletely filled in	edical (29a. Certifier (Check only one)	1 Certifying Ph 2 Medical Exam	ysician: To the la niner: On the ba and mann	sis of examine	wiedge, death tion and/or inv	occurred et the	e time, date and ny opinion, death	place, an	d due to the co	euse(s) end me ate and place,	enner es s and due to	eted. the cause(s)
	To th Withir	Me	29b. Signature and	title of certifier	N/	۱۸			ense number	Λ		9d. Date signe		

State Registrar

31. Dete filed (Month, Dey, Yeer) DEC 19 1997 32. Registrar's Signature

Jatinder Singh Sekhon, M.D. 502 N. Frederick Ave., Gaithersburg, MD

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

Edward Edward K-150156 (6-4-5)

State of Maryland / Department of Health and Mental Hygiene 9 7 3 9 4 8 4

Physicia Physicia		Decedent's Name (First, Middle, La	pet)		Certifica	ate of L	Jeani	2. Date of Dea	leg. No.		Time of Death
	an							Month	Day	Year	Tima of Death
/Medica		4a. Facility Name (If not institution, give	Mary Margan we street and number)		holm	4	b. City, Town, or	Decembe Location of Death	r 15,]		:42 pm
- Aurilli	٠' ا	Manor Car	e Bethesda	a			Reth	esda	Mon	tgomery	7
unerai		5. Social Security Number 6. S	Sex 7. Ag	e (In yrs. last bin		der 1 Year	If Under 24 Hrs	8. Date of Birth			(State or Fore
rector		216-38-6074 Usuai Residence of Decedent	1□M 2፟ØF	70	Yrs. Month	hs Deys	Hours Min.	January 8		Scot.	
show		10a. State 10b. County		10c. City, Town	n or Location					10d. li	nsida City Lim
or 28a-f short	to	Maryland Montgo	mery			Si1	ver Spr	ina		1	☐Yes 2🛛
or 28a-f	Funeral Director	10e. Street end Number	mery		10f.	Zip Code	ver phr		0g. Citizen of	What Country?	
23a c	0	14112 Gran	d Pre Road	1			20906		I.I.	3 h - 1 C+	
reer ma	ner	11. Marital Status	12. Was Decedent	Ever in U.S.	13. Was De	cedent of Hi		specify Yes or No- to Ricen, etc.)	14. Red	ited St	
0	by Fu	1 ☐ Never Married 2 ☐ Married 3 🛣 Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2 1 1 If Yas, Give Year or Dates:	Vo		2 X No		to Hicen, etc.)	Specif		:
and H		15. Decedent'a E		18a.	Decedant's U	sual Occupa	itlon		16b Kind of B	W [] usiness/industr	ite
is marked other than "naturel", sumatic event, the Medical Ext	Completed	(Specify only highest gra	ade completed)		(Give kind of life, DO NO	work done d Tuse ratired	uring most of wo	rking	TOO. THING OF D	2011000211100001	
E P	E O	Elementary/Secondary (0-12)	Collaga (1-4or 5	i+)		counta				Retail	
out,	BeC	17. Fathar's Name (First, Middle, Last,			ACI			me (First, Middle,	Malden Suman		
s marked o	ToB	Andr	ew Perry					Manda)/- D:		
Tar.	-	19a. informant's Name/Relationahip (19b	. Mailing Addr	ess (Street a	ind Number or R	Marion ural Route Numbe	MacRi City or Town		(a)
27 is		John Andress Chick	-1/ C								
item 27 other tr	1	John Andrew Chish 20a. Method of Disposition	OTIM/ SON	20b. Place of	Disposition (Vame of	December December	Davidso	nville,	Mary Lar	nd_210 State
y or		1 Burial 2 Cremetion 3 C		cemeter	y, crematory c	or other place	December	17, 1997			
mportant: If any injury or ance.	1	4 Donation 5 Other (Specifical Signature of Puneral Service Licer		Mont			atorium		Beth	iesda, 1	Maryla
any any		1 02	11	M00335	obert	A Ch	umphrey evy Chas	Funeral 20814	Home W:	isconsi	n Aver
	T	23a. Part1. Enter the freese, or com shock, or heert failure. List only	p/cations that ceused		not enter the m	node of dylng	, such as cerdia	c or respiretory err	est,	App	roximate
sician		snock, or neert failure. List only	one cause on eech iir	10.						Inte Ons	rvel Between set end Deeth
edical		Immadiate Cause (Final	Conni	m						10	2
miner		disease or condition resulting in death)	a	noma Lur		-A.				10	days
	ē			Due to (or as a o	consequance c	31).					
physician and s the bunel-transit	Examiner	Sequentially list conditions	b	Due to (or as a c	consequence (M·					
in ar	Ĭ.	Sequentially list conditions, if any, leading to immediate ceusa. Entar Underlying Causa (Disease or injury		D 0 0 10 (0. 40 4 0	romondadina e	,,,					
ysicii ie bu	Medical	that miliated events	C	Due to (or as e c	onsequence o	of)·					
	8	resulting In death) Lasf		200 10 (01 20 0 0	onouguenou o						
as t											
0 8			d								
0 8		Part iii Other significant conditions o	ontributing to death by	at not encuiting In	the underhile	a course abus	n in Part i	22h Did t			
0 8		Part ii. Other significant conditions of	ontributing to death bu	ut not resulting In	ı fhe underlyin	g ceuse give	n in Part i.	1		ntribute to the	
by the attending tached for usa a	Physician	Part ii. Other significant conditions o	ontributing to death bu	ut not resulting In	the underlying	g ceuse give	n in Part i.	100		ntribute to the	
igned by the attending be datached for usa a	by Physician		d	ut nof resuiting In	i the underlying	g ceuse give	n in Part i.	1 🗆 Y	es 2 No	3⊠ Probably	4 ☐ Unkr
igned by the attending be datached for usa a	by Physician		d.	ut nof resulting In	n the underlying	g cause give	n in Part i.	100	es 2 No	3⊠ Probably 24b. Were er evalleble complete	4 Unkrutopsy finding
has been signed by the attending ge 2 should be datached for usa a	by Physician		d	ut nof resulting In) fhe underlyin	g ceuse give	n in Part i.	1 ☐ Y	es 2□ No n autopsy ned?	3⊠ Probably 24b. Were er evalleble	4 Unkr
has been signed by the attending ge 2 should be datached for usa a	Completed by Physician/	Pneumonia	d.	ut nof resulting In	i fhe underlyin	g ceuse give	n in Part i.	1 ☐ Y	es 2 No	24b. Were e evalieble complet of death	4 Unknutopsy finding
efficate has been signed by the attending sctor, page 2 should be datached for usa a	Be Completed by Physician/	Pneumonia 25. Was cese rafarrad to medicei examiner?		ut not resulting In	i fhe underfyln		26. Place of Dea	1 U Y	n autopsymed?	24b. Were en evalleble complet of death	4 ☐ Unkrutopsy finding e prior to ilion of cause
his certificate has been signed by the attending all director, page 2 should be datached for usa a	To Be Completed by Physician/	Pneumonia 25. Was cese ratarrad to medicei examiner? 1 □ Yea 2 ⊠ No	Hospitai: 1 ☐ inpatie	nf 2□ ER/Out	tpatient 3□	DOA Othe	26. Piace of Dea f: 4₭ Nursing H	1 Y	n autopsy ned?	3⊠ Probably 24b. Were evaliable complet of death 1 □ Yes	4 ☐ Unkrutopsy finding e prior to ilion of cause
his certificate has been signed by the attending all director, page 2 should be datached for usa a	To Be Completed by Physician/	Pneumonia 25. Was cese rafarrad to medicei examiner? 1	Hospital: 1 ☐ inpatie 28a. Date of Injur (Month, Da)	nf 2□ ER/Out	tpatient 3□	DOA Othe	26. Piace of Dea f: 4 \(\bar{\text{N}}\) Nursing H	1 U Y	n autopsy ned?	3⊠ Probably 24b. Were evaliable complet of death 1 □ Yes	utopsy finding e prior to ilion of cause
his certificate has been signed by the attending all director, page 2 should be datached for usa a	To Be Completed by Physician/	Pneumonia 25. Was cese ratarrad to medicei examiner? 1	Hospital: 1 inpatie 28a. Date of Injur (Month, Day	onf 2□ ER/Out ry y Year) 28b. T ir	tpatient 3⊡ Tima of njury M	DOA Othe	26. Piace of Dea f: 4₭ Nursing H	1 Y 24a. Was a perfor 1 Y ath (Check only or or or 5 Reside 28d. Describe hi	n autopsymed? ss 2 No ne) e) e) e) e) e) e) e) e) e	3 Probably 24b. Were established evailable completed of death 1 Yes er (Specify)	utopsy finding e prior to ilion of cause ?
rector: After this certificate has been signed by the attending I by the tuneral director, page 2 should be detached for use a	To Be Completed by Physician/	Pneumonia 25. Was cese rafarrad to medicei examiner? 1 □ Yea 2 ☑ No 27. Manner of Death 1 ☑ Naturai 5 □ Pending	Hospitai: 1□ inpatie 28a. Date of Injur (Month, Day	onf 2□ ER/Out ry Year) 28b. T in	tpatient 3⊡ Tima of njury M	DOA Othe	26. Piace of Dea f: 4 \(\bar{\text{N}}\) Nursing H	1 Y	n autopsymed? as 2 No ne autopsymed? as 2 No ne) ance 8 Oth ow injury occur reet and Numbre	3 Probably 24b. Were established evailable completed of death 1 Yes er (Specify)	utopsy finding e prior to ilion of cause ?
rector: After this certificate has been signed by the attending I by the tuneral director, page 2 should be detached for use a	Certification: To Be Completed by Physician	Pneumonia 25. Was cese rafarrad to medicei examiner? 1	Hospital: 28a. Date of Injur (Month, Day) 28e. Place of Injur building, etc. yalcian: To the best on the pass of the pa	enf 2 ER/Out Ty Year) 28b. T in ury - At home, far c. (Specify) of my knowladga, examination end	tpatient 3 Mina of njury Minm, sfreet, fact	DOA Othe 28c. Injury Work 1 Y ory, office	26. Piace of Dea f: 4 k Nursing H at 7 /es 2 □ No	24a. Was a performant of the control	n autopsy med? ss 2 No ne) ss 2 No ne) ne) nece 8 Oth w injury occur reet and Numb n, State)	3 ☑ Probably 24b. Were establed evaluation of death to the complete of death to the complete of death to the complete of death to the complete of death to the complete of t	utopsy finding e prior to lion of cause? ≥ 2 No
rector: After this certificate has been signed by the attending I by the tuneral director, page 2 should be detached for use a	redical Certification: 10 Be Completed by Physician	Pneumonia 25. Was cese rafarrad to medicei examiner? 1	Hospital: 1 inpatie 28a. Date of injur (Month, Day 28e. Place of injur building, etc.	enf 2 ER/Out Ty Year) 28b. T in ury - At home, far c. (Specify) of my knowladga, examination end	tpatient 3 Imma of njury Mmm, sfreet, fact	DOA Othe 28c. Injury Work 1 Y ory, office	26. Piace of Dea f: 4™ Nursing H at ? es 2 □ No e, date and place inion, death occu	24a. Was a performant of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the time, defined at the time, defined at the time, defined at the control of the cont	n autopsymed? ss 2 No ne) ee nece 8 Oth ow injury occur reet and Numb n, Stafe) ausa(s) and ma ate end place,	3⊠ Probably 24b. Were evaileble complet of death 1 □ Yes er (Specify) red annar as stated, and due to the death	utopsy finding e prior to filion of cause? 2 □ No 10 □ No
The Fundral Director: After this certificate has been signed by the attending pletely filled in by the funeral director, page 2 should be datached for use a	redical Certification: 10 Be Completed by Physician	Pneumonia 25. Was cese rafarrad to medicei examiner? 1	Hospital: 28a. Date of Injur (Month, Day) 28e. Place of Injur building, etc. yalcian: To the best on the pass of the pa	enf 2 ER/Out Ty Year) 28b. T in ury - At home, far c. (Specify) of my knowladga, examination end	tpatient 3 Imma of njury Mmm, sfreet, fact	DOA Othe 28c. Injury Work 1 Y ory, office ad at the time on, in my opi	26. Piace of Dear f: 4™ Nursing H at 7 fes 2 □ No e, date and place inion, death occu	24a. Was a performant of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the time, defined at the time, defined at the time, defined at the control of the cont	n autopsymed? ss 2 No ne) ee nece 8 Oth ow injury occur reet and Numb n, Stafe) ausa(s) and ma ate end place,	3 ☑ Probably 24b. Were establed evaluation of death to the complete of death to the complete of death to the complete of death to the complete of death to the complete of t	utopsy finding e prior to filion of cause? 2 □ No 10 □ No
rector: After this certificate has been signed by the attending I by the tuneral director, page 2 should be detached for use a	redical Certification: 10 Be Completed by Physician	Pneumonia 25. Was cese rafarrad to medicei examiner? 1	Hospital: 28a. Date of Injur (Month, Day) 28e. Place of Injur building, etc. yalcian: To the best on the pass of the pa	enf 2 ER/Out Ty Year) 28b. T in ury - At home, far c. (Specify) of my knowladga, examination end	tpatient 3 Imma of njury Mmm, sfreet, fact	DOA Othe 28c. Injury Work 1 Y ory, office ad at the time on, in my opi	26. Piace of Dea f: 4™ Nursing H at ? es 2 □ No e, date and place inion, death occu	24a. Was a performant of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the time, defined at the time, defined at the time, defined at the control of the cont	n autopsymed? s 2 No ne) nece 8 Oth ow injury occur reef and Numb n, State) ausa(s) and ma ate end place, 9d. Defe signed	24b. Were es evaileble complete of death 1 Yes er (Specify) red er or Rural Roule annar as stated, and due to the of the	utopsy finding e prior to filion of cause? 2 No 1 No
rector: After this certificate has been signed by the attending I by the tuneral director, page 2 should be detached for use a	Medical Certification: To Be Completed by Physician	Pneumonia 25. Was cese rafarrad to medicei examiner? 1	Hospital: 28a. Date of injur (Month, Day) 28e. Place of injur building, etc. 28i. Place of injur building, etc. 28i. Place of injur building, etc. 28i. Place of injur building, etc.	enf 2 ER/Out Ty Year) 28b. T in ury - At home, far c. (Specify) of my knowladga, examination end ited.	tpatient 3 Ima of njury Mmm, sfreet, fact dor investigation for the street fact Type, Print)	DOA Othe 28c. Injury Work 1 Y ory, office ed at the time on, in my opi 29c. License	26. Piace of Dear of All Nursing Hat? Pes 2 □ No	24a. Was a performant of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the time, defined at the time, defined at the time, defined at the control of the cont	n autopsy med? es 2 No ne) ence 8 Oth ow injury occur reet and Numb n, State) ausa(s) and ma ate end place, 9d. Dete signed	24b. Were en evallebit complet of death 1 - Yes er (Specify) red er or Rural Rousenanar as stated, and due to the cod (Month, Day, er 17,	utopsy findin; e prior to illon of cause ? s 2 No nte Number, ceuse(s) Year)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1, Decedant's Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death Month **Physician** December 16 COLES EDWARD 5:09 Am /Medicai 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL

colel Security Number 6. Sax 7. Aga (In yrs. last birthday) 1 Undar 1 Yaer ROCKVILLE
If Undar 24 Hrs. 8. Data MONTGOMERY 5. Sociel Security Number 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** Days Months Hours MM 2DF Yrs. 076-22-3458 72 Director July23,1925 West Africa Usuat Rasidanca of Decadant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 No Director Montgomery Gaithersburg 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 Herns 23a 8233 Hedge Apple Way 20879 U.S.A. Funeral 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedant of Htspenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. Peges 1 and 2 should be filed within 72 hours effer or the off Health end Mental Hygiene. Int: If Item 27 Is marked other than "natural", or Item 1 XYes 2 No
If Yas, Giva
Yaar or Datas: 44-46 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Black by 3 ☐ Widowad 4 ☑ Divorced Completed 16e. Dacedani's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Dacadant's Education (Specify only highest grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+) Chemical Engineer TRW 17. Fethar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumeme) Be Samuel B. Coles Bertha Terry 19b. Maiting Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 20879 19a. Informant's Name/Raletlonship (Type, Print) permit. Peges 1 and 2 s Department of Health er Important: If Item 27 Ia any Injury or other trau 8233 Hedge Apple Way, Gaithersburg, MD McEleney (Daughter) 20b. Plece of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 Cremetion 3 ☐ Ramovat from Stata Metropolitan Fun. Sv. 12/18/97 Alexandria, VA 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Literase 22. Nama and Addrass of Facility
SNOWDEN FUNERAL HOME, P.A.
ROCKVILLE, MD 20850 Part1. Entary disease, or demplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or he in failure. List only one cause on each line. Approximete Interval Batween Onsat and Death **Physician** /Medical PULMONARY EMBOLISM Immediate Causa (Final disaasa or condition rasulting to daath) Examiner Dua to (or es a consequanca of):
DEEP VENXIS THROMBUSIS The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that Initiotad evants rasulting in daath) Lest pue LUNG CANCER physician Physician/Medical the ettending for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributs to the causs of death? Chronic Postrochue lung disease, métastatic ate has been signed by page 2 should be detac 1 Yss 2 No 3 Probably 4 Unknown Be Completed by disease to pleura + rit 24b. Were autopsy findings avaitable prior to 24e. Was an autopsy performed? completion of cause of daeth? 1 Yas 2 No 1 Yes 2 No certificate 25. Was casa rafarred to madicat examinar? 26. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To 27. Mannar of Death 28e. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? 5 Panding Investigation 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicida 6 Could not be datarmined 28a. Placa of Injury - At homa, farm, straet, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homleide

P.O. Box 68760, Records, Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifical completely filled in by the funeral director, it within 24 hours e To the Funeral D completely filled

29a. Certifian

11 Cartifying Physician: To the bast of my knowledge, deeth occurred et the time, date and plece, end due to the ceuse(s) and menner as steted.
2 Medical Examinar: On the basis of examination and/or investigation, in my optnion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signaty and title of certifie

29c. Licansa number

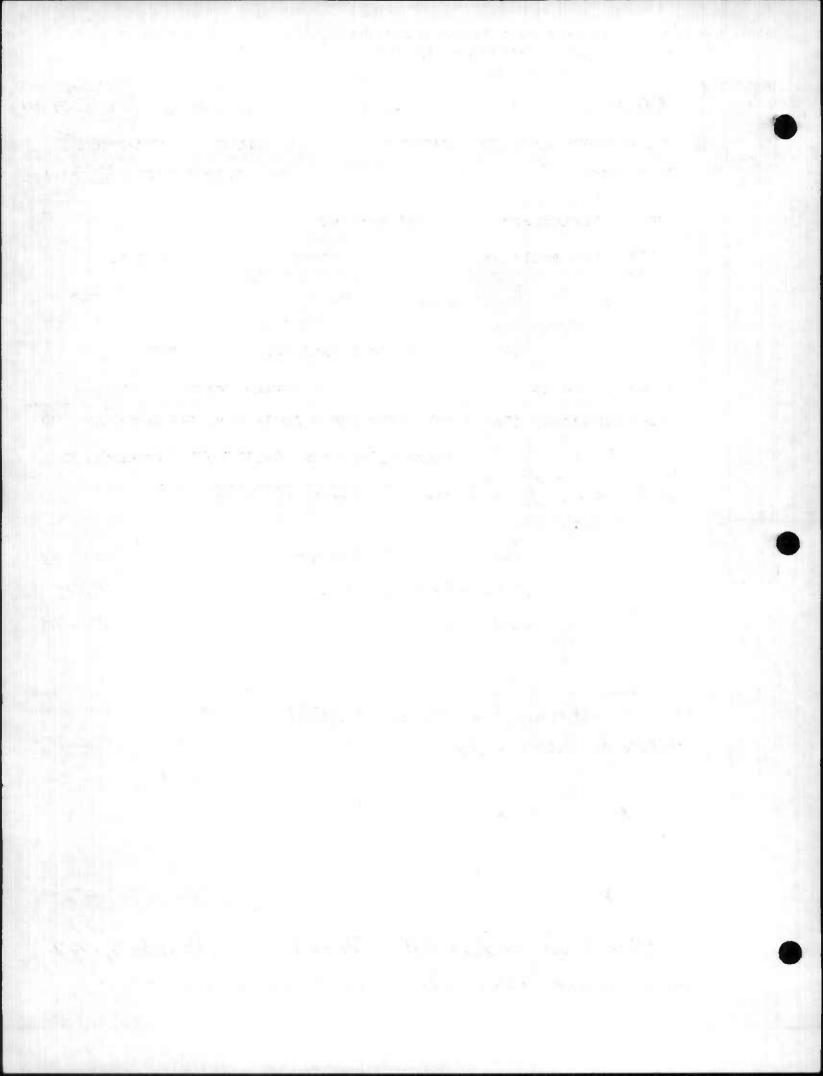
29d. Data signed (Month, Dey, Year)

30. Nama and address of person who completed causa of daath (Item 23e) (Type, Print)

15225 SHADY GROWERD ROCKVILLE MD 20850 32. gegistrar's Signetura
Alia Davidson Rondolle

State Registrar

Medical

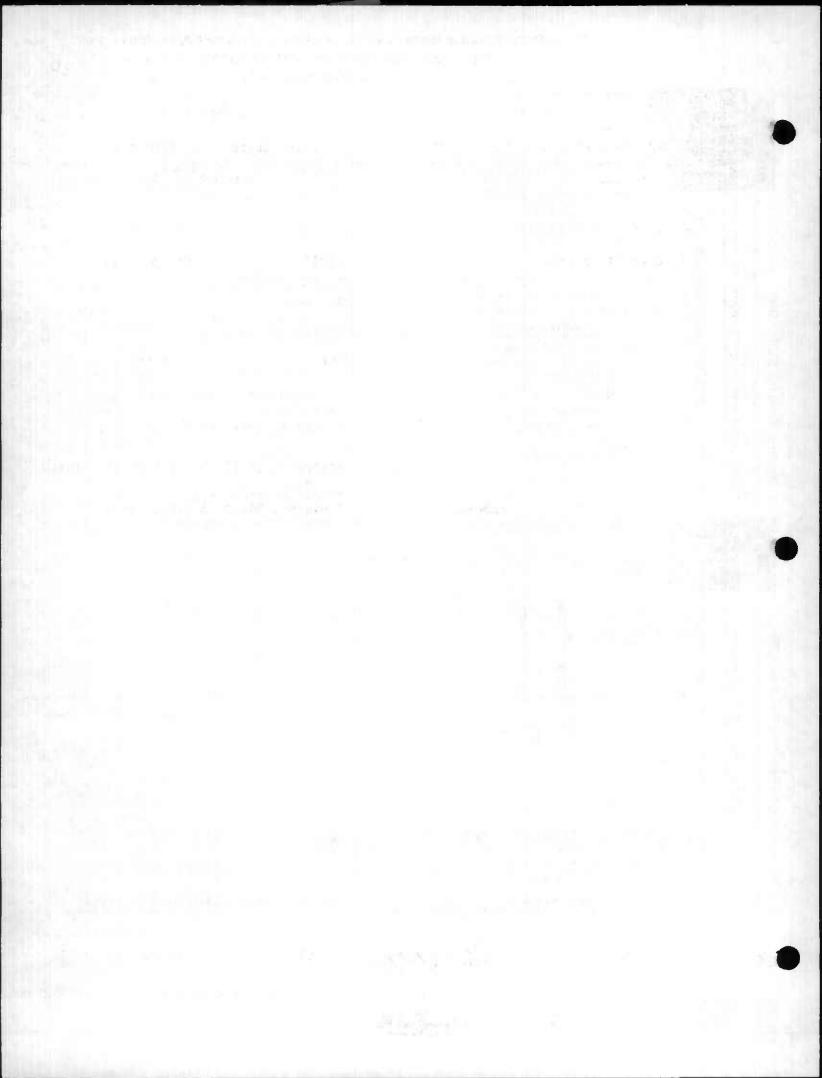


State of Maryland / Department of Health and Mental Hygiene 7 301,86

		 Decedent's Neme (First, Middle 	[pet)					2. Date of Dea	eg. No.		2 Time of Day
ysician		Augustine M.		м				Month	Dev	Year	3. Time of Deeth
Medical	H						45 02 7000 0	Decembe		1997	7:00 PM
aminer	ľ	e. Facility Name (If not institution, Manor Care Heal	-		www.Chase			Location of Deeth	4c. County		
	4		6. Sex	7. Age (in yrs.	•	If Under 1 Ye	Chevy Cl			omery	
eral ctor	0	087-05-4301	1□M 2X1F	8		Months Day			9, 190	Count	iace (State or Forei try) 2W York
		Usual Residence of Decedent 10a. State 10b. County		10c Cit	ty, Town or Loca	tion				140	0d. fnslde City Limi
nottried at	5 1		omery							"	1 ☐ Yes 2 ☑ N
note:	3	10e. Street and Number	Joillety	CIII	evy Chas	10f. Zip Code		Τ,	Og. Citizen of	Afhat Count	
ing must be notified		7712 Curtis Stre	a t				0815		United		
lera lera		11. Maritel Status		edent Ever in U	.S. 13. Wa					e - America	
P A		1 Never Married 2 Marrie	Armed Formed To 1 Tyes If Yes, Gir Year or D	edent Ever in U prces? 2 No ve ve pates:	1f Y		of Hispenic Origin? (suban, Mexican, Puer No Specify:	to Ricen, etc.)		ck, White, e	etc.
eted by	1	15. Decedent	s Educetion	1000	16e. Deceder	nt's Usuai Occ	cupation		16b. Kind of B		
		(Specify only highes Elementery/Secondary (0-12)	college (1-4or 5+)	(Give kir life. DO	nd of work do NOT use ret	cupation ne during most of wo ired)	orking			
TO.		12	Conago (1 401 011	Ho	omemake	er		Own Ho	me	
event, the Medical I		17. Father's Neme (First, Middle, L	.ast)				18. Mother's Na	me (First, Middle,	Meiden Suman	10)	
To		George Mack					Augusti	ine Reine	rt		
mne		19a. Informant's Name/Relationsh					eet and Number or R				
other traumatic event,		Anne M. Dean	(niece)				Street, (Chevy Cha	se, Mar	yland	20815
r ot	2	20e. Method of Disposition 1 □ Burial 2 ☑ Cremation	2 Demoval from	State 20b. P	Place of Disposit cometery, creme	ion (Neme of tory or other p	olace)	Date	20c. Location -	City or To	wn, State
eny injury or o	1	4 □ Donation 5 □ Other (Sp		Che	esapeake	e Crema	atory	2-13-97	Belts	ville	, Maryla
N 20		21. Signature of Funeral Service L	icensee		22. N	Name and Add	dress of Fecility				
2 8		1 Canal	'C. D.	0	Kar	p Fune	eral Servi Avenue, S	ces, P.A		la manali a	and 2091
icai		Immediate Cause (Final disease or condition	Alzi	heimer's	s Diseas		tying, such as cardia			1	Approximete Interval Between Onset and Deeth
iner e		disease or condition resulting in death)	a	Due to (o umonia	S Diseas or as a conseque	Se ence of):					
riel-trensit Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	a	Due to (o UMOn i a Due to (o	or as a c <i>on</i> seque	SE ence of): ence of):					Interval Between
s the buriel-trensit adical Examiner		disease or condition resulting in death)	a	Due to (o UMOn i a Due to (o	or as a conseque	SE ence of): ence of):					Interval Between
e es the buriel-trensit Medical Examiner		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Couse (Disease or Injury that initieted events	a	Due to (o UMOn i a Due to (o	or as a c <i>on</i> seque	SE ence of): ence of):					Interval Between
or use es the buriel-trensit and in a service es the service es the buriel-trensit and in a service es the buriel-trensit and in a service es the buriel-trensit and in a service es the buriel-trensit and in a service es the buriel-trensit and in a service es the buriel-trensit and in a service es the buriel-trensit and in a service es the buriel-trensit and in a service es the buriel-trensit and in a service es the buriel-trensit and in a service es the buriel-trensit es the buriel-tren		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last	a	Due to (o UMO n i a Due to (o	or as a conseque	Se ence of): ence of):					Interval Between Onset and Deeth
teched for use as the buriel-trensit	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Couse (Disease or Injury that initieted events	a	Due to (o UMO n i a Due to (o	or as a conseque	Se ence of): ence of):			obacco use co		Interval Between Onset and Deeth
be deteched for use as the buriel-trensit by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last	a	Due to (o UMO n i a Due to (o	or as a conseque	Se ence of): ence of):		23b. Did to	obacco use co es 2∕☐ No in autopsy	3 ☐ Prob	Interval Between Onset and Deeth the cause of deat bebly 4 Unknown
be deteched for use as the buriel-trensit by Physician/Medical Examiner	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last	a	Due to (o UMO n i a Due to (o	or as a conseque	Se ence of): ence of):		23b. Did to	obacco use co es 2∕☐ No in autopsy	3 Prob	Interval Between Onset and Deeth the cause of deat pebly 4 Unknown
page 2 should be deteched for use as the buriel-trensit	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last	a	Due to (o UMO n i a Due to (o	or as a conseque	Se ence of): ence of):		23b. Did to	obacco use co es 2 No in autopsy med?	3 Prob	Interval Between Onset and Deeth Onset and Deeth onset and Deeth on the cause of death o
ector, page 2 should be deteched for use as the buriel-trensit	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last	b. Pnet d	Due to (o UMO n i a Due to (o	or as a conseque	second of the se	given in Part I.	23b. Did to 1 1 2 4a. Was a perior	obacco use co les 2\(\frac{1}{2}\) No lin autopsy med?	3 Prob	the cause of deat or the cause of deat or the cause of deat or autopsy finding sliable prior to mpletion of cause death?
al director, page 2 should be deteched for use as the buriel-trensit and director, page 2 should be deteched for use as the buriel-trensit.	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition 25. Was case referred to medical exeminer? 1 Yes 200 No	b. Pnet d	Due to (or Due to (or Due to (or eath but not residue)	or as a consequence or as a consequence or as a consequence or as a consequence of as a consequence of a con	Seence of): nnce of): eriying ceuse	given in Part I. 28. Place of De	23b. Did to 1 Y 24a. Was a perform 1 Y ath (Check only or or or or or or or or or or or or or	obacco use co (es 2\(\) No in autopsy med? es 2\(\) No ine) ence 6 \(\) Oth	24b. We ava con of c	Interval Between Onset and Deeth Deeth Onset and Deeth Deeth Onset and Deeth Deeth Onset and Deeth
funeral director, page 2 should be deteched for use as the buriel-trensit of the control of the	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition 25. Was cese referred to medicel exeminer? 1 Yes 20 No 27. Menner of Death 1 Natural 5 Pending Investign	Hospital: 1 188. Date (Mont	Due to (o UMO n i a Due to (o Due to (or eath but not resi	or as a conseque	serlying ceuse	given in Part I. 28. Place of De	23b. Did to 1 Y 24a. Was a perform 1 Y	obacco use co (es 2\(\) No in autopsy med? es 2\(\) No ine) ence 6 \(\) Oth	24b. We ava con of c	Interval Between Onset and Deeth Onset and Dee
funeral director, page 2 should be deteched for use as the buriel-trensit of the control of the	F	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Part II. Other significant condition 1 Yes 2 Xi No 7. Menner of Death 1 Xi Natural 5 Pending	Hospital: 1 28a. Date (Monitor) to be 28e. Place	Due to (or Due to (or	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence of as a consequence of a	serior of): nce of): erlying ceuse 3 □ DOA □ 28c. In	28. Place of De Other: 4 □XNursing I	23b. Did to 1 Y 24a. Was a perform 1 Y ath (Check only or or or or or or or or or or or or or	obacco use co es 2\(\) No in autopsy med? es 2\(\) No es) ence 6 \(\) Oth ow injury occur	3 Prob 24b. We ava con of c	Interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset O
funeral director, page 2 should be deteched for use as the buriel-trensit of the control of the	F 2	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition 25. Was case referred to medical exeminer? 1 Yes 2 Yes No 27. Menner of Death 1 Natural 5 Pending Investige Pending Investige Pending Investige Pending Investige Pending Pendi	Hospital: 1 1 atom of be 28e. Place building to the band of the part of the band of the ba	Due to (or Due to	or as a consequence or as a consequence or as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or establishment of the consequence of the consequence of the consequence of the consequence or establishment of the consequence of the	Secure of): ance of):	28. Place of De Other: 4 □XNursing I	23b. Did to 1 Ye 24a. Was a perior 1 Ye ath (Check only or Home 5 Reside 28d. Describe his 28d. Desc	obacco use co ise 2 No in autopsy med? es 2 No ine) ence 6 Oth ow injury occur treet and Numb n, State)	3 Prob 24b. We ava com of c 1 C err (Specify red	Interval Between Onset and Deeth Onset and Deeth onset and Deeth onset and Deeth onset autopsy findings of the politic prior to moletion of ceuse death? I Route Number,
funeral director, page 2 should be deteched for use as the buriel-trensit of the control of the	2	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition 25. Was cese referred to medicel exeminer? 1	Hospital: 1 1 atom of be 28e. Place building to the band of the part of the band of the ba	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Path but not resident 2 of Injury At hong, etc. (Specify Dest of my known asis of examinely	or as a consequence or as a consequence or as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or establishment of the consequence of the consequence of the consequence of the consequence or establishment of the consequence of the	ance of): nce of): erlying ceuse 3 DOA 28c. In W 1 t, factory, office courred at the stigation, in m	28. Place of De Other: 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23b. Did to 1 Ye 24a. Was a perior 1 Ye ath (Check only or Home 5 Reside 28d. Describe he 28d. Location (S City or Town e, and due to the curred at the time, described here)	obacco use co ise 2 No in autopsy med? es 2 No ine) ence 6 Oth ow injury occur treet and Numb n, State)	3 Prob 24b. We ava com of c 1 C er (Specify red anner as stand due to	Interval Between Onset and Deeth Onset and Deeth onset and Deeth onset and Deeth onset and Deeth onset and Deeth onset and Deeth onset and Onset and Onset o
the funeral director, page 2 should be deteched for use as the buriel-trensit cation: To Be Completed by Physician/Medical Examiner	2	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Part II. Other significant condition The sequence of the sequence	Hospital: 1 1 atom of be 28e. Place building to the band of the part of the band of the ba	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Path but not resident 2 of Injury At hong, etc. (Specify Dest of my known asis of examinely	or as a consequence or as a consequence or as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or establishment of the consequence of the consequence of the consequence of the consequence or establishment of the consequence of the	seriving ceuse 3 DOA 28c. In V 1 t, factory, office courred at the stigation, in my 29c. Lice	given in Part I. 28. Place of De Other: 4 Nursing I jury at vork? Yes 2 No No No No No No No No No No	23b. Did to 1 Y 24a. Was a perform 1 Y ath (Check only or flowe 5 Residual Performance 5	obacco use co is 2/1 No in autopsy med? es 2/1 No es 2/	3 Prob 24b. We ava con of c 1 C er (Specify red 24c or Rural canner as stand due to	Interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Ons
funeral director, page 2 should be deteched for use as the buriel-trensit of the control of the	2 2 2	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Part II. Other significant condition The sequence of the sequence	Hospital: 1 Determined by the contributing to determine the contributing to determine the contributing to determine the contribution of the contri	Due to (or Due to (or	er as a consequence or as	ance of): nnce of): nnce of): ance of):	28. Place of De Other: 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23b. Did to 1 Y 24a. Was a perform 1 Y ath (Check only or flowe 5 Residual Performance 5	bacco use co es 2 No in autopsy med? es 2 No ine) ence 6 Oth ow injury occur treet and Numb treet and place,	3 Prob 24b. We ava con of c 1 C er (Specify red 24c or Rural canner as stand due to	Interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Onset and Onset O

Registrar

DEC 15 1997 July Swiden Ports



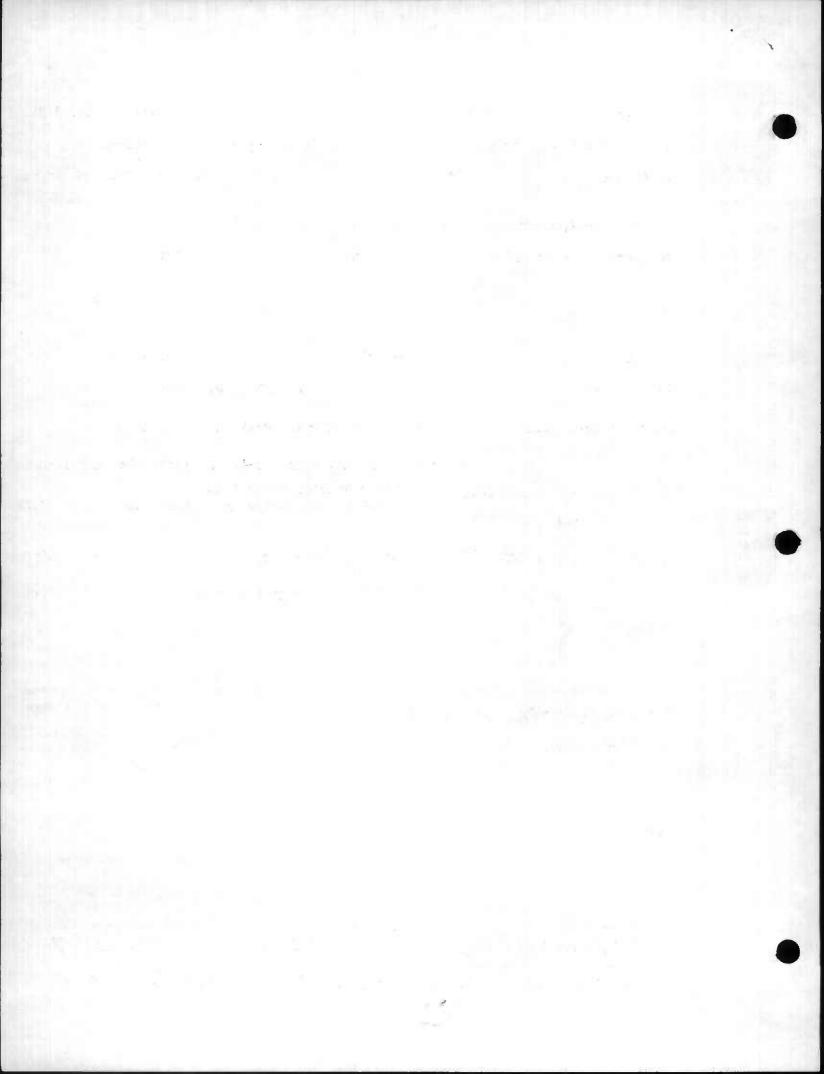
State Registrar

16

31. Dete filed (Month, Day, Year)

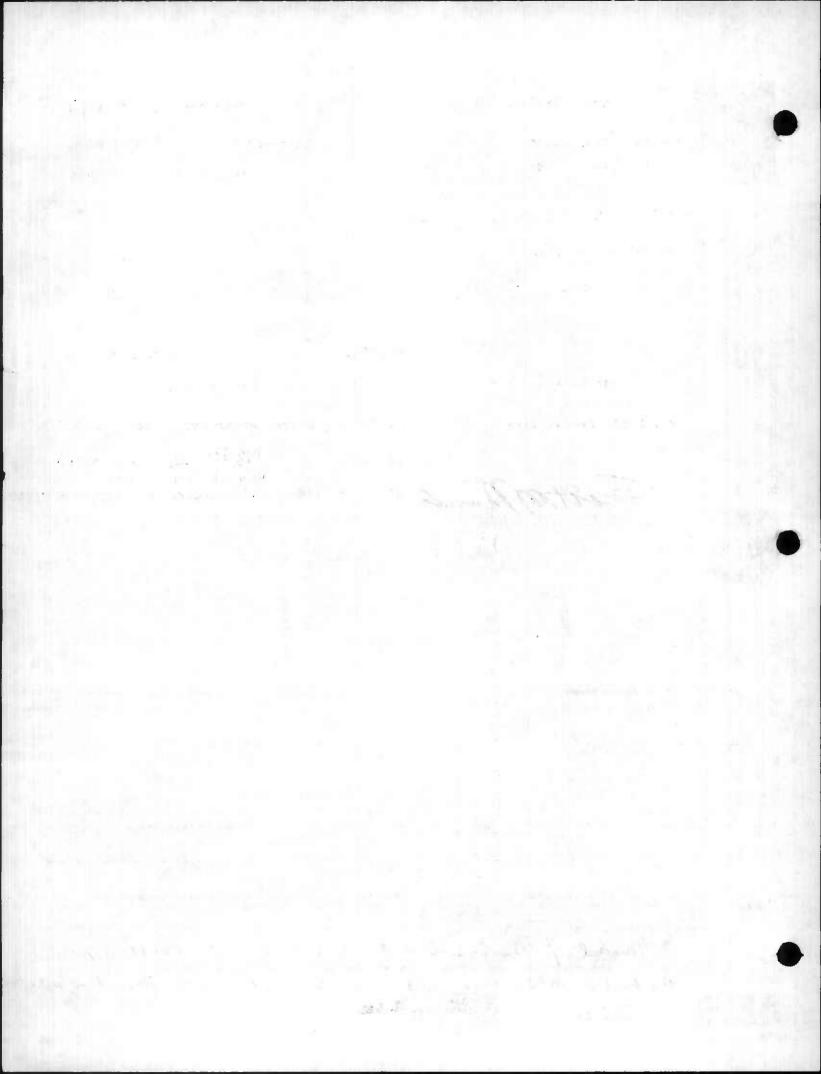
30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

m.D.20906 marran m. Chung, m. 32. Begistrar's



State of Maryland / Department of Health and Mental Hygiene

Physic	an	1. Decedent's Name (First, Middle,		0110-		tificate o		2. Dete of D	eath Day	Year	3. Time of Desth
/Medi			Villard CF					Decemb		1997	1:10 bw
Examir	ner	4e. Fecility Name (If not institution,)			4b. City, Town, or I	Location of Dea	th 4c. Count	y of Death	
11.8		144 Buttercup Di				WILL 4 W	Hagerst			shing	
Funeral Director		213-24-7742	5. Sex 7. A 1⊠M 2□ F	ge (In yrs. le	9 Yrs.	Months Dey		(Month, D	irth ley, <i>Year</i>) • 1928	9. Birthi Cou Virg	place (State or Fore ntry) inia
*_		Usual Residence of Decedent 10a. Stete 10b. County		10c. City.	. Town or Loc	ation					10d. Inside City Lim
f sho	5	Maryland Washir	ngton		agerst						1 ☐ Yes 2/□X
28s	rec	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cou	nto/?
38 04	0	144 Buttercup Dr	rive				740		U.S		
iene. r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	y Funeral Director	11. Marital Status 1 □ Never Married 2 ☒ Married	12. Wes Decedent Armed Forces 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No No		'as Decedent of Yes, specify Cu	Hispanic Origin? (Suban, Mexican, Puert	pecify Yes or N o Rican, etc.)	o- 14. Ra Bla		
ural.	d by	3 Widowed 4 Divorcad		1947							
an . usi	Completed	15. Decedent's (Specify only highest of	grade completed)	e completed) (G			ecedent'a Usuel Occupation live kind of work done during most of worki e. DO NOT use retired)		16b. Kind of E	Business/In	dustry
thar than	шо	Elementery/Secondary (0-12) 0-8	College (1-4or	5+)	machinist				auto	machinist	
d other event, I	Be C	17. Father's Name (First, Middle, Le					18. Mother's Nen	ne (First, Middle			-11400
200	To B	John Thom	nas Crouse				Eva May	Peas			
th end Mer 7 is marke traumatic		19a. Informant's Name/Relationship	(Type, Print)		19b. Meiling	Address (Street	et end Number or Ru	ıral Route Numi	ber, City or Town	, State, Zip	Code)
		Mrs. Doris Crous	e/wife		144 B	uttercu	p Drive,	Hagerst	own, Mai	rylan	d 21740
it of Heali If Item 2 or other	1	20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3	DRamoval from State	20b. Pla	aca of Dispos metery, crem	ition (Neme of atory or other p	in col	Dete	20c. Location		
unt: H		4 Donation 5 Other (Spe			khead	Cemeter	cy L	ec.17,	Big Po	ol, N	Maryland
Department of Heal Important: If Item 2 any injury or other once.		21. Signature of Femeral Service Lic	ensee M	-			ress of Facility M: Wilson Bly				rvland 21
ysician Medical aminer	ıminer	Immediate Ceuse (Final disease or condition resulting In death)	e	Due to (or a	as a consequ	ence of):	n (anc	ca			1 year
nding physician end use es the burial-transit	n/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evenfs resulting in death) Lasf	c		es a consequ						
e atte	sicia	Pert II. Other significant conditions	contributing to death b	ut not result	ting in the unc	fertying cause o	niven in Part I	23h Did	tobacco use co	ontribute t	o the cause of dea
signed by the attendir d be detached for use	by Physician/				ang ar are are	Jonymy Cause §	grott at t at t.		Yes 2 70		bably 4 Unkn
s been 2 shoul	Completed b								s an eutopsy omed?	av	ere autopsy finding allable prior to impletion of cause death?
s certificate he director, page								10	Yes 2⊞No	1[☐Yes 2☐ No
	Be C	25. Was case referred to medical examiner?	Hospital:				26. Place of Dea				
certific	. To	1 Yes 2 No 27. Manner of Death 1 Netural 5 Pending 2 Accident investigati	28a. Date of Inju		R/Outpatient 28b. Time of Injury	28c. Inj	wher: 4 Nursing Hury at ork?		idenca 6 DOtl		(y)
am. :: After this certific e funeral director	ation		a	28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)							
Irector: After thin by the funeral	Certification:	3 Suicide 6 Could not determine	28e. Placa of in building, et	c. (Specity)							
Irector: After thin by the funeral	edical	3 Suicide 4 Homicide 6 Could not determine 29a. Certifler (Check only conly	building, et 259. Place of in building, et 259. Place of in building, et 259. Physician: To the best aminer: On the basis of the basis	of my knowle f examinatio	n end/or inve	stigation, in my	opinion, death occur	rred at the time,	, date and piaca,	and due to	the cause(s)
within 24 hours sher death. To the Funeral Director: After this certific completely filled in by the funeral director.		3 Suicide 4 Homicide 6 Could not determine 29a. Certifler (Check only conly	building, et 259. Place of in building, et 259. Place of in building, et 259. Physician: To the best aminer: On the basis of the basis	of my knowle f examinatio	n end/or inve	stigation, in my	opinion, death occur	rred at the time,	, date and piaca,	and due to	the cause(s)
Irector: After thin by the funeral	edical	3 Suicide 4 Homicide 6 Could not determine 29a. Certifler (Check only conly	building, et 259. Place of in building, et 259. Place of in building, et 259. Physician: To the best aminer: On the basis of the basis	of my knowle f examinatio	n end/or inve	stigation, in my	opinion, death occur	rred at the time,	, date and piaca,	and due to	the cause(s)
Irector: After thin by the funeral	edical	3 Suicide 4 Homicide 6 Could not determine 29a. Certifler (Check only one) 1 Certifying F 2 Medicat Exi	building, et 259. Place of in building, et 259. Place of in building, et 259. Physician: To the best aminer: On the basis of the basis	of my knowle f examinatio	n end/or inve	stigation, in my	opinion, death occur	rred at the time,	, date and piaca,	and due to	the cause(s)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death **Physician** Month ELVTA MAY CRUM 21:00 Dec 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City. Town, or Location of Death Examiner WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASHINGTON If Undar 1 Year Months Days 5. Social Security Number | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | FEB. 1, 1917 9. Birthplece (State or Foreign Country)
MARYLAND 7. Aga (In yrs. last birthday) **Funeral** 1□M 2XF Yrs. 218-38-1415 Director 80 Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location next be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 No MARYLAND WASHINGTON BOONSBORO 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? or items 23a 20917 NETZ ROAD 21713 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☒No If Yes, Give Year or Dates: 13. Was Dacadent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, etc.) Raca - American Indian, Black, White, atc. 11. Marital Status 72 hours aftar 1 ☐ Navar Married 2 ☐ Married Baltimore, Marvland 21215-0020 1 Yes 2 XNo Specify: by Specify: 3 Widowed 4 □ Divorced "natural". WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages I and 2 should be filed withit Department of Health and Mental Hygiane. Important: if item 27 is marked other then any injury or other traumetin. College (1-4or 5+) Elementary/Secondary (0-12) 9 **EVANGELIST** MINISTRY 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) CLARENCE ALBERT LEGGETT SR. SALLIE DELANO SWOPE 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOAN E. GLENN/DAUGHTER P.O. BOX 362, STEPHENSON, VIRGINIA 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other placa) Date 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) BOONSBORO CEMETERY 12/17/97 BOONSBORO, MARYLAND 21. Signature of Funeral Sarvice Loensee 22. Name and Address of Facility 7606 Old NationalPike Paul M. Dean BAST FUNERAL HOME Boonsboro, MD 21713 23a. Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrast, shock, or heart feliure. List only one cause on each line. Approximate Onsat and Death **Physician** /Medical Immediate Cause (Final Carciama Luy metules diseasa or condition resulting in death) 1 year **Examiner** Due to (or as a consequenca of): and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): physician a Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by t page 2 should be detach 1 Yes 2 No 3 Probably 4 Tonknown by Completed 24b. Wera autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No of Vital director, 25. Wes case referred to medical Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 □ ER/Outpetient 3 □ DOA P 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Death 28e. Dete of Injury (Month, Day Yeer) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After Attending 5 Pending investigation Division 1 Natural s after death.

I Director: After din by the fur 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital or within 24 hours a To the Funeral C completely filled edicai 29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only one) the 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) Dec 15, 1990 - (ZITTE MD D18019

Registrar **DHMH 16 Rev 6/95**

State

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

1997

Datta

JEC 16

00 31. Date filed (Month, Day, Year) 334

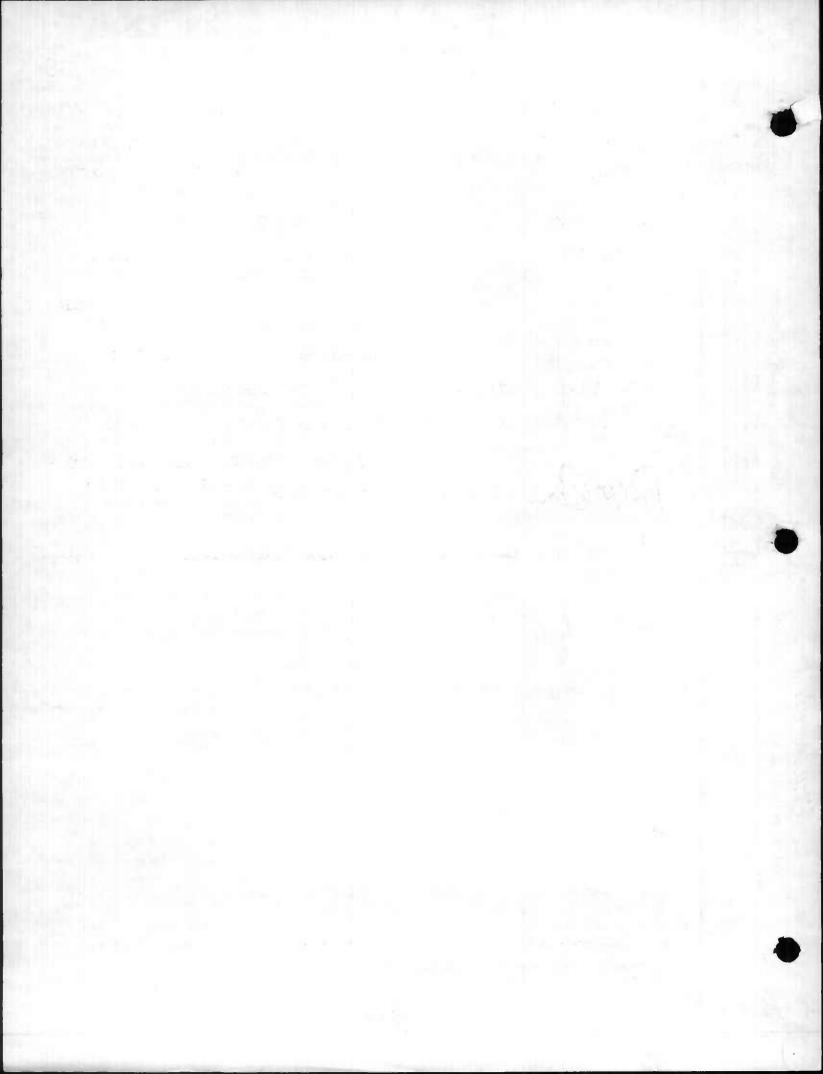
St

tagens town md

Mill

32. Registrar's Signature

whia Davidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Qecedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 40 (If not institution, give street end number) 4b. City Town, or Location of Deeth County of Deeth If Under 1 Birthplece (State or Fareign Country) 5. Social Security Number Age (In yrs. last birthde If Under 24 Hrs. 8. Date of Birth (Month, Dev. Months 10 M 20) Deys Hours Min 82 579-01-9586 July 22, 1915 Wash, Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits XXXYes 2 No Maryland Prince George Clinton 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 9211 Stewart Lane United States 20735 11 Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes ZZXNo If Yes, Give Year or Detes: 1 Yes 2 No Specify: Specify: Black 3 ☑ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 12th College (1-4or 5+) Office Supporter Bureau Of Engraving 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) John Ball Grace Bernett 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Emma Jean Roots Daughter 4722 South Dakota Ave, NE Washington, DC 20017 20b. Place of Disposition (Name of cametery, cremetery or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1X Buriel 2 ☐ Cremation 3 ☐ Removel from State Lincoln Memorial Cemetery 97 4 ☐ Donetion 5 ☐ Other (Specify) Suitland, Maryland s-of Funeral Service Licenses 22. Name end Address of Fecility Latney's Funeral Home, Inc. 3831 Georgia Ave, NW Wash, DC 20011 23e. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Immediete Ceuse (Finel diseese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the ceues of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveileble prior to 24e. Wes en eutopsy performed? completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No

Physician /Medical Examiner certificate be executed

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

Funeral

Director

od other than "natural", or items 23a or 28a-f show event, the Microse Examinar must be notified at

Hygiene.

pemit. Pages I and 2 should be filed Department of Health and Mental Hygic Important: If Item 27 Is marked other I any Injury or other traumatic event.

the Maryland

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Records,

Division of Vital

Attending

To the Hospital or 24 hours

The law requires that the death

Examiner 20

physiclan the 6 signed b page 2 s certificate this

þ

27. Manner of Death

1 Naturel

2 Accident

3 Suicide

29e. Certifier

295. Sid

4 D Homleide

ture and title of care

7

Certification: After s efter death.

I Director: Al death.

Physician/Medical Completed Be

State Registrar

tely

edical

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28a. Dete of Injury (Month, Day Year) 5 Pending investigation 6 Could not be determined

28b. Time of Injury 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes

2 No

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

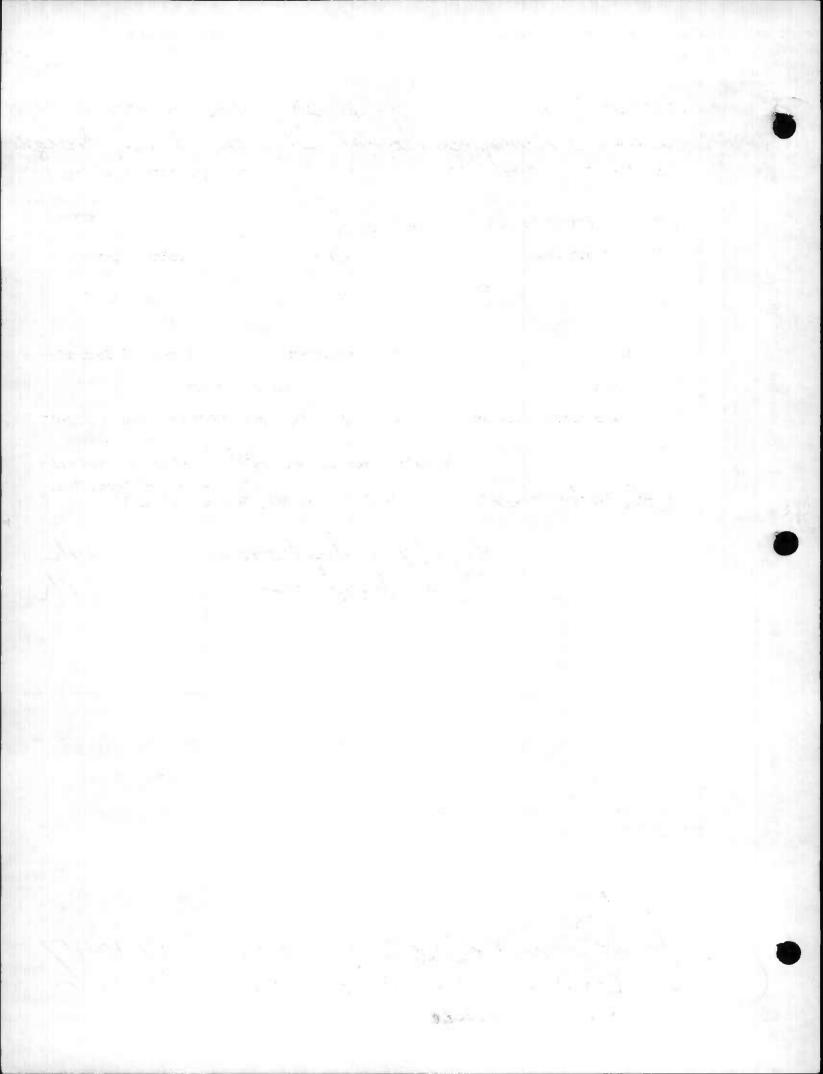
28d. Describe how injury occurred

1 Certifying Phyelclen: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner stated. 29c. License number 29d. Dete signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of death

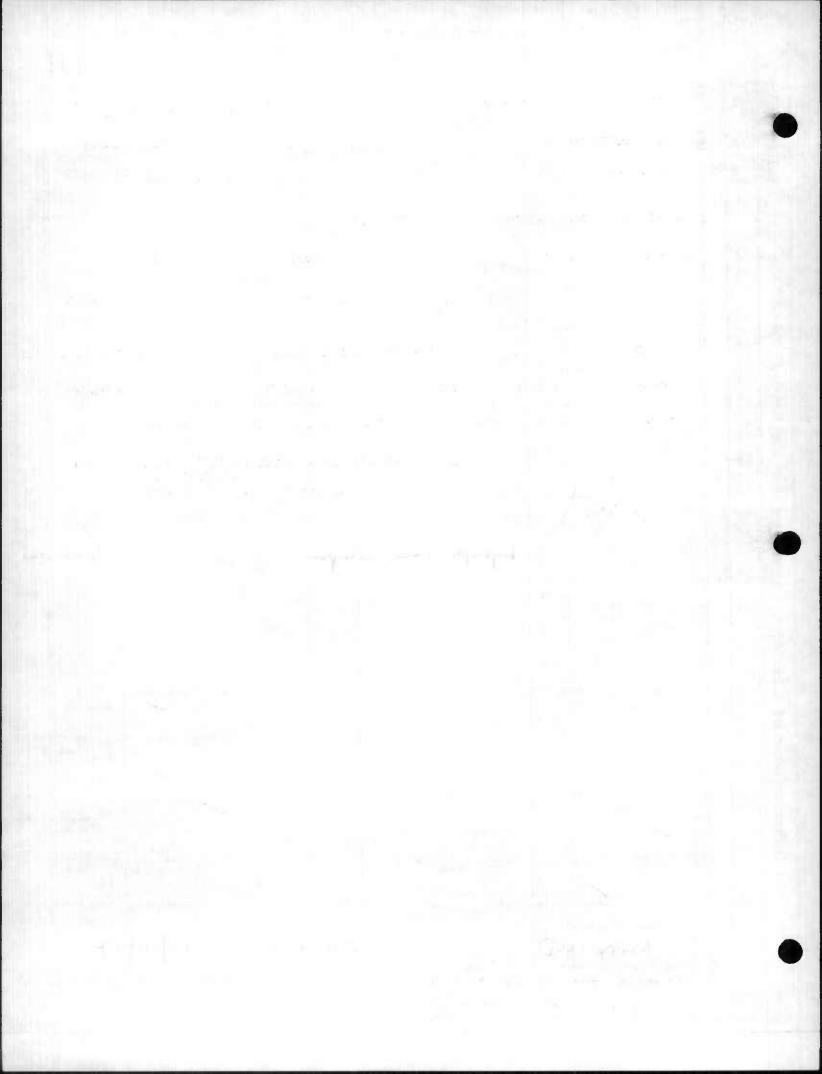
Duthern 31. Dete filed (Month, Dev. Year) 32. Registrer's Signature

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Physici	ian	Decedent's Name (First, Middle, L RICHARD	ast) MICHAEL			CA	TANIA SR	2. Date of D Month		3. Time of De Yeer 5:50 Pi		
/Medic	cai							DECEME		97		
Examin	ner	4a. Facility Neme (If not institution, g					4b. City, Town, o		th 4c. County c	of Death		
		109 CORONET DRIV 5. Social Security Number 6.		e (In yrs. lest I	hirthday) If L	nder 1 Yea		HICUM s. 8. Date of B		ARUNDEL		
unerai rector		100-24-7459 Usual Residence of Decedent	X M 2□ F		4 Yrs. Mor	ths Days		. (Month, D	ey, Year) 5, 1933	Birthplace (State or For Country) NEW YORK		
No su		10a. State 10b. County		10c. Cify, To	own or Location					10d. Inside City L		
28a-f show	tor	MARYLAND ANNE	ARUNDEL		LINTHI	CIIM				1 ☐ Yes 2		
or 28s	Funeral Director	10e. Sfreet and Number				. Zip Code			10g. Citizen of Wi	haf Counfry?		
238	ai D	109 CORONET DRIV	Æ				21090		U.S.	7		
items inst.ms	ner	11. Marifal Stefus	12. Was Decedent Armed Forces?	Ever in U,S.	13. Was D	ecedent of	Hispanic Origin? (ben, Mexican, Pue	Specify Yes or N		- American Indien,		
Ir, or it	by Fu	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 I	1952 1954		es 2 DN		no nican, etc.)	Specify:	, White, etc. WHITE		
than "natural	ted	15. Decedent's I	Education		a. Decedent's	Usual Occu	petion	710	16b. Kind of Bus	Iness/Industry		
	Completed	(Specify only highest g	rade completed) College (1-4or 5	(+)	(Give kind of work done during most life. DO NOT use retired)			orking		3-20,		
	Con	12 1 1/2 LIEUTENANT DETECTIVE							BALTIMO	ORE CITY PO		
od other	Be	17. Father's Name (First, Middle, Las	t)				18. Mother's Na	me (First, Middle	e, Meiden Sumeme)		
a marks	To			CATANIA	A		DOROTH	Y		FRIEDMAN		
		19a. Informant's Neme/Relationship							Route Number, City or Town, State, Zip Code			
item 27 r other tr		JENNETTE ELIZABE	TH CATANIA		109 COR of Disposition		DRIVE, L	INTHICUM Date	, MARYLAN			
or of		20a. Method of Disposition 1 X Buriai 2 ☐ Cremation 3		City or Town, State								
rtant		4 Donetion 5 Other (Specify) MEADOWRIDGE MEMORIAL PARK 12/13/97 ELKR										
Important: If i eny injury or once.		21. Signature of Funcial Service Lio		FUNERAL								
_ • u		23a. Part1. Enter the Assess, or on shock, or heart taken. List on								E, MD. 2106		
physician end	i Examiner	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or injury	e		a consequence		K.L.) Max		
ettending physic for use es the b	Physician/Medical	that initiated events resulting in death) Last Due to (or as a consequence of): d.										
by the et lached fo	sici	Part II. Other significant conditions	confributing to death be	f not resulting	in the underly	ng cause g	iven in Part I.	23b. Dld	tobacco use cont	ribute to the cause of d		
d by letacl	Ph								1 Yes 2 10 3 Probably 4 Unke			
signed t	by								Т			
has been si	Completed					-			s an autopsy ormed?	24b. Were europsy findi available prior to completion of caus of death?		
	Con							10	Yes 2 No	1 ☐ Yes 2 ☐ No		
certificate	Be	25. Was case referred to medical examiner?					28. Place of De	eth (Check only	one)			
his	2	1 Yes 2 No	Hospital: 1 Inpatie		Outpatient 3	DUA		Home 5 Res	Idenca 8 Other	(Specify)		
uner	ion:	27. Manner of Death 1 ☑ Naturel 5 ☐ Pending	28a. Dete of Injur (Month, De)	Year) 28b.	Time of Injury	28c. Inju		28d. Describe	how injury occurre	d		
Director: After the in by the funeral	Certification:	2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide Investigetion 6 ☐ Could not be determined Zee. Place of Injury - At home, farm, street, factory, office bullding, etc. (Specify)							28f. Location (Street end Number or Rural Route Number, City or Town, Stete)			
Funer tely fill	edicai C	29a. Certifier (Check only one)	hysician: To the best of miner; On the basis of and manner sta	examinetion a	ge, death occur and/or Investige	red at the t	ime, date and plac opinion, death occ	a, and due to the urred at the time,	cause(s) and man	ner as stated. nd due fo the ceuse(s)		
W -5	Me	29b. Signature end title of certifier	and manner sta	100.		29c. Licen	se number		29d. Date signed	(Month, Day, Yeer)		
o th		N 1	0						1 - 1	1		
To the comple			1)			1	XIZ			107		
To th comp		30. Name and eddress of person who	D completed as a second	oth /h on	V. (T E.)	D	18135		12/10	197		



State of Maryland / Department of Health and Mental Hygiene Q 7 Certificate of Death 1. Decedant'a Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** THERESA **AGNES** December 12, 1997 11:05 P.M. /Medical 4a. Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** Gilchrist Center Baltimore Towson 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funeral** Deys 1 M 200F Months Hours **Director** 220-24-4549 68 Feb. 25, 1929 Maryland Usual Rasidance of Dacedent 10a. Stata 10b. County 10c. City, Town or Location r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits Director 1 Yas 2 No Maryland Harford Forest Hill 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21050 2812 Van Horn Road USA 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 XNo If Yas, Giva Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 11. Marital Status 14. Race - American Indian. Black, Whita, atc. filed within 72 hours after 1 Navar Married 2 Married 21215-0020 1 Yas 2 No Specify: by Specify: 3 to Widowed 4 □ Divorced Yaar or Datas: White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadant'a Education (Spacify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 12 Accountant Accounting Maryland 17. Father's Nema (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be fill thent of Health and Mental H lant; If item 27 is marked off Be William Anthony other traumatic Walsh Clara Wolford Rita 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Coda) 19a. Informant's Neme/Raletionship (Type, Print) permit. Pages 1 and 2: Department of Health at Important: If Item 27 Is any Injury or other trat Thomas Cassat - Son 2812 Van Horn Road, Forest Hill, MD Baltimore. 20b. Placa of Disposition (Name of cemetary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burlat 2 ☐ Crametion 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Highview Memorial Gardens 12-15-97 Fallston, MD 21. Signeture of Fungral Sarvice Licensea 22. Name and Address of Feclity
Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd. Abingdon, MD 23a. Part1. Enter the disease, or complice for Mat caused the death. Do not anter the mode of dying, such es cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death Physician Lung CAncer /Medicai Immediata Causa (Finel 6 month disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): Physician/Medicai Examiner Saquentially list conditions, if any, leeding to immadiata causa. Entar Underlying Cause (Disaasa or Injury that Initiated events rasulting In death) Last Dua to (or as a consequence of): Dua to (or as a consaquance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 6 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown signed b þ Completed 24b. Wara autopsy findings evellable prior to 24a. Was an autopsy performed? peeu complation of cause of deeth? this certificate has 1 Yes 20℃No 1 Yas 2 No Physician: director, Be 25. Was cesa raferred to medicel 26. Pleca of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residance 6 Othar (Specify) HOSPICE 10 1 Yas 2 No funeral Certification: 27. Mannar of Daath 28e. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury et Work? After Attending 5 Panding invastigation 1 Natural death. 1 ☐ Yas 2 ☐ No 2 Accidant after death the 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) filled in by 4 - Homicide ò 24 hours Hospital 12 Cartifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) end menner as stated.

2 Medical Examinar: On the basis of examination end/or invastigetion, in my opinion, death occurred at the time, dete end place, end due to the cause(s) end menner stated. Medicai 29a. Certifian To the within 2 29b. Signature and title of confitter 29c. Licanse number 29d. Data signed (Month, Dey, Year) December 12,1997 30. Nama and address of person who completed ceusa of death (Item 23e) (Type, Print) W. A. Riley G. BMC 6701 N. Chimles St 10 670Y N. Charles St. Balto. Md 2120x 31. Data filed (Month, Day, Yaar) 32. Ragistrar's Signatura

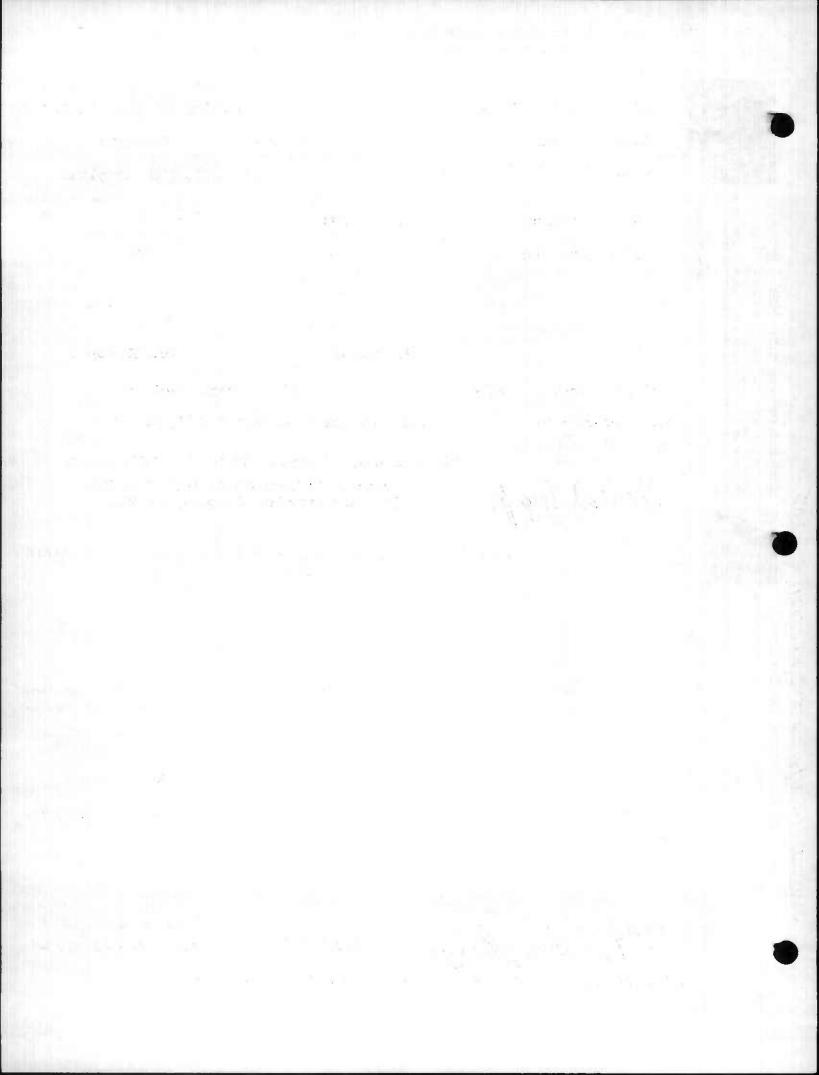
hi Drivelson Rardall

DHMH 16 Ray 6/95

State

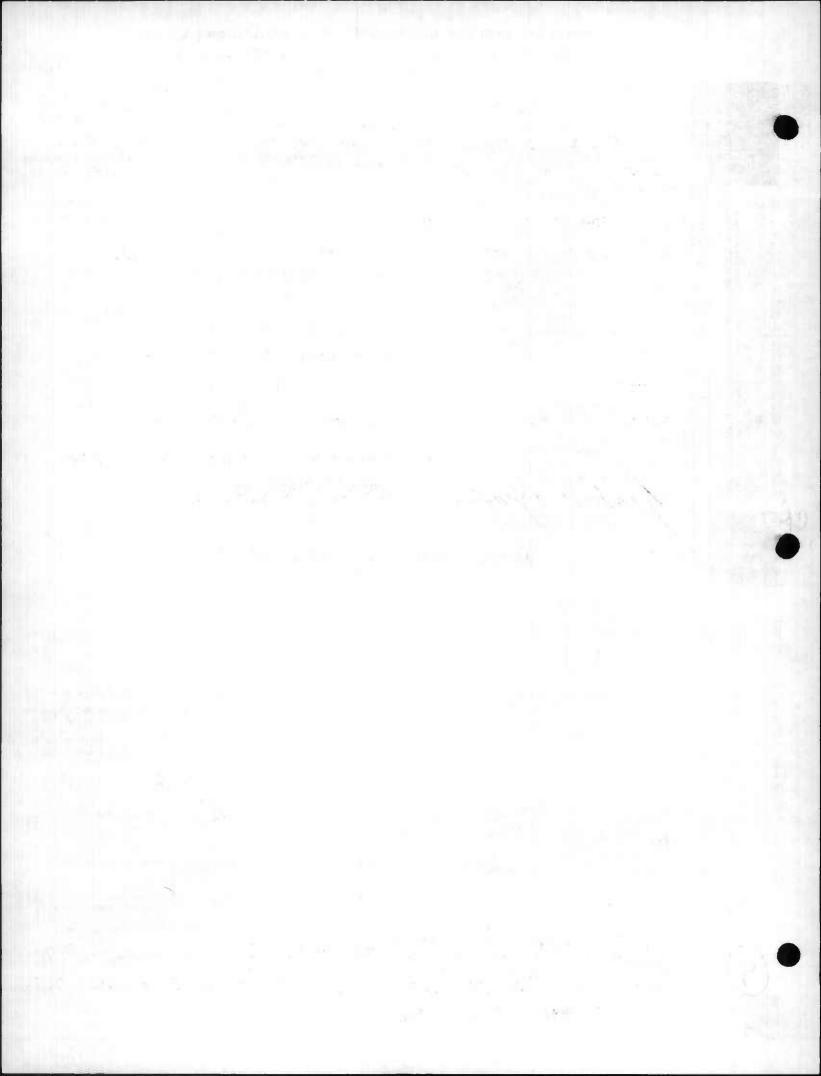
Registrar

1/25 Am



State of Maryland / Department of Health and Mental Hygiene 0.7

	_								of D	000			Reg. No.			
Physicia	,	1. Decedant's Ner			HILL							Dete of Dee Month	oth FOUN	Year	3. Time of Deat	
/Medica	_	J/	+COB	CAR	FY							ecem		1997	TOUND	
Examine	_	4e. Facility Neme	If not Institution	n, give street e	end number)		AP	T# 102	4b.	. City, Town	, or Location	on of Deeth	4c. County	of Deeth	TUNNY	
			5604	MH	ITFIELL) CH	HAPEL	ROAD		LANH	AM		PRINC	EGEOF	RGEL	
Funeral Director		5. Social Security 219–16–58		6. Sex			st birthday) Yrs.	If Under 1 Months D	Yeer Deys	if Under 24 Hours	Hrs. 8. (Dete of Birth Month, Des		9. Birthpiac Country	e (State or Fo	
		Usuei Residence					T									
show	_	10a. Stete 10b. County 10c. City, Town or Location									10d.	inside City L				
Hills .	es	Maryland	Prince	Georges		Lan	iham								X Yes 2	
23a or 28a-f sho ust be notified at	Director	10e. Street and Nu						10f. Zip Co					10g. Citizen of		?	
23a		5604 Whi	tfield ch	rapel Rd.	. #102			20	0706				U.	S.A.		
	by Funeral	11. Maritel Stetus 1 Never Mar 3 Widowed	ried 2 Marri	ied 14	s Decedent Ev ned Forces?]Yes 2 ☐ No 'es, Give			/es Deceden Yes, specify ☐ Yes 2	7	penic Origin , Mexican, P Specify:	? (Specify uerto Rica	Yes or No- n, etc.)	14. Red Ble Specif	ce - American ck, Whita, etc y:		
		3 CJ WIGOWEG			er or Detes: V		10a Danida	- Ale I I - I - C		1			401-141-1-10	Black		
E 20	Completed	(Spe	 Decedent cify only highes 	st grede comp	eleted)		(Give k	ent's Usual C and of work of ONOT use i	done du	iring most of	working		16b. Kind of B	usinass/Indus	try	
To Ban	E.	Elementery/Sec	ondary (0-12)	Coi	Collega (1-4or 5+)								Colf E			
Can I	ပိ	17. Fether's Neme	/First Middle	l act)	3 Professional Musician & En									mployed		
and Mental Hyg Is marked other sumatic event,	Be			Lasi)					'			Cirry	Meiden Sumer	ne)		
Mor	2	Isaac	-													
n 27 is ma ser traums		Jacob C.		925 Wa	alnut Gr	ove				r, City or Town, 21221	Stete, Zip Co	ode)				
2 2 4		20e. Method of Dis	position Crametion	a □ □ □ = = = = = = = = = = = = = = = =	Maria Chata	20b. Pied	ce of Disposi netery, creme	ition (Neme etory or othe	of r plece))	D	ate	20c. Location	City or Town	, Stete	
mt. II			5 Other (Sp		rom State	Mary	land Ve	eterans	ns Cemetery 11/24/97 Cheltenham,						land	
Departi mporta any inju		21. Signature of	unerel Servica I	Licensee	1		22,	Name end A	\ddress	of Facility	Home	Home				
0 E 8 8		MI	chryn	1 89	04/-		Q	013 An	amol	is Rd.	Lanhar	n, Mary	land 207	06		
ysician Medicai	1	231 Part 1. Enter hock, or had	(Final				Do not enter	r the mode o	of dying,	such es car	rdiac or res			Ar	pproximete terval Betwee nset end Dea	
Medical aminer	liner	/	(Final		LTERIOS	CUER	Do not enter	r the mode o	of dying,	such es car	rdiac or res			Ar	oproximete terval Between nset end Deat	
Medicai aminer ial-transit	cal Examiner	Immediate Causa disease or condition rasulting in deeth) Sequentially list or if eny, leading to it cause. Enter Und Cause (Disease or that initiated events)	(Final on ditions, mediete erlying singles		TERIOS DE	ua to (or a	Do not enter	r the mode of CARD lance ot):	of dying,	such es car	rdiac or res			Ar	erval Betwee	
ng physician end e as the bunal-transit	Medical	Immediete Ceusa diseese or conditi- rasulting in deeth)	(Final on ditions, mediete erlying singles		TERIOS DE	ua to (or a	Do not enter	r the mode of CARD lance ot):	of dying,	such es car	rdiac or res			Ar	erval Betwee	
ittending physician end for use as the burial-transit	Medical	Immediate Ceusa disease or condition resulting in death) Sequentially list or if any, leading to in cause. Enter the Cause (Disease or that initiated event resulting in death)	(Final on on on on on on on on on on on on on	a. AR b c	DI DU	us to (or a	Do not enter 2011 C Is e conseque s e conseque	r the mode of care of	of dying,	SCUL	rdiac or res	PISE	ASE	Armino	ierval Betweenset end Deal	
by the attending physician end tached for use as the burial-transit	Physician/Medical	Immediate Causa disease or condition rasulting in deeth) Sequentially list or if eny, leading to it cause. Enter Und Cause (Disease or that initiated events)	(Final on on on on on on on on on on on on on	a. AR b c	DI DU	us to (or a	Do not enter 2011 C Is e conseque s e conseque	r the mode of care of	of dying,	SCUL	rdiac or res	P18E		Armino	e ceuse of d	
igned by the attending physician end be detached for use as the burial-transit	by Physician/Medical	Immediate Ceusa disease or condition resulting in death) Sequentially list or if any, leading to in cause. Enter the Cause (Disease or that initiated event resulting in death)	(Final on on on on on on on on on on on on on	a. AR b c	DI DU	us to (or a	Do not enter 2011 C Is e conseque s e conseque	r the mode of care of	of dying,	SCUL	rdiac or res	23b. Did to 1 1 Y	obacco use co	ntribute to th	e ceuse of de ceus	
hes been signed by the attending physician end 29 2 should be detached for use as the burial-transit	by Physician/Medical	Immediate Ceusa disease or condition resulting in death) Sequentially list or if any, leading to in cause. Enter the Cause (Disease or that initiated event resulting in death)	(Final on on on on on on on on on on on on on	a. AR b c	DI DU	us to (or a	Do not enter 2011 C Is e conseque s e conseque s e conseque	r the mode of CARD lance ot): lence of):	of dying,	SCUL	rdiac or res	23b. Did to 1 1 24a. Was a perfor	obacco use co	ntribute to th 3 Probat	e ceuse of delivery of the ceuse of delivery del	
hes been signed by the attending physician end 29 2 should be detached for use as the burial-transit	Completed by Physician/Medical	Immediate Ceusa disease or condition rasulting in deeth) Sequentially list or if any, leading to in cause. Enter Und Cause (Disease or that initiated event resulting in deeth) Part II. Other signi	(Final on onditions, mediate styling styling styling) the styling styl	a. AR b c	DI DU	us to (or a	Do not enter 2011 C Is e conseque s e conseque s e conseque	r the mode of CARD lance ot): lence of):	of dying,	SCUL	A.K.	23b. Did to 1 1 Y	obacco usa co /ss 2 No an eutopsy med?	ntribute to th 3 Probat	e ceuse of de ceus	
ertificate hes been signed by the attending physician end in processor, page 2 should be detached for use as the burial-transit and in the contract of the con	Be Completed by Physician/Medical	Immediate Ceusa disease or condition rasulting in deeth) Sequentially list or if any, leading to it cause. Enter that Cause (Disease or that initiated event resulting in deeth) Part II. Other signi	(Final on onditions, minediale orbitions of the conditions of the	a. AR b c	Du Du g to death but i	us to (or e	Do not enter 2011 C as e conseque s e conseque fing in the unc	r the mode of CARD pance of): ence of): derlying caus	of dying,	SCUL in Pert i.	A.R.	23b. Did to 1 D Y	obacco use co (se 2 No an eutopsy med?	ntribute to th 3 Probab 24b. Wara aveile comp of dec	e ceuse of delivery of the ceuse of delivery del	
his certificate hes been signed by the attending physician end in particular page 2 should be detached for use as the bunal-transit in page 2.	To Be Completed by Physician/Medical	Immediete Ceusa diseese or condition rasulting in deeth) Sequentielly list condition in deeth, leading to incause. Enter Und Cause (Diseese or that initiate in deeth) Part II. Other signification in deeth, leading in deeth, le	(Final on onditions, minediale orlying Injury St. Lest	b c d	Du Du g to death but i	us to (or e	Do not enter 2011 C Is e conseque s e conseque s e conseque	r the mode of CARD plance of): sence of): derlying caus	of dying,	SCUL In Pert i.	A.K. Daath (Cr.	23b. Did to 1 D Y 24a. Was a performance only on 5 Resid	obacco use co /se 2 No an eutopsy med? es 2 No es 2 No ence 6 Ott	ntribute to th 3 Probab 24b. Wara aveile comp of dee	e ceuse of delivery of the ceuse of delivery delivery delivery delivery find ble prior to letton of causth?	
his certificate hes been signed by the attending physician end in particular page 2 should be detached for use as the bunal-transit in page 2.	To Be Completed by Physician/Medical	Immediete Ceusa disease or condition rasulting in deeth) Sequentieily list or if eny, leading to in cause. Enter Und Cause (Disease or that initiated event resulting in deeth) Part II. Other afgni	(Final on onditions, mediale orbying Injury so Lest	a. AR b	Du Du g to death but i	us to (or e	Do not enter 2011 C as e conseque s e conseque fing in the unc	r the mode of CARD plance of): sence of): derlying caus	of dying,	SCUL SCUL in Pert i.	A.K. Daath (Cr.	23b. Did to 1 D Y 24a. Was a performance only on 5 Resid	obacco use co (se 2 No an eutopsy med?	ntribute to th 3 Probab 24b. Wara aveile comp of dee	e ceuse of delivery of the ceuse of delivery delivery delivery delivery find ble prior to letton of causth?	
iffer death. Niector: Affar this certificata hes been signed by the attending physician end in by the funeral director, page 2 should be detached for use as the burial-transit in positive to the funeral director, page 2 should be detached for use as the burial-transit in the positive transit in the funeral director.	To Be Completed by Physician/Medical	Immediete Ceusa disease or condition rasulting in deeth) Sequentieilly list or if eny, leading to it cause. Enter Und Cause (Disease or that initiated event resulting in deeth) Part II. Other signification of the cause in the cause of the cause in the cause of th	onditions, mediate strying Injury so Lest	b c d Hospitel g gation not be	Du Du g to death but i	use to (or estable to	Do not enter 2011 C as e conseque	r the mode of CARD lance of): lence of): lence of): derlying caus 3 DOA 28c.	Other:	SCUL In Pert i.	Daath (Ching Home) 28d.	23b. Did to 1 Y 24a. Was a perfor 1 Y seck only or 5 Resid	obacco use co /se 2 No an eutopsy med? es 2 No ne) ence 6 Oth ow injury occur //reet end Numl	ntribute to th 3 Probat 24b. Wara aveile comp of dee 1 Y	e cause of dely e cause of dely eutopsy findible prior to leition of caus th? as 2 No	
iffer death. Niector: Affar this certificata hes been signed by the attending physician end in by the funeral director, page 2 should be detached for use as the burial-transit in positive to the funeral director, page 2 should be detached for use as the burial-transit in the positive transit in the funeral director.	Certification: To Be Completed by Physician/Medical	Immediete Ceusa diseese or condition rasulting in deeth) Sequentielly list or if eny, leading to it cause. Enter Und Cause (Diseese or that initiated event resulting in deeth) Part II. Other signification of the examiner? 10 Yes 2 27. Mepner ot Dee 1 2 Neturai 2 Accident 3 Suicide	onditions, mediale priving Injury so Lest froant condition froant condition froant condition froant condition froant condition froant condition froant condition froant condition froant condition froant condition	b	Du Du Du g to death but in Deteod injury (Month, Day Y	use to (or early t	Do not enter 2011 C as e conseque	r the mode of carry of the mode of carry of cause of the mode of the carry of the c	other: Injury e Work? 1 Yeffice	SCUL In Pert i. 28. Piece of 4 Nursire at the second part of the s	Death (Charge Home 28d.	23b. Did to 1 Y 24a. Was a perfor 1 Y 96ck only or 5 Resid Describe h cocation (S	obacco use co (se 2 No an eutopsy med? es 2 No ne) ence 6 Ott ow injury occur treet end Numl	ntribute to th 3 Probab 24b. Wara aveile comp of dea 1 1 Y	e couse of do e couse of do y 4 Sun eutopsy findi ble prior to letion of caus th? as 2 No oute Number,	
iffer death. Niector: Affar this certificata hes been signed by the attending physician end in by the funeral director, page 2 should be detached for use as the burial-transit in positive to the funeral director, page 2 should be detached for use as the burial-transit in the positive transit in the funeral director.	ledical Certification: To Be Completed by Physician/Medical	Immediete Ceusa diseese or condition rasulting in deeth) Sequentieily list condition of the condition of the cause. Enter Und Cause (Disease or that initiate of the cause (Disease or that initiate or that init	rred to medical No th 5 Pending Investig 8 Could in determi	b	Du Du Du Du g to death but i Dete of injury (Month, Day Y Plece of injury building, etc. (use to (or early t	Do not enter 2011 C as e conseque	r the mode of carry of the mode of the mode of the carry	other: Injury e Work? 1 Yeffice	SCUL SCUL in Pert i.	Death (Charge Home 28d.	23b. Did to 1 Year Year Year Year Year Year Year Year	obacco use co	ntribute to the series of the	e ceuse of de la la la la la la la la la la la la la	
n 24 hours after death. The Funeral Director: After this certificate hes been signed by the attending physician end belotely filled in by the funeral director, page 2 should be detached for use as the burial-transit of properties of the burial-transit of the buri	ledical Certification: To Be Completed by Physician/Medical	Immediete Ceusa disease or condition rasulting in deeth) Sequentieity list or if eny, leading to in cause. Enter Und Cause (Disease or that initiated event resulting in deeth) Part II. Other afgni 25. Wes casa rete examiner? 11 Yes 2 27. Megner of Dee 1 Paleturai 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	rred to medical No th 5 Pending Investig 8 Could in determi	b	Du Du Du Du g to death but i Dete of injury (Month, Day Y Plece of injury building, etc. (use to (or early t	Do not enter 2011 C as e conseque	r the mode of carry of the mode of the mode of the carry	other: Injury e Work? 1 Yeffice	SCUL SCUL in Pert i.	Daath (Ct) Day Day Day Day Day Day Day Da	23b. Did to 1 Year Year Year Year Year Year Year Year	obacco use co /ss 2 No an eutopsy med? es 2 No ne) ence 6 Ott ow injury occur itreet end Numb n, Steta) eusa(s) and m late end pleca, 29d. Date signe	ntribute to the series of the	e ceuse of de la la la la la la la la la la la la la	
iffer death. Niector: Affar this certificata hes been signed by the attending physician end in by the funeral director, page 2 should be detached for use as the burial-transit in positive to the funeral director, page 2 should be detached for use as the burial-transit in the positive transit in the funeral director.	Medical Certification: To Be Completed by Physician/Medical	Immediete Ceusa diseese or condition rasulting in deeth) Sequentieily list condition in deeth in cause. Enter Und Cause (Disease or that initiate in the cause (Disease or that initiate in deeth) Part II. Other signification in deeth) Part II. Other signification in deeth in cause. Enter Und Cause (Disease or that initiate in the cause (Disease or that initiate in the cause of	onditions, mmediete erlying injury s Lest froant condition froant condition froant condition The pending investig a Could in determine the condition of the	b	Du Du Du g to death but i 1 Inpatient Dete of injury (Month, Day) Piece of injury building, etc. (use to (or estat	Do not enter 2011 C Is e conseque Is e conseque Is e conseque Ing in the unc 2/Outpetient Bb. Time of Injury e, ferm, street adge, deeth of end/or inve	r the mode of CARD lance of): lence of): lence of): derlying caus 3 DOA 28c. M 28c. M 29c. Li	other: Injury e Work? 1 Yeffice	SCUL SCUL in Pert i.	Daath (Ct) Day Day Day Day Day Day Day Da	23b. Did to 1 Year Year Year Year Year Year Year Year	obacco use co /ss 2 No an eutopsy med? es 2 No ne) ence 6 Ott ow injury occur itreet end Numb n, Steta) eusa(s) and m late end pleca, 29d. Date signe	ntribute to the series of the	e ceuse of de la la la la la la la la la la la la la	
iffer death. Niector: Affar this certificata hes been signed by the attending physician end in by the funeral director, page 2 should be detached for use as the burial-transit in positive to the funeral director, page 2 should be detached for use as the burial-transit in the positive transit in the funeral director.	Medical Certification: To Be Completed by Physician/Medical	Immediete Ceusa disease or condition rasulting in deeth) Sequentieity list or if eny, leading to in cause. Enter Und Cause (Disease or that initiated event resulting in deeth) Part II. Other afgni 25. Wes casa rete examiner? 11 Yes 2 27. Megner of Dee 1 Paleturai 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	onditions, mmediete erlying injury s Lest froant condition froant condition froant condition The pending investig a Could in determine the condition of the	b	Du Du Du Du g to death but i Dete of injury (Month, Day Y Plece of injury building, etc. (use to (or estat	Do not enter 2010 Is e conseque Is e conseque Is e conseque In gin the unc 2000 200	r the mode of CARD lance of): lence of): lence of): derlying caus 3 DOA 28c. M 28c. M 29c. Li	of dylng, Other: Injury e Work? To Ye ffice the time, my opinicense r	SCUL SCUL in Pert i.	Daath (Ct) Day Day Day Day Day Day Day Da	23b. Did to 1 Year Year Year Year Year Year Year Year	obacco use co /ss 2 No an eutopsy med? es 2 No one) ence 6 Ott ow injury occur itreet end Numb n, Steta) eusa(s) and ma late end pleca,	ntribute to the series of the	e ceuse of de la la la la la la la la la la la la la	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1, Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Vallie Eugene Channell, Sr. 12 11 1997 6:35 AM /Medical 4e. Facility Name (If not institution, give street and number) 4b. Cltv. Town, or Location of Death 4c. County of Death **Examiner** Harford Memorial Hospital Havre de Grace Harford If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 1**X** M 2□ F Yrs Director 213-28-9468 65 PA 01/30/1932 Usuai Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f show Exercises must be notified at Yes 2 No Director MD Harford Havre de Grace 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 223 Bloomsbury Ave 21078 USA Funerai iled within 72 hours efter death 12. Was Decedent Ever in U.S. Armed Forces? 1 M Yes 2 □ No If Yes, Give 1956-60 Year or Dates: 14. Rece - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 Never Merried Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No by Specify: White 3 ☐ Widowed 4 ☐ Divorced "natural", Hygiene. other than "natura ent, Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) .. Peges 1 and 2 should be filed w tment of Health end Manial Hygien tant: If item 27 is marked other th jury or other traumatic event, its 9th Telotyper Perry Point VA Ctr. 17. Fether's Neme (First, Middle, Last) Be 2 Vallendingham Channell Bertha Price 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 934 Frenchtown Rd. Perryville, MD Vallie E. Channell, Jr.-Son 21903 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) R.A. Ferris & Co. Inc. 12/15/97 West Chester, PA 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Mitchell-Smith Funeral Home, P.A. Glorge M. Hamplon 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.

123 S. Washington St. Havre de Grace, MD

Approximate there is Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Box 68760 Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t, 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings aveliable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? pege 2 1 Yes 20 No 2 No of Vital 25. Was case referred to medical examiner? 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 2 ER/Outpetient 3 DOA this 27. Manner of Death 28b. Time of injury 28d. Describe how injury occurred 28c. Injury at Work? or Attending 5 Pending after death. 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide within 24 hours a
To the Funeral D
completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medicai

State Registrar 31. Date filed (Month, Day, Year) DEC15

WOHL M.D.

and address of person

29b. Signatura and title of certifier

W. MACPHAIL Rd. SUTE 206 615 32. Registrar's Signature

MD

who completed cause of death (Item 23a) (Type, Print)

29c. License number

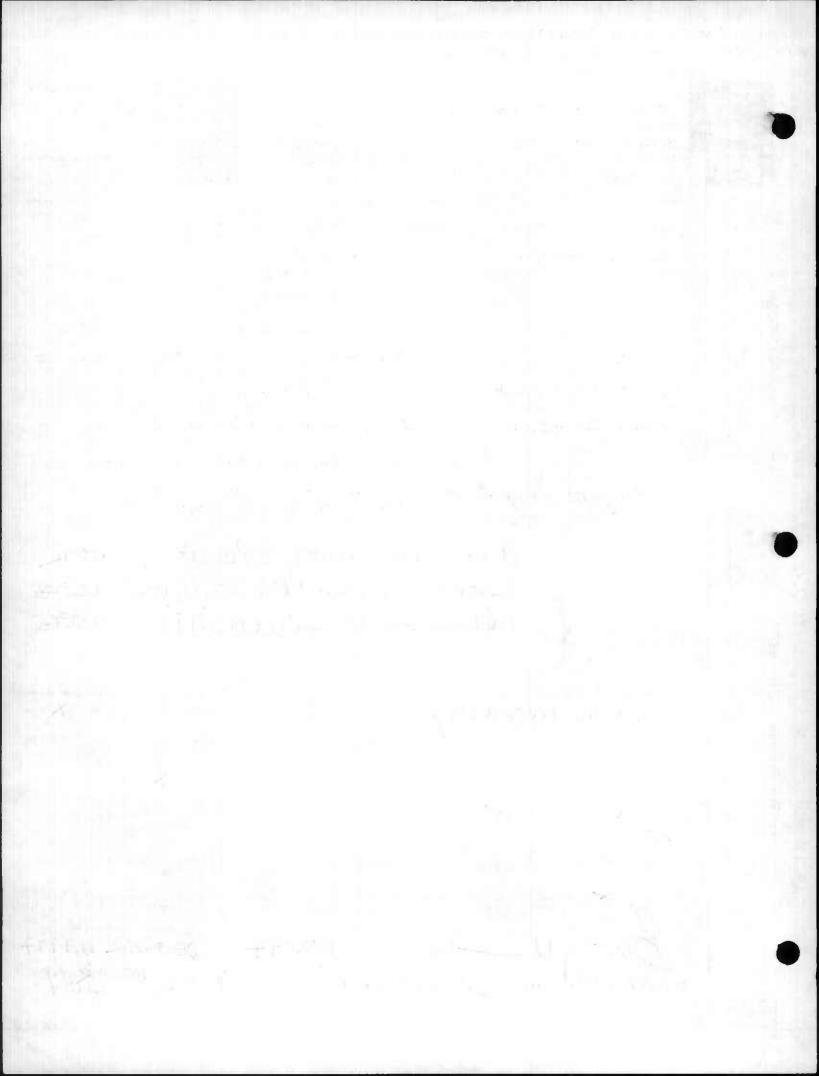
29d. Date signed (Month, Day, Year)

DECOMBER 11,1997

0635

3

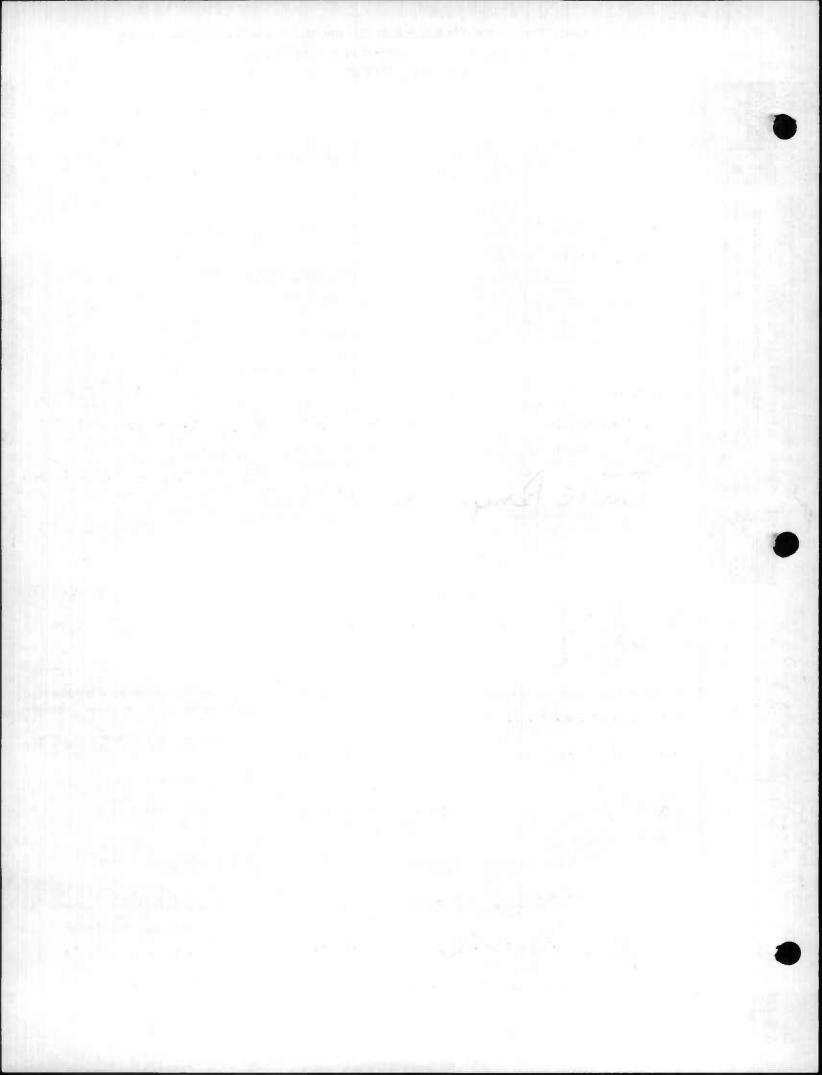
hannell 1



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physici		1. Decedent's Nama (First, Middla, La	191/						2. Data of D	aath		3. Time of Death
		Tarabai Deshm	ıkh						Month Decemb	Day	Yaar 1 Q Q 7	13:20
/Medic		4a. Facility Nama (If not institution, give		nbar)				4b. City, Town, or I			r 15, 1997 4c. County of Death	
Exami		Suburban Hospita		Bethesda			gomer	37				
Funeral		5. Social Security Number 6. S	Sax	7. Aga (In yrs.	last birthday)		r 1 Yaar	If Undar 24 Hrs.	8. Data of Bi			y elaca (Stata or Fore etry)
Director		219-19-5676 Usual Rasidance of Decedant	1□M 20F	81	Yrs.	Months	Days	Hours Min.		1, 1916	Ind	
ith with the Maryland 23s or 28s-f show	_	10a. Stata 10b. County		10c. Ci	y, Town or Lo	cation	4				10	0d. Insida City Llm
Me Me	cto	Maryland Montgo	nery	Be	thesda							1 □ Yas 2 ∏
\$ 6 P	Director	10e. Street and Number				10f. Zip	Coda			10g. Citizan of	What Coun	itry?
ath v	rai	7204 Grubby Thic	-				817			India		
Aaryland 21215-0020 2 should be filed within 72 hours efter death with the Manyland and Mental Hygiene. Is marked other than "natural", or Hems 23s or 28s-f show reumatic event, fre Medical Eventive must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 XWidowad 4 Divorced	Armed Fo	12. Was Dacedant Evar In U,S. Armed Forcas? 1 □ Yas, 2 □ No If Yas, Give 1 □ Yas 2 □ No					pecify Yas or N o Ricen, atc.)	o- 14. Rac Bla Specif	ck, Whita, i	atc.
15-002 72 hours natural',		15. Decedant's E	ducetion		18a. Deced	dant's Usu	al Occup	pation		16b. Kind of B		
21215-0020 d within 72 hours eft plene. rr than "natural", or its Wedical Exami	Completed	(Spacify only highast gri	ada complated) Collaga (1	-4or 5+)				pation during most of wor d)	rking			
d 2 lied v her t		12 17. Fathar'a Nama (First, Middla, Last	1		Ho	memak	er	18. Mothar's Nan	na /First Asidelle	Own 1		
Maryland 2 d 2 should be filled th and Mental Hyp 7 is marked other treumstic event,	Be											
Maryla d 2 should h and Mer 7 is marks treumatic	To	(Not Available 19a. Informant's Name/Raiationship (Limbeka		a Address	· /Ctrant	No and Number or Ru		Availab		Cadal
Ma d 2 s th an treu												
nore, Mages 1 end 2 nt of Health 2: if item 27 is		Ashok Deshmukh/se	311	20b. F	Place of Dispo	sition /Na	ma of	-	Data Data	20c. Location		and 20817
altimore, mit. Pages 1 er partment of Hae portant: if liem; y injury or other		1 ☐ Burial 2 🖾 Cramation 3 ☐	Ramoval from		ematary cran	natory or o	thar nia	ecember I				
Itin	-	4 □ Donation 5 □ Other (Special 21, Signature of Filher II) Service Licer		Mo	ntgome	ry Cr	emat	orium, I	nc.	Bethes		aryland neral Hor
Baltimor permit. Pages Department of limportant: If lise any injury or of once.) aule	Pen	. MO								neral Hor nsin Aver
Physician		23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	plications that cona ceusa on a	eused tha daat ach lina.	h. Do not ant	ar tha mod	da of dyle	ng, such as cardiac	or raspiratory	arrest,		Approximata Intarval Between Onset and Death
/Medicai Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)	a. Acı	ıte Myo	cardia	1 Inf	arct	ion			1	Hours
	ē				or as a conseq							
uted Insit	Examiner		b. Car	diogen							į .	Hours
axecu n end ial-tra	Exa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events are death) and the control of the control]	
68760, ficate be axecuted physician end is the burial-transit	cal									1	Unknown	
0 iji 0 s	/Medical	rasulting in death) Last d.										
Boath attention for un	clar										1	
thet the de detached in detach	ys	Part II. Other significent conditions of	ontributing to de	ath but not ras	ulting in the ur	ndarlying o	eusa giv	van in Part I.				the cause of deat
ecords, P.O. Box ecords, P.O. Box iaw requires thet the death cer is been signed by the attendir 2 should be detached for use	Completed by Physician/M	Chronic Obstructive Airways Disease								Yes 2 No	3 Prot	bebly 4 Unkno
Cordina Nonline Should Been sign	e e	Metabolic Acidos	ic						24a. Was	s an autopsy omed?	ava	ara autopsy finding ailabla prior to
as be as be	De	Hetabolic Acidos.	LS									mplation of ceusa death?
The its page	5								10	Yas 2 No	10	Yas 2 No
f Vital Inystelen: The securificate director, pag	Be (25. Was cesa rafarrad to madical axaminar?						26. Placa of Dea	ath (Check only	ona)		
P 75	2	1 XYas 2 No	Hospital: 1 🗆 II	npatiant 2	ER/Outpatian	1 3 D	DA Oth	nar: 4 Nursing H	loma 5□Ras	idanca 8 🗆 Oth	nar (Specify	y)
Vision of Attention tion:	27. Mannar of Death 1 Natural 5 Panding 2 Accident Invastigation		of Injury h, Day Year)	28b. Tima of Injury	M	28c. Injui Wor	yat rk? Yas 2 □ No	28d. Dascribe	how injury occur	red		
risic risic death ctor: yy the	Ica	3 Suicida 6 Could not b	e one Diese	of Injury - At h	ome form str			140 2 0.10	28f Location	Street and Numi	her or Rura	I Route Number
Division Division Tel or Attending rs after death. al Director: After led in by the fune	Certification:	4 Homicida datarmined	buildir	ng, atc. (Spacif	y)	aat, lactor	y, 011100		City or To	wn, Stata)	JOI 01 7 1010	710514 11577201,
Hospi 4 hou Funer tely fill	edical	29a. Cartifiar (Check only one) 1 ☐ Cartifying Ph	yalcian: To tha ninar: On tha ba and mann	isis of axamina	wladga, daath tion and/or Inv	occurred astigation	at tha tir	na, data and place plnion, daath occu	, and dua to the rred at tha tima	causa(s) and m data and place,	annar as at and dua to	ated. tha ceusa(s)
within 2 vompia		29b. Signatura and titla of certifiar	0			29	c. Licans	a numbar		29d. Data algne	d (Month, i	Day, Year)
3		M a. 1	Darely	N		ח	4131	1		Doggant	1.6	1007
	-	30. Nama and addrass of person who			23a) /Time		.101			December	10,	199/
		ou. Ivalia and address of person who	COMPINE TOUCHUS	a or caath (Itan	123a) (1ype,	r init)						
		Yuri A. Deychak	M D	6/10 B	001-1-1	an Da	4	Bethesd	0 3/	1001 04	0817	

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, 91,96 State of Maryland / Department of Health and Mental Hygiene

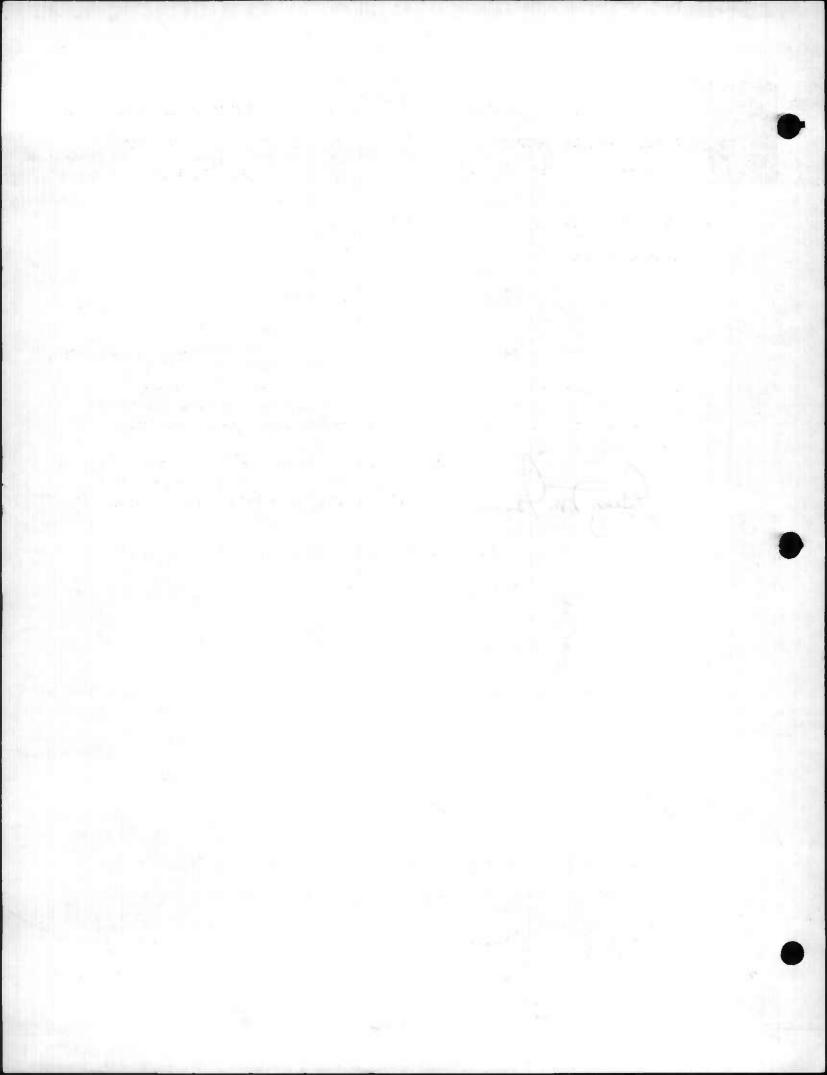
Certificate of Death 2. Dale of Death 1. Decedent's Nama (First, Middle, Last) 3. Time of Death Month Yaar **Physician AMERTCO** L. DINORCTA **DECEMBER 13, 1997** 5:50 PM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ATLANTIC GENERAL HOSPITAL WORCESTER 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign Country) New Jersey 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 1₩ 2□F Months Days Hours Yrs. 158-22-7985 69 June 8, Director 1928 Usual Residence of Decedent the Marylend 10a. Slale 10b. County 10c. City. Town or Location 10d. Inside Cltv Llmlls 7 is marked other than "natural", or items 23s or 28s-f show traumant event, the Medical Examiner must be notified at 1 ☐ Yas 2 No Director Maryland Montgomery North Potomac 10e. Strael and Number 10f. Zip Code 10g. Citizen of What Country? with 14005 Crossland Lane 20878 U.S.A. Funerai death 12. Was Decedenf Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Giva Yaar or Dates: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 11 Marital Status permit. Peges 1 end a strand be filed within 72 hours after of Depertment of Health and Mental Hygiene Important: If Itam 27 is marked other than secured any injury or other secured. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) Priest Roman Catholic Church 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be John DiNorcia 0 Margaret Forcina 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rev. Msgr. William J. English P. O. Box 29260 Washington, D.C. 20017 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, Stata Dec. 19, 1 X Burlal 2 ☐ Cremation 3 ☐ Ramoyal from State 5 Other (Specify) 4 Donation Gate of Heaven Cemetery 1997 Silver Spring, MD 22. Name and Address of Facility 21. Signature of uneral Service Licens DeVol Funeral Home 10 East Deer Park Drive, Gaithersburg, MD 20877 sa, or complicitions that caused the death. Do not entar tha mode of dylng, such as cardiac or respiratory arrest, List only on cause on each line. Approximata Interval Between Onset and Death **Physician** atheroscle votic cardiovascular disease /Medical Immediate Cause (Final disaasa or condition resulting in death) Examiner diabetes Examiner physician end s tha bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in daath) Last Due to (or as a consequence of): be exact Records, P.O. Box 68760, Physician/Medical certificete Due to (or as a consequence of) 98 attending usa for the t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? datach been signed by should be datac 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? has page 2 2 X No certificate 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical examiner?

1 ✓ Yes 2 ☐ No director, Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA 2 this funarai 27. Mapner of Death Natural 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident after death 6 Could not be determined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) P 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours aff To the Funeral DI completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and tille of certifier 29c. Licensa number 29d. Dale signed (Month, Day, Year) D42863 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Atlantic General Hospita VANET EA STAUGH MD 31. Date filed (Morth Dey, 32. Registrar's Signature State

DHMH 16 Rev 6/95

Registrar



DICK

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene	2010.
23 part I,27 per MEO G-755 1/5/98 reb Certificate of Death Reg. No.	3949

Physician
/Medicai
Examiner
LAGITITIO

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

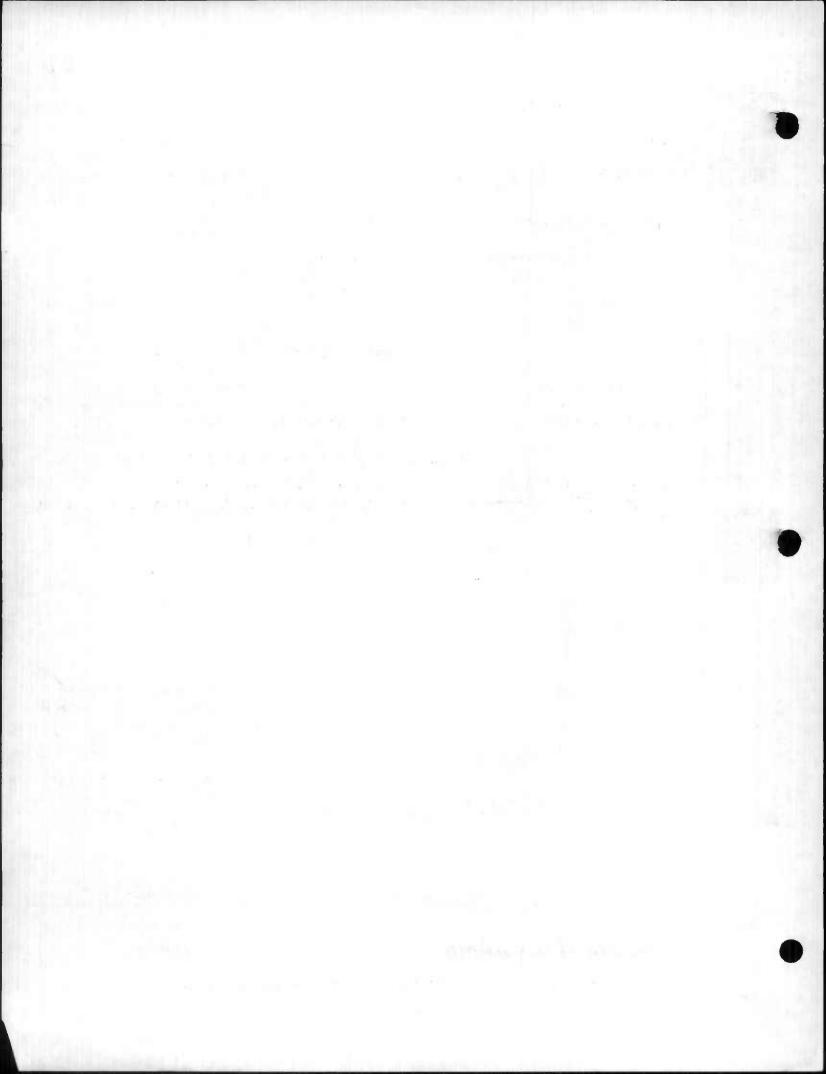
Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the tuneral director, page 2 should be deteched for use as the burlansit Division of Vital Records, P.O. Box 68760,

_	ems: 23 part I,27 1. Decedent's Name (First, Middle		u=/55 1/5/90	o rebu	enincate	OI L	Dealii		1	eg. No.		J 4 J 1
an									2. Date of Dear Month	Day	Yaar	3. Time of Death
ai	Randy Ler								DECEMB	1		12:12 F
er	4a. Facility Name (If not institution	n, giva straat ar	nd number)			4	b. City, To	wn, or L	ocation of Death	4c. Count	y of Death	
	WASHINGTON COL	JNTY HOS	SPITAL					erst			INGTO	7
	5. Social Sacurify Number	6. Sex	7. Aga (In yrs.		Months D	ear ays	if Under Hours	24 Hrs. Min.	8. Dafe of Birth (Month, Day	Year)	9. Birthp	placa (Stata or Fora
	220-64-1750	1 X M 2	42	Yrs	.	-,-	110010		Jan. 19			yland
-	Usual Residence of Decedent											,
	10a. State 10b. County	,	10c. Ci	ity. Town o	Location						1	0d. Inside City Lin
Director	Maryland Washi	ington		1	Williams	100	rt					1 Yes 2□
<u>a</u>	10e. Street and Number				10f. Zlp Co	de			1	0g. Citizen of	What Cour	nfry?
	428 South Arti	zan Str	cot		21	70,	5			US	Λ	
Funeral	11. Manifal Stafus		Decedenf Ever in U	J.S. 1	3. Was Decedent	of H	ispanic Ori	igin? (Sp	ecify Yes or No-		ce - Americ	en Indian,
Ē	1 Never Married 2 Man	ried 1 🗆	ed Forces? Yes 2 No		If Yes, specify		ın, Mexicar	n, Puerto	Ricen, atc.)	Bla	ck, White,	etc.
þ	3 ☐ Widowad 4 ☐ XDivorced	If Ye	s, Give r or Datas:		1 □ Yes 2 💢	No	Specify:			Speci	y: Wh	ite
		nt's Education		16a De	cedent's Usual O	ccup	ation			16b. Kind of E		
Completed	(Specify only higha		ated)	(G	ive kind of work d a. DO NOT usa re	ona d	during mos	t of work	ring	TOD. KING OF E	I VESUII EU	dustry
E	Elementary/Secondary (0-12)	Coile	ege (1-4or 5+)		Receiving					Do	+-:1	
		(net)			(ece iviii)	9		ale Manu	a (Filesa Adiabata)		tail	
ַ מֿ	17. Father's Name (First, Middle,								a (First, Middla, I		na)	
0	Ellis Richard							_	Marie (
	19a. Informent's Name/Relations	ship (Type, Prin	t)	19b. M	ailing Address (St	raat	and Numb	er or Rur	al Routa Number	City or Town	, Stata, Zip	Coda)
	Agnes M. Dick	/ Mothe	er	4:	28 S. Ar	tiz	zan S	t.	Williams	sport,	MD 2	1795
	20a. Method of Disposition			Place of Di	sposition (Nama o	f	(a)		Dete	20c. Location	- City or To	own, Stata
	Marial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Ofher (S		from State		yn Memor			k 12	-17-97	Willia	msnor	+ MD
1		1 -	7	cama				-		***************************************	mapor	1, 110
	21. Signature of Funeral Service Leanage 22. Name and Address of Facility USDOTNE Funeral Home											
	425 S. Conococheague St. Williamsport											MD 2179
	Approximat Shock, or heert failure. List only one ceuse on each line. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Bet Interv											
	Onset and De											
	Immediate Cause (Finel disease or condition METASTATIC SQUAMOUS CELL CARCINOMA OF THE HEART											
	resulting in death) Due to (or as a consequence of):											
Je.	CARCINOMA OF THE LUNG											
Examiner		b	Due to (200000000000000000000000000000000000000							
Xa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying		Due to (or as a con	sequence of):						1	
	Cause (Disease or Injury that Initiated events	c										
	resulting in death) Last		Due to (d	or as a con	sequence of):						1	
§		d									1	
											İ	
Sic	Part II. Other significent condition	ons contributing	to death but not res	sulting In th	a underlying ceus	e giv	en in Part i	i.	23b. Did to	bacco use c	ontribute to	the cause of de
Physician									1 □ Y	es 2 No	3 Pro	bably 45 Unki
by			-									
									24e. Wes a		24b. W	ere autopsy findin eilable prior to
Jet									perfor	1001	00	mpletion of cause death?
Completed												
									1⊠ Y	es 2 No	1.5	¥Yas 2□ No
ן מ	25. Was cese referred to medica axaminer?	h (Check only or	a)									
0	1 X Yes 2 No	er: 4□ Nu	ursing Ho	ome 5 Reside	ance 6 Ot	her (Specif	(y)					
	27. Manner of Death		Date of Injury (Month, Day Year)	28b. Tim Inju		Injun	y at k?		28d. Dascribe h	ow Injury occu	rred	
atic	XIX Natural 5 Pendin	'9		qui	у + М		Yes 2	No				
Certification:	3 Sulcide 6 Could	ined 200.1	Plece of Injury - At h	nome, farm,	street, factory, of	fice			28f. Location (S		ber or Rura	al Route Number.
6	4 Homicide		building, etc. (Speci	ny)					City or Town	n, Stata)		
= -	29a. Certifler 1 ☐ Certifyin	g Physician: T	o the best of my kno	owledge de	eath occurred at the	e tir	ne, date en	d place	and due to the o	ause(s) and m	enner ee e	teted
edical		Examiner: On t	the basis of exemina manner stated.									
	29b. Signature and title of certifie		mainier stated.		200 11	one	e number		Ta	9d Date size	ad (Adansh	Day Year)
	250. Signature and title of certifie	0 .	e-		29C. Lk	ense	e Humber		2	9d. Date sign	ed (Month,	Day, 1981)
	Nonald A	4. Wi	ight MD				00	ME		DECEMB	ER 14	, 1997
	30. Name and address of person			m 23a) (Ty	oe, Print)							,
	DOMPLES GL LIDE	IGHT	MD 1	11 Do	nn Stree	+	Ralt	imo	re Marri	land 2	1201	
	- 110 - A OU		1.10	TT LE		- 4	10011	LUIR)	C. PICILV	JOIN Z		
e	31. Date filed (Month, Day, Year)		32. Registrar's Signa	ature							LEUI	
	30. Name and address of person DONALD G. WR	who completed	ceuse of death (Iter		oe, Print)	o+				DECEMB		, 1997



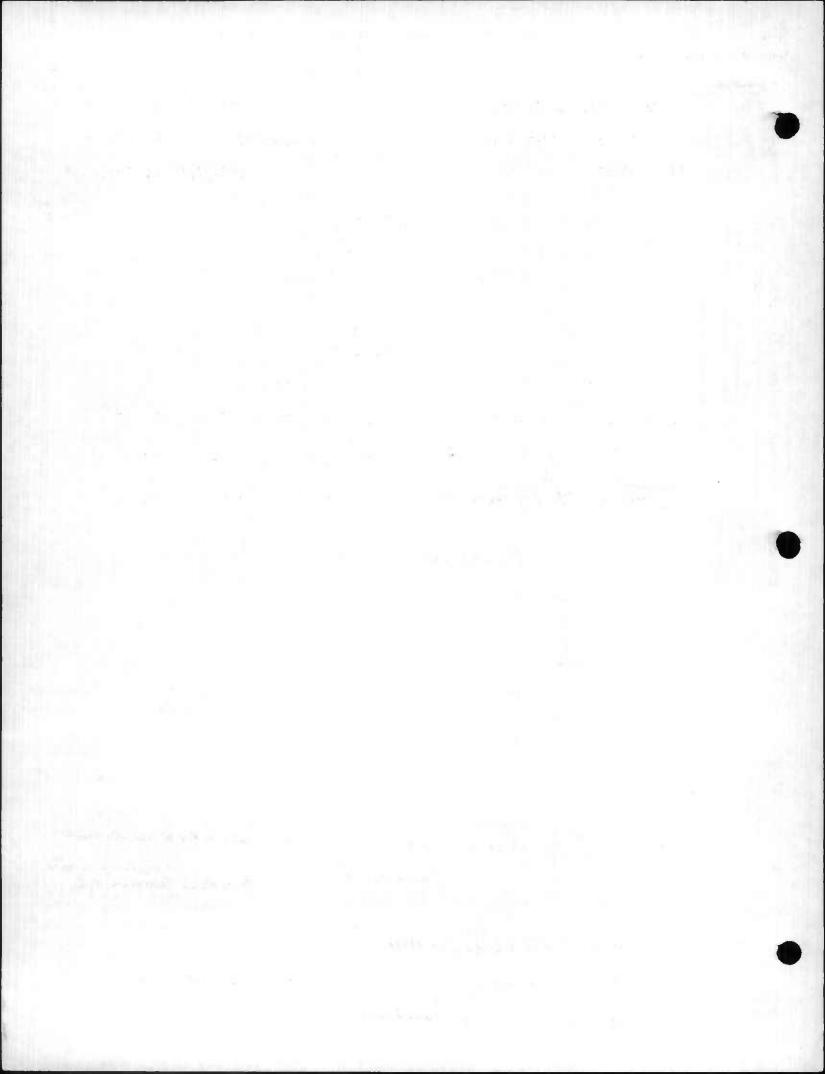
State of Maryland / Department of Health and Mental Hygiene

HELENE VICTORIA DELAUTER Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death Month Day DECEMBER 13, **Physician** Helene Victoria DeLauter 1997 12:32AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death WASHINGTON CO. HOSPITAL WASHINGTON HAGERSTOWN 5. Social Security Number If Under 1 Yeer if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Sept. 1, 1945 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Hours 1□ M 2□ F 52 213-44-1808 Yrs. Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2√ No Frederick Middletown 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8811 Pete Wiles Rd. 21769 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 14. Rece - American Indian, Biack, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 Never Married 2 Married 1 Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coliege (1-4or 5+) Dance Studio Instructor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Harry Nixon Holon Firich 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 8811 Pete Wiles Rd. Middletown, Md. 21769 Anthony D. DeLauter (Husband) 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ☐ Burlai 2 ☐ Cremation 3 ☐ Remove From State Smithsburg Crematory Dec. 15.1997 Smithsburg. Md. 5 Other (Specify Signature of Funeral Service Lice 22. Name and Address of Fecility 12525 Bradbury Ave. Davis Funeral Home Smithsburg, Md. 21783 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Multiple injure Examiner Due to (or es a consequence of): Examiner physician and s the bunal-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of) certificate be axecu Box 68760. Physician/Medical Due to (or es a consequence of) 88 attending usa 50 signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen certificata 1⊠Yes 2□No 15 Yes 2□ No Division of Vital 25. Was cese referred to medical examiner? 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Yes 2 No 1 ☐ Inpatient 2XXER/Outpetient 3 ☐ DOA this 28e. Date of injury (Month, Dey Year) funeral 27. Manner of Death 28b. Time of Injury 28d. Describe how injury occurred 28c. injury at Work? Certification: After 5 Pending investigation STRUCK BY MOTOR VEHICLE 1 Natural al or At.

vurs after dea.

vi Director: Al.

fr by th 2340 M 1 Yes 2 No 12-12-97 2 Accident 3 Suicide 6 Could not be determined 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) DOG PATCH TRVER N 4 D Homicide To the Hospital or within 24 hours af To the Funeral Di completely filled is PARKING LOT BOONESBORD, FREDRICK MD 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of axemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. DECEMBER 13, 1997 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DONALD G WRIGHTAIL Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year) State Registrar wha Davidson



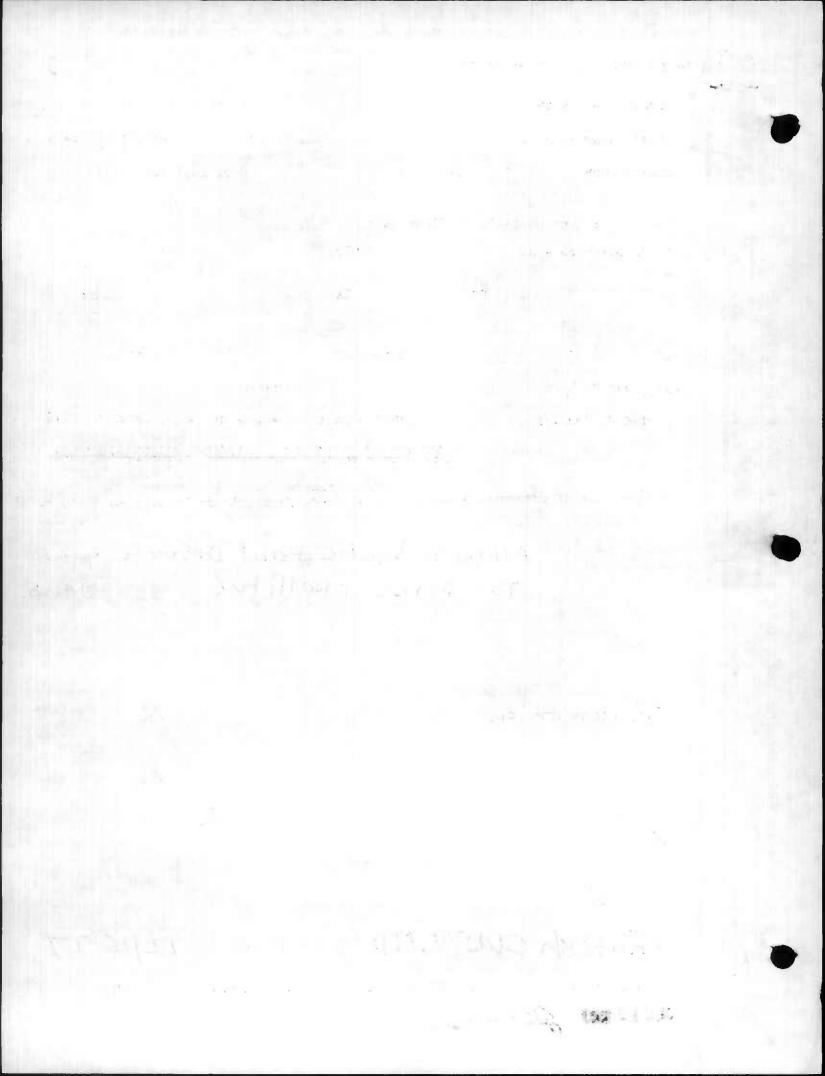
State of Maryland / Department of Health and Mental Hygiene

	Amended	#	s 20b 20c&	22 PG, GC	, 12/19/97		Cert	ificate o	f Death		Reg. No.	3	9499			
	on Arri		1. Decedant's Nama			9	4 3			2. Data of De Month		Year	3. Tima of Death			
М,	Physicia /Medic	-	Mrudula	H. Des	ai					Decembe	r 16, 1	16, 1997 4				
	Examin		4a Facility Nama (If						Location of Death							
				invere R				211	Glenn Da				eorge'S			
	Funeral Director		5. Social Sacurity Nu 220-92-7	059		(In yrs. las	t birthday) _ Yrs.	If Under 1 Ya Months Day			th y, Year) 3,1910	9. Birthp Cour Ind:	place (State or Foraign ntry) 1a			
	urylend show		Usual Rasidance ot 10a. Stata	10b. County		10c. City, 1	Town or Loc	ation	1186				10d. Insida City Limits			
	N es M	cto	MD Prince George's Glenn Dale					1								
	th with the Marylen 23s or 28s-f show	Funeral Director	10e. Street and Num 12233 Gu	invere R	oad			10f. Zip Code 20769			10g. Citizan of What Country? USA					
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Haalth and Mental Hygiene. Important: If Item 27 is marked other than *natural*, or items 23a or 28e-1 show any injury or other traumatic event, the Medical Examples must be notified.	ours after dea al', or fleme Examiner in	þ	11. Marital Status 1 ☐ Nevar Married 2K Married 3 ☐ Widowed 4 ☐ Divorced		12. Was Dacedant Ev Armed Forcas? 1 ☐ Yas XXNo It Yas, Give Yaar or Datas:		It	as Decedant of Yas, specify C	of Hispanic Origin? (: uban, Maxican, Pual lo <i>Specify:</i>	Specify Yas or No nto Rican, atc.)		ck, Whita,	can Indian, atc. dian			
	nin 72 ho n *natur Medicel	Completed	(Special	15. Decedant's Ed by only highast grad	da complated)		16a. Decede (Giva k lifa. D	nt's Usual Oci ind of work do O NOT usa rat	cupation ne during most of wo ired)	orking	16b. Kind of B	6b. Kind of Businass/Industry				
21	d with	EO	Elamantary/Secon	dery (0-12)	Collaga (1-4or 5+	"	Hom	emaker			Own I	Own Home				
land	id be file ental Hyy ked othe	To Be C	17. Fathar's Nama (i	First, Middla, Last) Kotheri					18. Mothar's Na	ime <i>(First, Middl</i> a,	Maldan Sumai	ma)				
Baltimore, Mary	alth and N 27 is mer		19a. Intormant's Na Arrind H	me/Ralationship (7					ere Road,							
	Pages 1 a nent of Ha nt: If Item iry or othe				Ramoval trom Stata	20b. Plac	e of Dispos SAPEA	tion (Nama of topy or other, Washii	MATORY Cr	Data 12/18	20c. Location		own, Stata			
Balti	permit. Departminportal		21. Signatura of Fun	aral Sarvice Licens			22.	Nama and Ad Fleck-I	drass of Facility Suneral - Ho	me, Inc.	J474 L	NKINS andov	F.H. ver RdLand, yland 2070			
	Physician		23a. Part1. Entar th shock, or haan	a disaasa, or comp failura. List only o	lications that causad t ona causa on aach line		Do not anta	tha moda of	dying, such as cardia	ac or raspiratory a	rrast,		Approximata Intarval Batween Onsat and Death			
	/Medical Examiner		Immediate Causa (F disaasa or condition rasulting In deeth)		Athen		cle s a consequ		- Heav	it Di	S-Pa	se	years Herrs			
ь	uted s insit	edicai Examiner			Dic	rb-e	tes	1	relli	tus		1	Jeans.			
90,	oe axecucian and ouriel-tra	i Exa	Sequantially list conditions, if eny, leading to immediate causa. Enlar Undarlying Causa (Disaase or injury that initiated avants Dua to (or as a consequence ot):													
x 68760,	2 0 0	2														
Box	attend affor us	clan	Death Other Leading					4. 4.4	ation to Book	025 014	tob one of		a the same of death			
P.O.	The law requires that tha death certificate be axecuted at a has been signed by tha attending physician and page 2 should be detached for use as the buriel-transi	To Be Completed by Physician/	Pne	umo	ntributing to death but	. not rasum	ng in tha un	Janying causa	givan in Part i.		Yes 20 No		to the cause of death			
Division of Vital Records, P.O.	v requires been sign should by	leted b									an autopsy ormad?	a	Vara autopsy tindings vailable prior to ompletion of cause f death?			
I Rec		Comp								10	Yas 2 No		□Yas 2□No			
Vita	delan: The certificata	Be	25. Was cesa ratarre axaminar?	ed to medical	Mossitel.					ca of Daath (Check only ona)						
Joh	ding Physician: h. Aftar this certific funeral director,	n: To	1 ☐ Yas 2 ☐ 1 27. Manner of Death		Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 28a. Data of Injury (Month, Dey Year) 28b. Tima of Injury Work? 28c. Injury et Work?											
ision	or Attending after deeth. Director: Afta I in by the fune	Catio	2 Accident				Injury	M 1	Yas 2 No	28f Location /	Street and Num	her or Rui	rat Route Number,			
Div	s after N Direct of in by	Sert	4 Homicide	datamined	28a. Place of Injur building, etc.	(Specify)	e, tams, stre	st, tactory, on	Ce	City or To		00, 0, 110,	a. Fronto Franco,			
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	Medical Certification:			reician: To the best of linar: On tha besis of a and mannar state	examination										
	To th withii To th comp	×	29b. Signature and t	itla of certifiar KOM	ons	201	MI		ansa number	8	29d. Data sign	ed (Month)	Day, Year)			
	N)		30. Nama and addra	ss of person who o	omplated causa of da	ath (Itam 2	3a) (Type, P	rint)		1	-					

State Registrar 31. Data tiled (Month, Day, Year)
DEC 1 9 1007

Rakesh Arora, M.D. 14300 Gallant Fox Lane, Bowie, Maryland a tiled (Month, Day, Year) 32. Registrar's Signatura

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene () 39500 Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Data of Deeth 3 Time of Death **Physician** ROBERT DRAKE, SR. 12:32 AM 1997 December 12 /Medical 4a. Facility Nama (If not Institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cheverly Prince George Hospital Center Prince George's 5. Social Sacurity Number 7. Aga (In yrs. last birthday) if Undar 1 Yaar | if Undar 24 Hrs. 8. Date of Birth (Month, Day, Yaar) Birthplaca (Steta or Foreign Country) **Funeral** 1 M M 2 F 93 Yrs. Months Days Hours 718-03-6098 Director 05-14-1904 Alabama Usual Rasidance of Dacadent 10b. County item 27 is marked other than "natural", or items 23s or 28a-f show other traumatic event, the Modical Examinal must be notified at 10c. City. Town or Location 10d. Insida City Limits Maryland Prince George's Director Upper Marlboro 1 Yas 2 □ No 10e. Street and Number 10f. Zip Code 10g, Citizan of What Country? 10405 Rambling Hill Court U.S.A. 20772 Funeral 12. Was Dacadant Evar in U,S. Armed Forcas? 14. Race - Amaricen indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic event, its Medical Eventual and Apple. 1 Navar Married 2 Married Yas 2 No f Yes, Giva 1 ☐ Yas 2 ☒ No Specify: Black à 3 Widowad 4 Divorced Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Railroad Maintenance Worker Private 1 year 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maldan Sumama) Be Joseph Drake Fulford Lela 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) Barbara Wedge/Daughter 3913 92nd Avenue, Springdale, Maryland 20785 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 12/18 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Other (Spacify) Sumrall Cemetery Sumrall, Mississippi 1997 21. Signatura of Funaral Sarvice Licensaa J. B. JENKINS FUNERAL HOME A. Percente 7474 Landover Road, Landover, Maryland 20785 23e. Part1. Enter the dilease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onsat and Death Physician Immediate Cause (Final disaasa or condition rasulting in daath) Medical CARDIO PULMONARY Examiner Dua to (or as a consaquence of) Physician/Medical Examiner PNEUMONIA ician end buriel-tran Sequentially list conditions, if any, leeding to immediata ceuse. Entar Undarlying Cause (Disaasa or injury Due to (or as a consaquance of) attending physician for usa as the burie that initiated avants rasulting in daath) Last Dua to (or as a consequence of) ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown OBSTRUCTION BOWEL signed t SMALL þ i or Attending Physician: The law requires tafer death.
Director: After this certificate has been signs din by the funeral director, page 2 should be Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy parformed? HYPERTENSION; DEMENTIA; PACEMAKER complation of ceuse of death? 1 Yas 2 No 1 Yas 2 No Be 25. Was cesa rafarrad to medicel axaminer? 26. Pleca of Daath (Check only ona) Hospital: 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Panding Invastigation 1 Yes 2 No 2 Accidant 3 Sulcida 6 Could not be datarmined 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida filled in 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, deta and place, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. Medical 29a. Cartifian To the Hosp within 24 ho To the Fune completely f (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa numbar 29d. Data signad (Month, Day, Yaar) ma. Concipcion A. de Lura D48334 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) CONCEPCION DE LUNA 3001 HOSPITAL DR. CHEVERLY, MD. 20785

Hospital

with

death

3altimore, Maryland 21215-0020

be executed

thet the death certificate

Box 68760.

Records, P.O.

Division of Vital

State Registrar 31. Deta filed (Month, Day, Year) DEC 16 1997 LUNA , M.D.

32. Registrar's Signatura As Abertura Randall

